Patient Experience Questionnaire

Date of Survey / / Ward _____ Site _____

No of Patients on the ward ☐ No of Patients surveyed ☐ No of refusals ☐

Name of surveyor _____

Name of checker _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Q1 I want to know how consistent your care feels. Sometimes in a hospital, a member of staff will say one thing & another will say something quite different. Did this happen to you on ward?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q2 In your opinion how well do the doctors and nurses work together on this ward?

		ST	CT	MT
1	Excellent			
2	Very Good			
3	Good			
4	Fair			
5	Poor			
	Total:			

Q3 Overall on this ward, did you feel you are treated with respect and dignity?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q4 Were you involved as much as you wanted to be in decisions about your care and treatment?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Q5 How much information about your condition or treatment was given to you?

		ST	CT	MT
1	None at all			
2	Not enough			
3	The right amount			
4	Bit too much			
5	Too much			
	Total:			

Q6 Did you receive timely information about your care and treatment?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q7 If you have had any worries or fears, did you find someone on ward staff to talk to?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	No worries or fears			
	Total:			

Q8 When you had important questions to ask a doctor, did you get answers that you could understand?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	I had no need to ask			
	Total:			

Q9 Did you have confidence and trust in the doctors treating you?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Q10 Did the doctors ever talk over you as if you weren't there? (e.g. do you feel excluded from conversation at the bedside)

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q11 When you had important questions to ask a nurse, did you get answers that you could understand?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	I had no need to ask			
	Total:			

Q12 Did you have confidence and trust in the nurses treating you?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q13 Did the nurses ever talk over you as if you weren't there? (e.g. do you feel excluded from conversation at the bedside)

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q14 In your opinion, how clean was the hospital room or ward that you were in?

		ST	CT	MT
1	Very Clean			
2	Fairly Clean			
3	Not Very Clean			
4	Not Clean At All			
	Total:			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Q15 How clean were the toilets and bathroom that you used while on this ward?

		ST	CT	MT
1	Very Clean			
2	Fairly Clean			
3	Not Very Clean			
4	Not Clean At All			
5	I did not use the Bathroom or toilet			
	Total:			

Q16 As far as you know, did doctors wash or clean their hands between touching patients?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	Don't know / Can't remember			
	Total:			

Q17 As far as you know, did nurses wash or clean their hands between touching patients?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	Don't know / Can't remember			
	Total:			

Q18 Do you think the staff on this ward did everything they could to help control your pain?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
6	I am not in any pain			
	Total:			

Q19 Have you started any new medicines or tablets on this ward? Were you given enough explanation about what these were for?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly any of the time			
5	No			
6	Not needed			
7	No new medicines			
8	Don't know			
	Total:			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Q20 Did any member of staff tell you about side effects to watch for?

		MT
1	Yes, always	
2	Most of the time	
3	Some of the time	
4	Hardly any of the time	
5	No	
6	Not needed	
7	No new medicines	
8	Don't know	
	Total:	

Q21 Were you told how to take your medication in a way you could understand? (eg before or after meals, with water)

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly any of the time			
5	No			
6	Not needed			
7	No new medicines			
8	Don't know			
	Total:			

Q22 Were you ever bothered by noise at night from hospital staff?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q23 Were you ever bothered by noise at night from other patients?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q24 Were you treated with kindness and compassion by the staff looking after you?

		ST	CT	MT
1	Yes, always			
2	Most of the time			
3	Some of the time			
4	Hardly ever			
5	Never			
	Total:			

Q25 How likely are you to recommend this ward to friends and family if they needed similar care or treatment?

		ST	CT	MT
1	Extremely likely			
2	Likely			
3	Neither likely nor unlikely			
4	Unlikely			
5	Extremely unlikely			
6	**Don't know**			
	Total:			

Are there any comments you like to make, Is there anyway we could of improve quality of care whilst you have been on the Ward?

P1
P2
P3

P4

P5

P6

P7

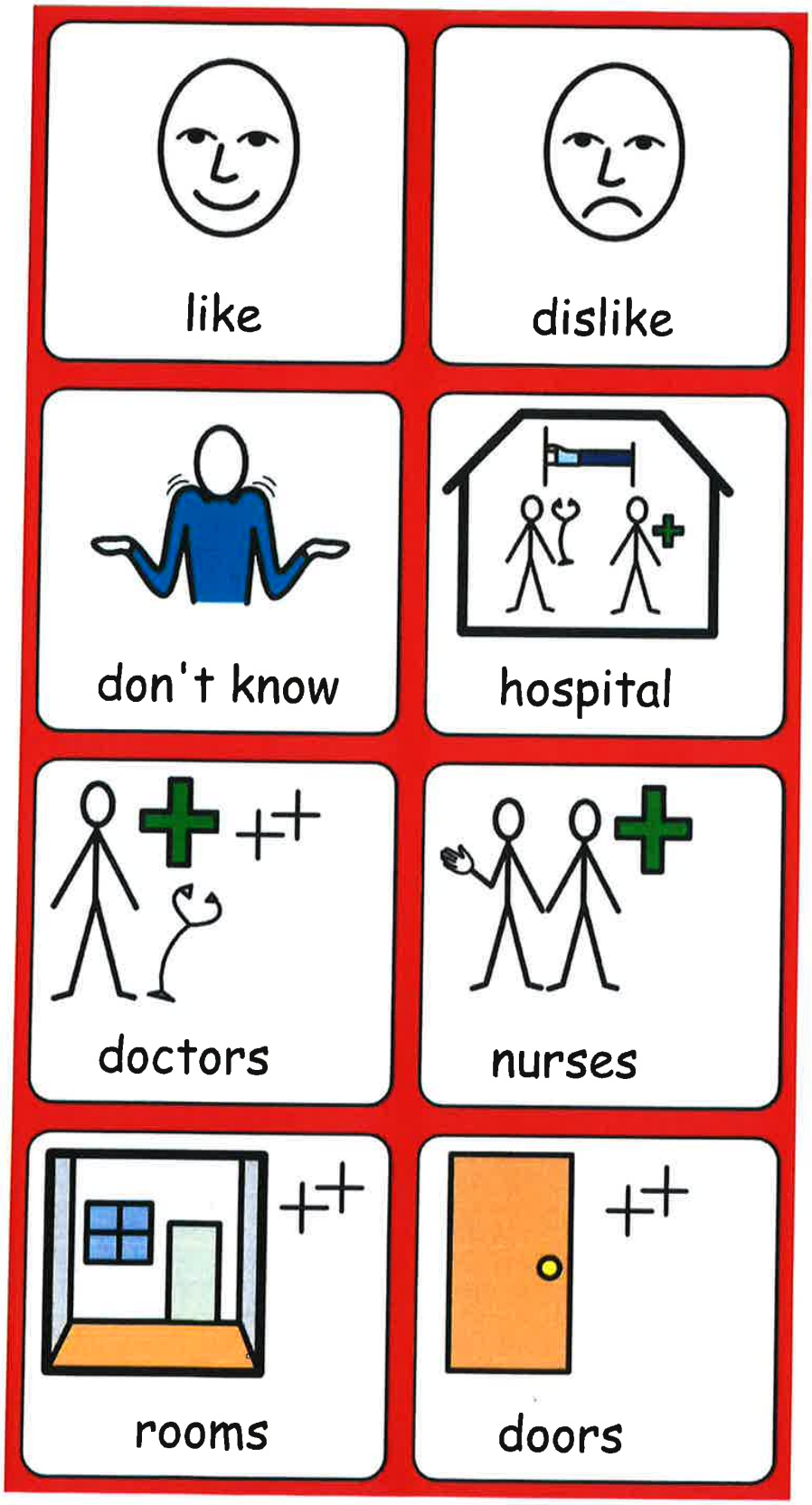
P8

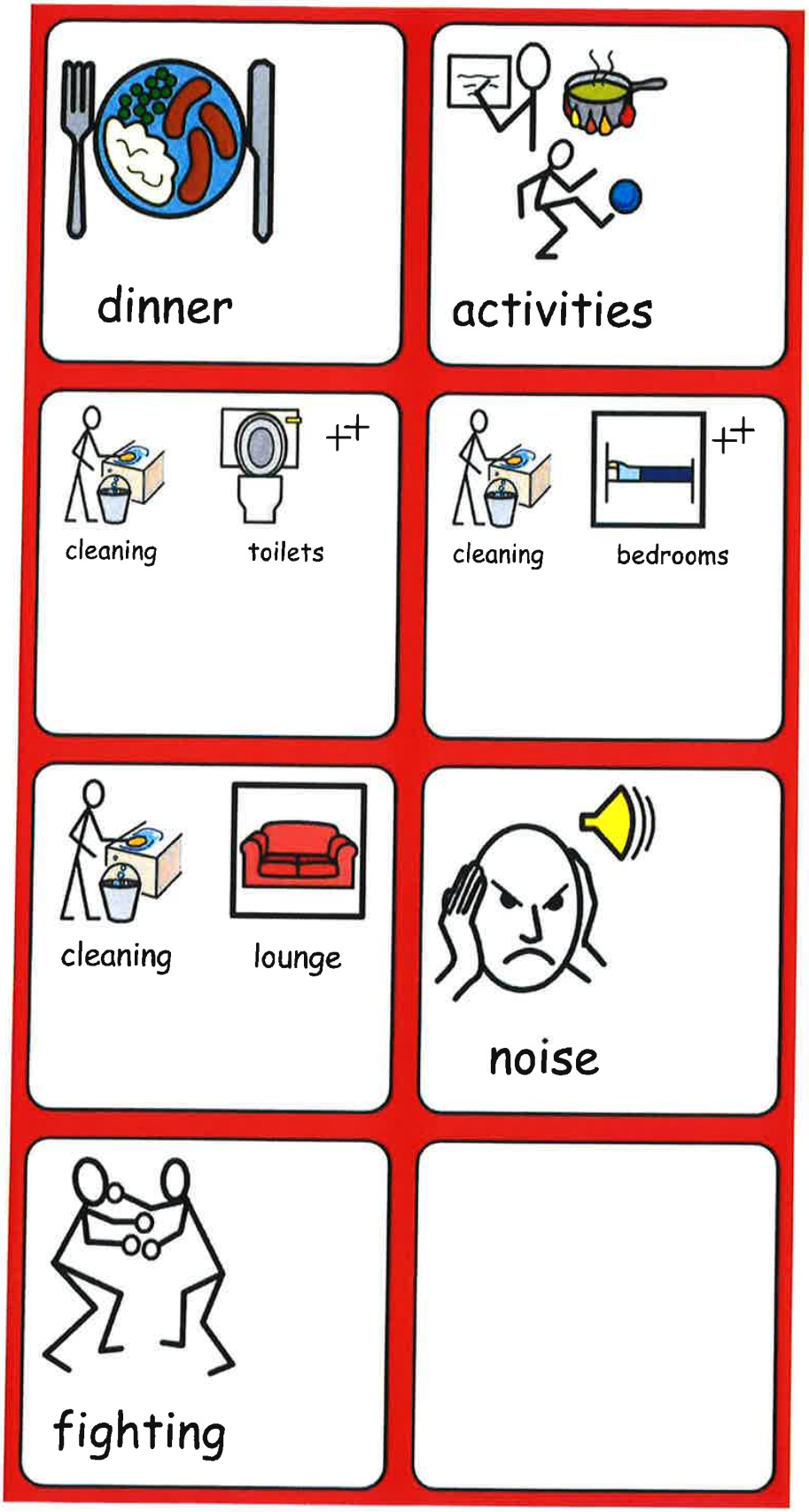
P9
P10
P11
P12
P13

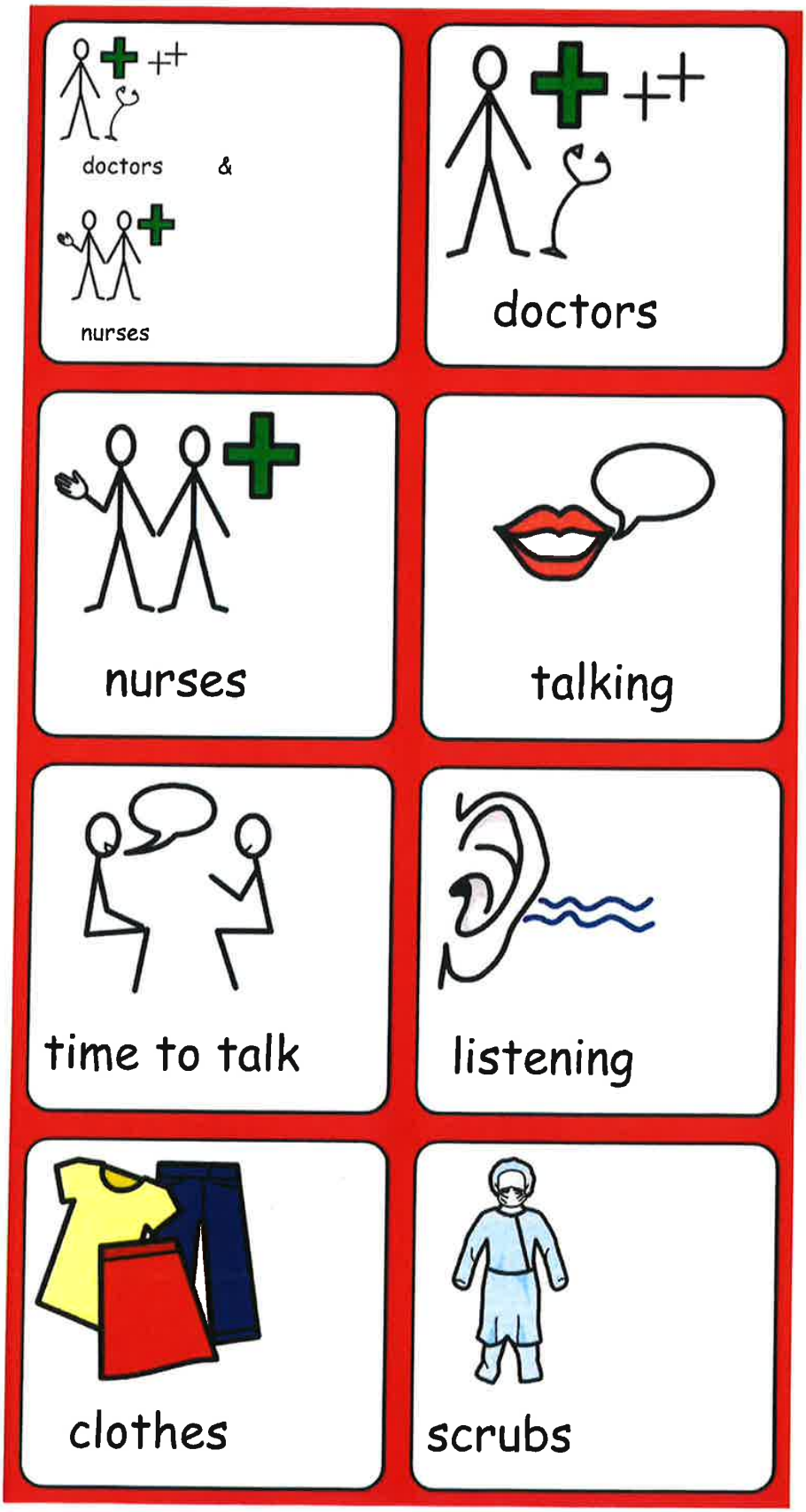
P14

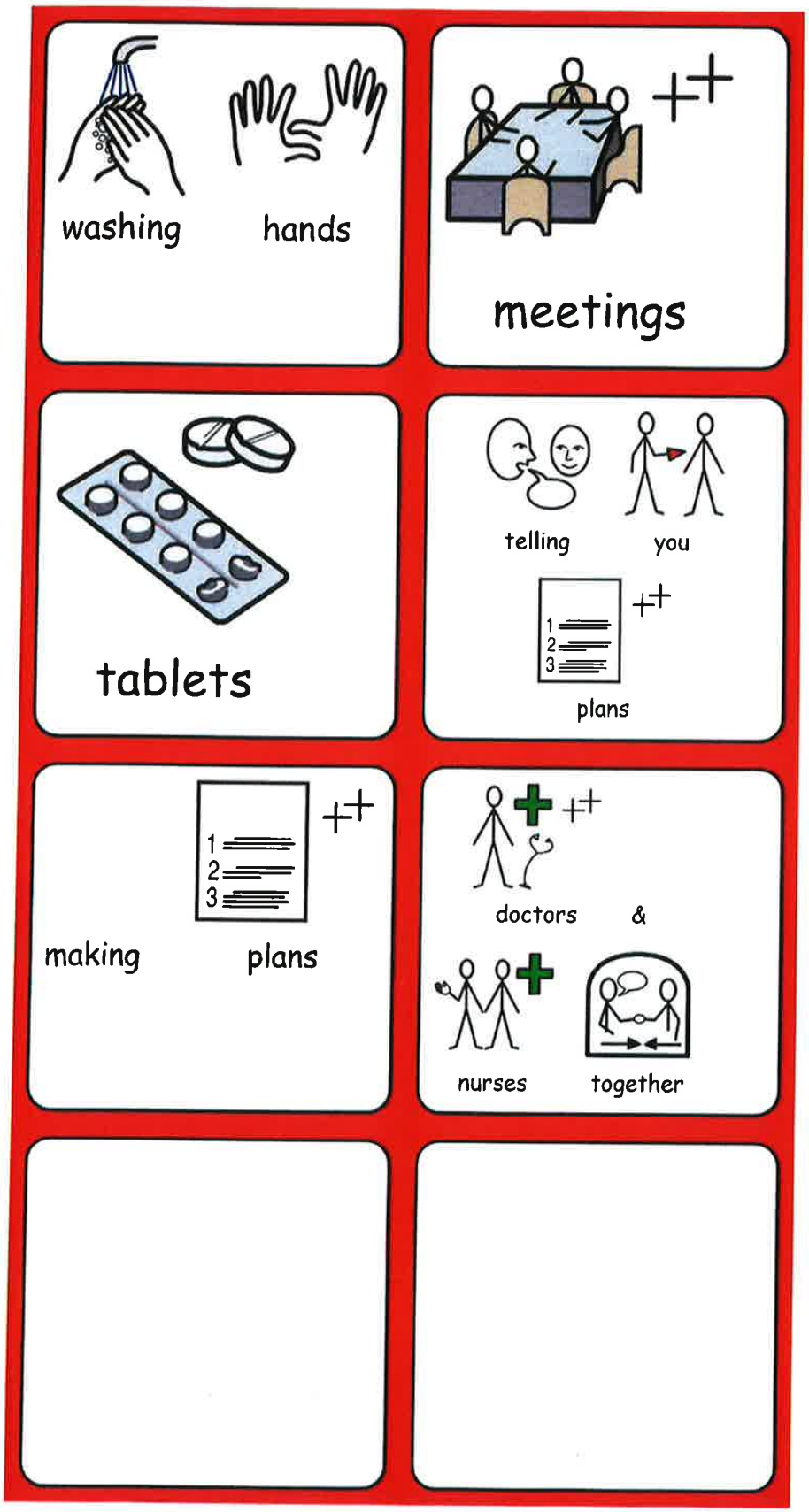
P15

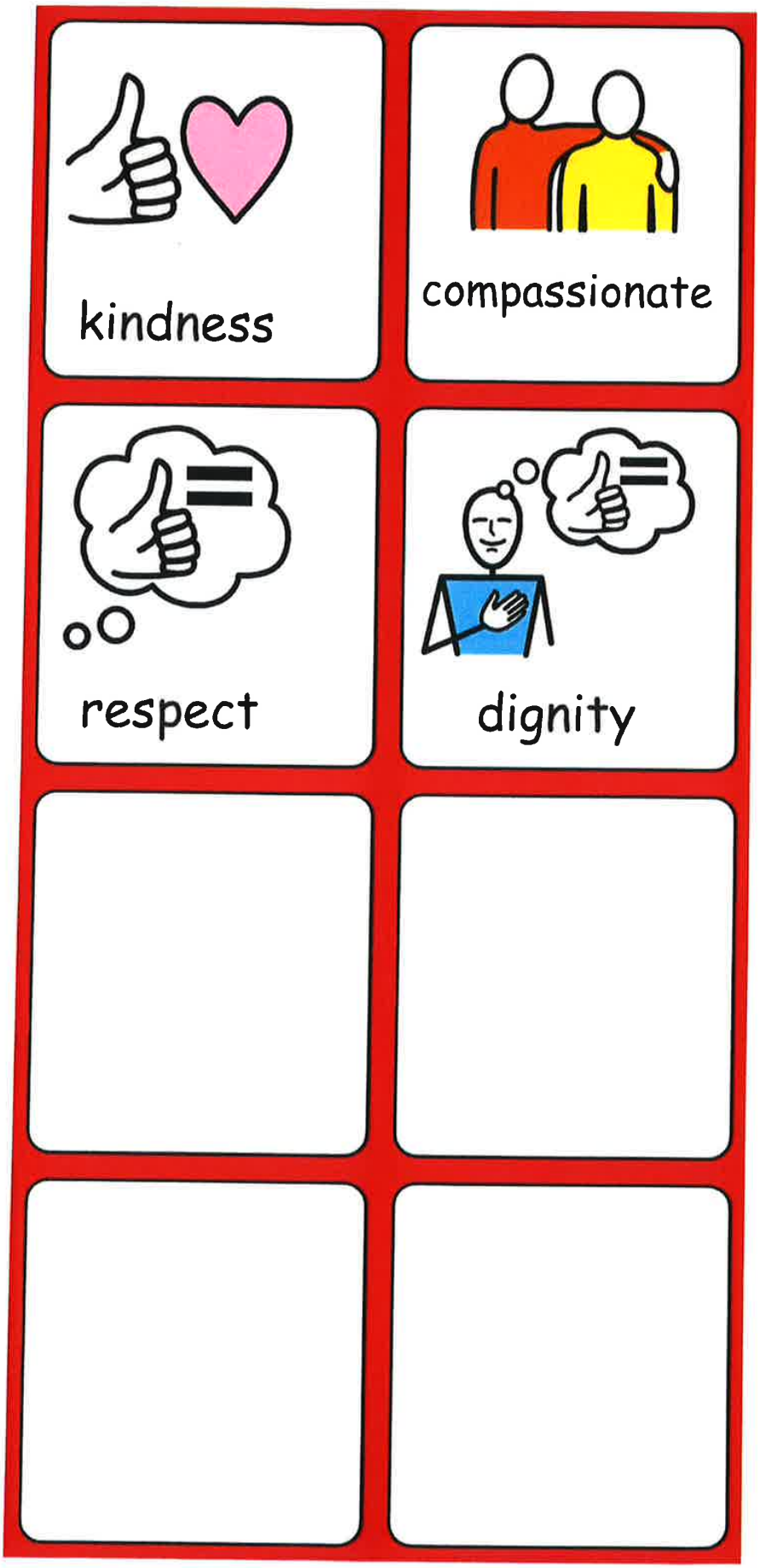
Notes:

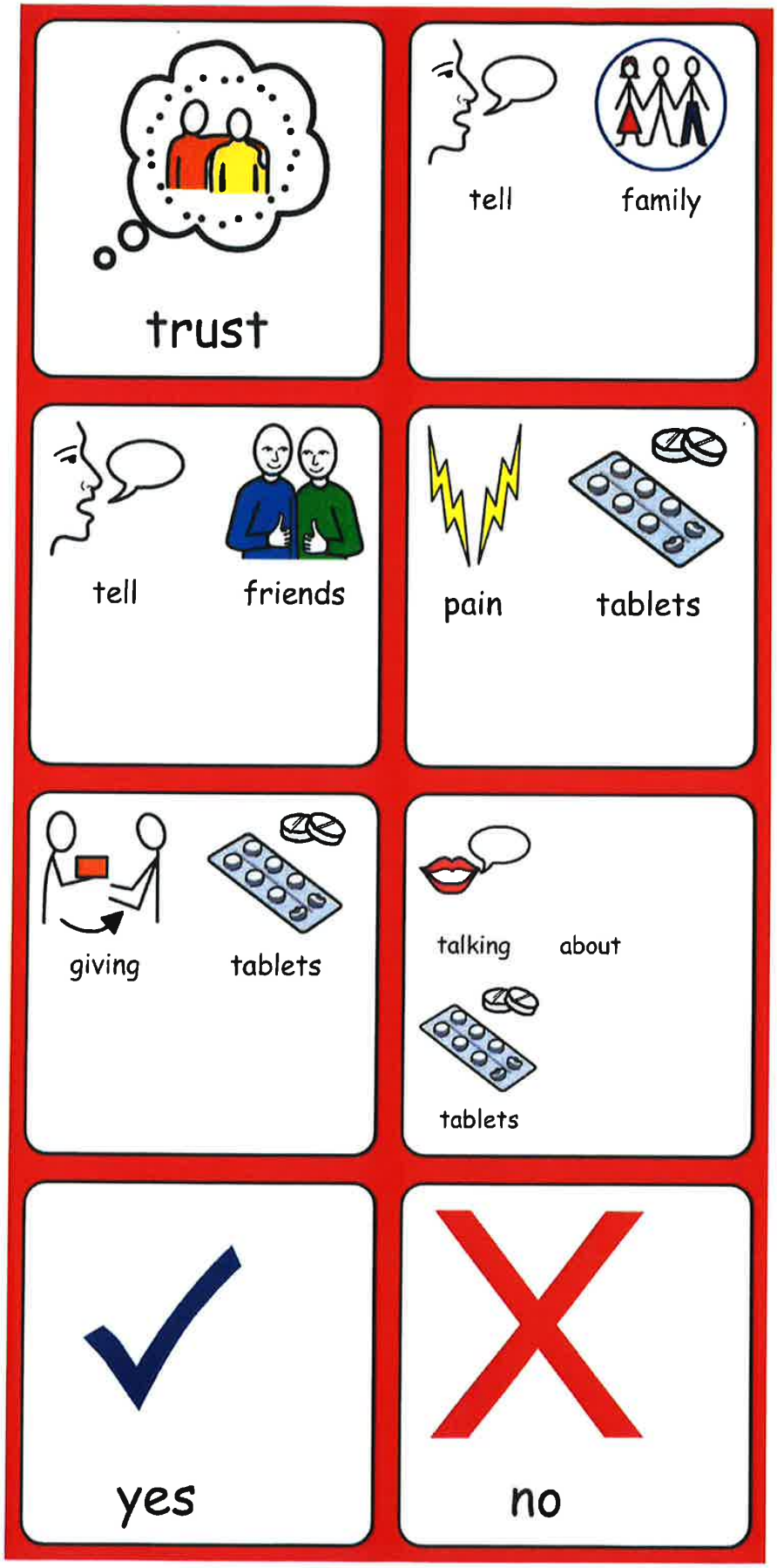

like
dislike
don't know
hospital
doctors
nurses
rooms
doors


dinner
activities
cleaning
toilets
cleaning
bedrooms
cleaning
lounge
noise
fighting


doctors &
nurses
doctors
nurses
talking
time to talk
listening
clothes
scrubs


washing
hands
meetings
tablets
telling
you
plans
making
plans
doctors
&
nurses
together


kindness
compassionate
respect
dignity


trust
tell
family
tell
friends
pain
tablets
giving
tablets
talking
about
tablets
yes
no

Tell us what you think
Patient Feedback

1. Do staff tell you the same thing?

Sometimes a member of staff says one thing and another staff says something different.

Yes | Sometimes | Not Sure | No

2. Do staff work well with each other and as part of a team?

Yes | Sometimes | Not Sure | No

3. Have staff treated you with **respect**?

Respect is thinking about your feelings, wishes and rights.

Yes | Sometimes | Not Sure | No

4. Have staff involved you in decisions and asked you what you want?

Yes | Sometimes | Not Sure | No

Working together | Excellence | Openness & Honesty | Compassion

HSC Belfast Health and Social Care Trust
caring supporting improving together

5. Have staff given you information about your health and treatment?

Treatment is what they are doing to make you better.

Yes | Sometimes | Not Sure | No

6. Did you get information when you needed it?

Yes | Sometimes | Not Sure | No

7. Is there someone on the ward you can talk to if you are worried?

Yes | Sometimes | Not Sure | No

8. Did you understand what staff said when they answered your questions?

Yes | Sometimes | Not Sure | No

9. Do you trust and believe in the staff?

Yes | Sometimes | Not Sure | No

10. Do the staff ever talk in front of you like you are not there?

Yes | Sometimes | Not Sure | No

11. Is your ward clean?

Yes | Sometimes | Not Sure | No

12. Are the toilets and bathrooms clean?

Yes | Sometimes | Not Sure | No

13. Do staff wash their hands or use hand sanitiser before and after seeing you?

Yes | Sometimes | Not Sure | No

14. Do staff do all they can to help you with your pain?

Yes | Sometimes | Not Sure | No

15. Have staff told you what your new medicines or tablets are for?

Yes | Sometimes | Not Sure | No

16. Have staff told you what medication side effects to look out for?

Yes | Sometimes | Not Sure | No

17. Were you told how and when to take your medication? Did you understand what you needed to do?

Yes | Sometimes | Not Sure | No

18. Have you been angry about noise from staff at night?

Yes | Sometimes | Not Sure | No

19. Have you been angry about noise from other patients at night?

Yes | Sometimes | Not Sure | No

20. Have staff been kind and understanding?

Yes | Sometimes | Not Sure | No

21. Would you tell friends and family good things about the way you have been treated?

Yes | Sometimes | Not Sure | No

Sometimes

Real Time Patient Feedback Report

(All)
Division

Feb-23
Month

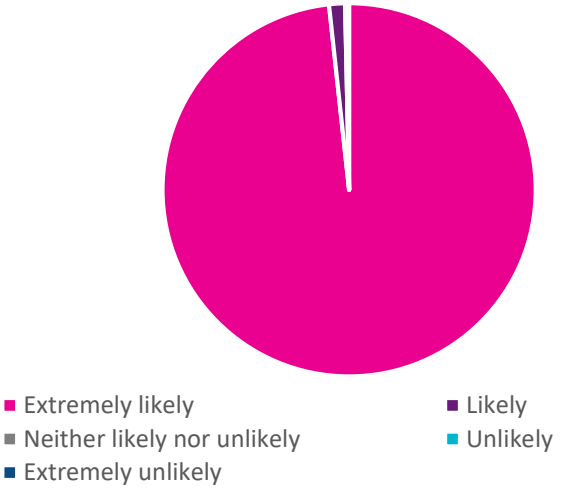
582
No. Surveyed

(All)
Ward

Date

Domain	Domain Score
Consistency & Coordination	9.94
Respect & Dignity	9.97
Involvement	9.91
Doctors	9.88
Nurses / Midwives	9.97
Cleanliness	9.96
Pain Control	9.97
Medicine	9.70
Noise at Night	9.52
Kindness & Compassion	9.97
Recommendation	9.94
Overall Domain Score	9.88

How likely would you be to recommend the service to your friends or family if they required similar care or treatment?

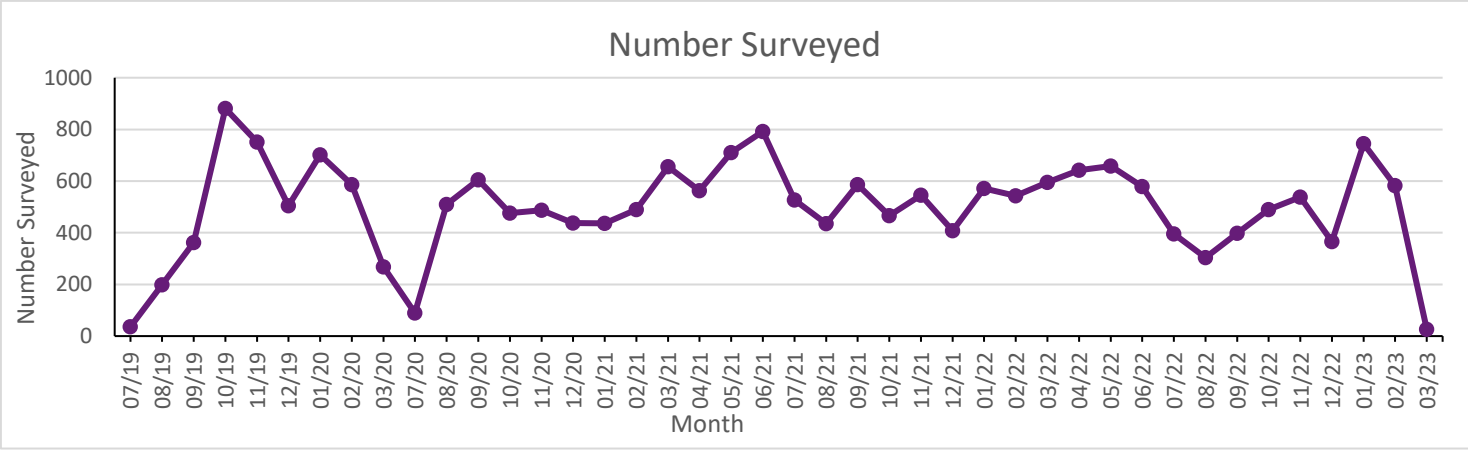


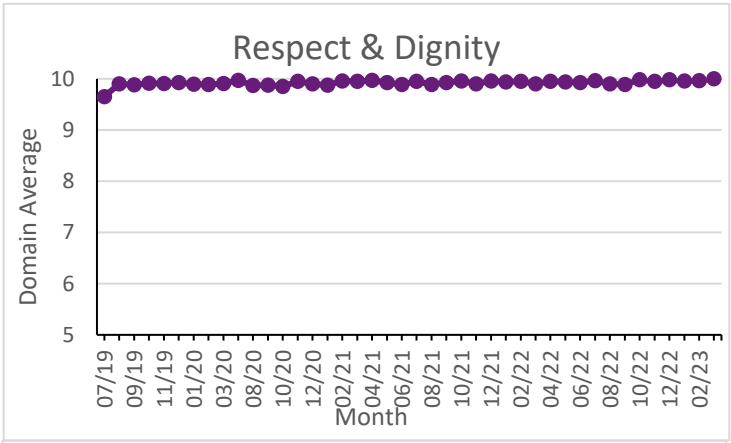
Overall Satisfaction **99%**

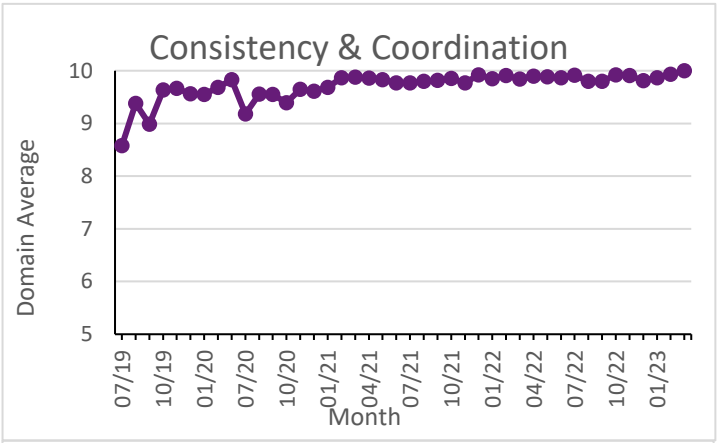
Patient Experience Domain Charts

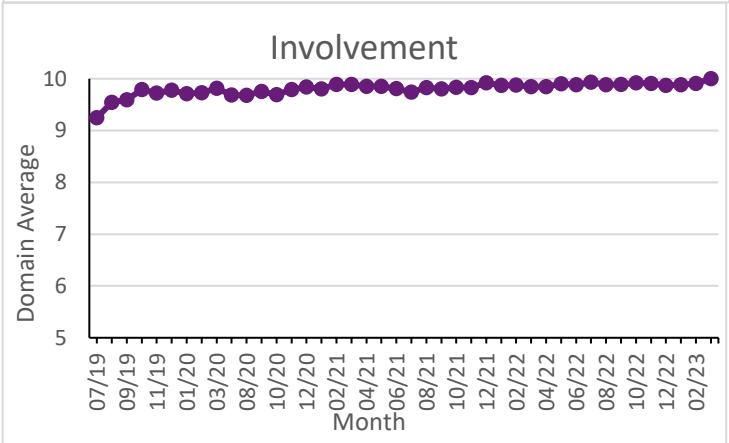
******Please note: All data is based on original ward location, although ward may have relocated due to Covid-19 or may now look after mixed specialty patients**

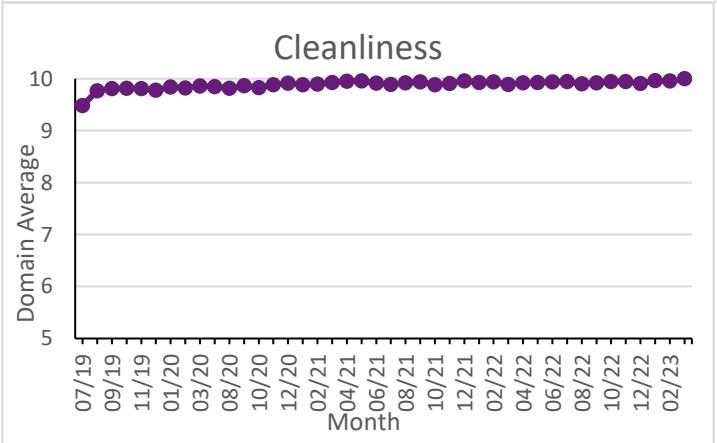
****Please note axis on charts have now changed to start at 5 so variation in the data is clearer

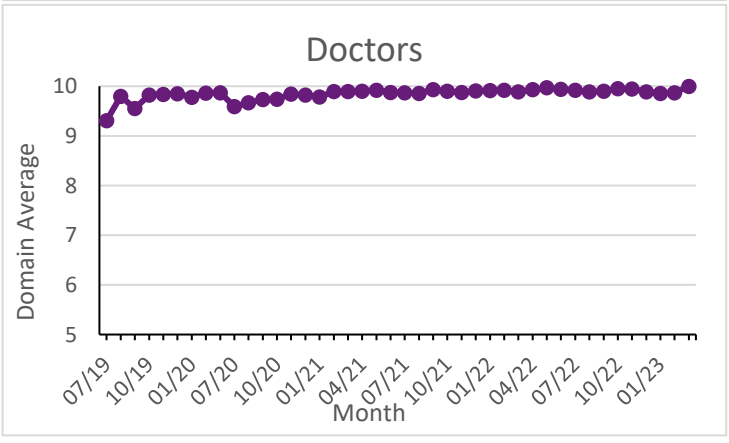


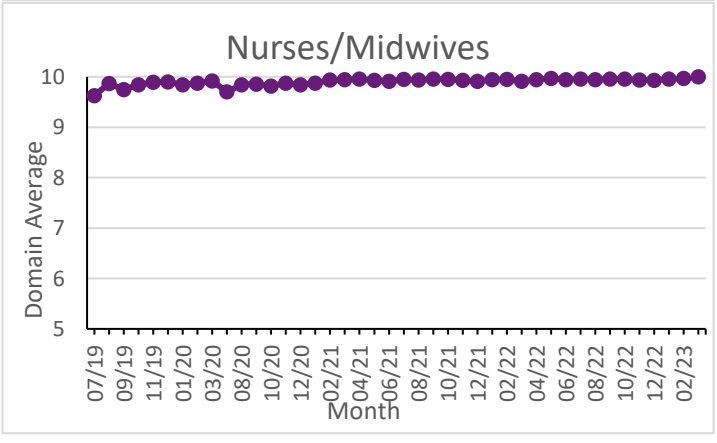


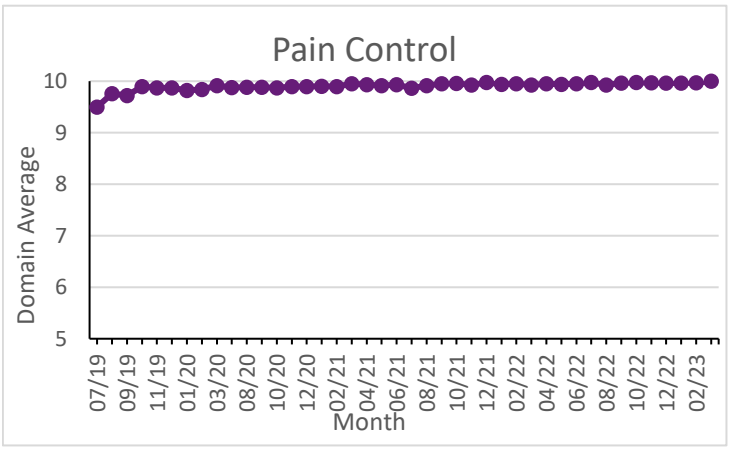











Pain Control
Domain Average
10
9
8
7
6
5
07/19
09/19
11/19
01/20
03/20
08/20
10/20
12/20
02/21
04/21
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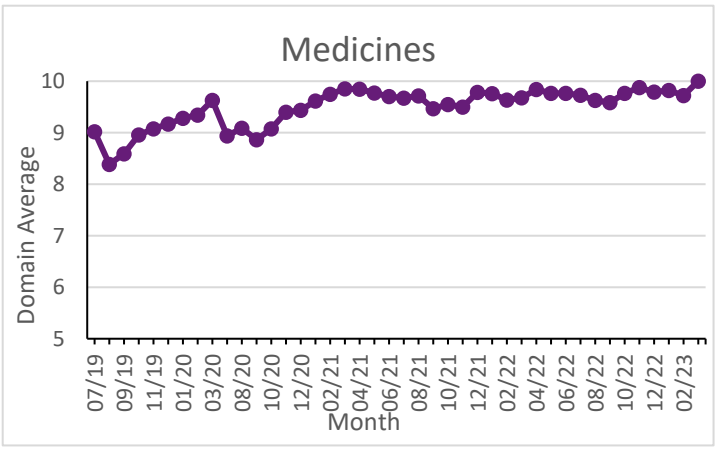
12/22
02/23
Month


Medicines
Domain Average
10
9
8
7
6
5
07/19
09/19
11/19
01/20
03/20
08/20
10/20
12/20
02/21
04/21
06/21
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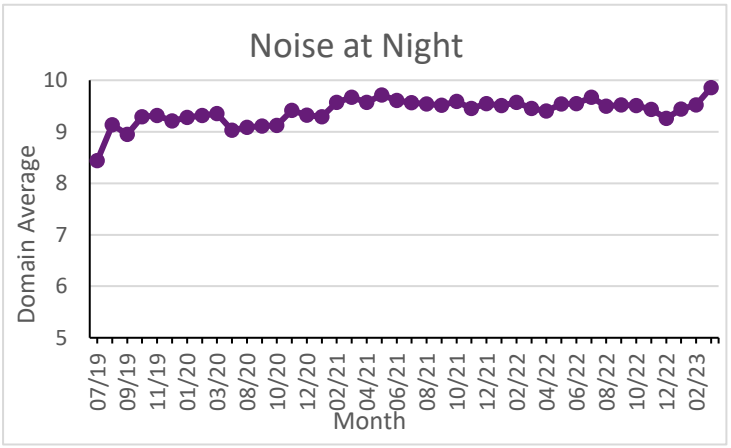
12/22
02/23
Month


Noise at Night
Domain Average
10
9
8
7
6
5
07/19
09/19
11/19
01/20
03/20
08/20
10/20
12/20
02/21
04/21
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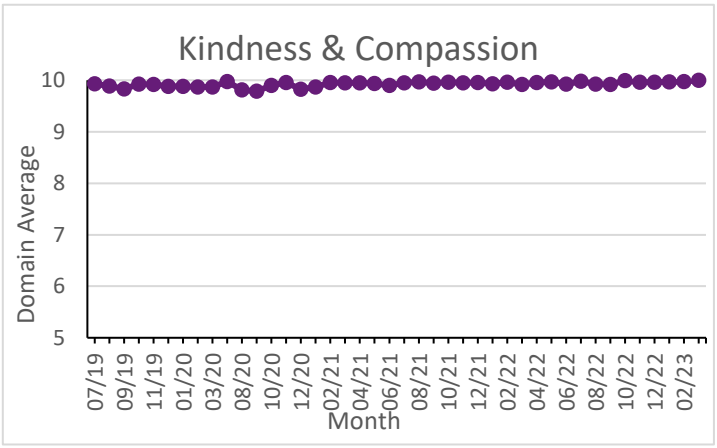
04/22
06/22
08/22
10/22
12/22
02/23
Month


Kindness & Compassion
Domain Average
10
9
8
7
6
5
07/19
09/19
11/19
01/20
03/20
08/20
10/20
12/20
02/21
04/21
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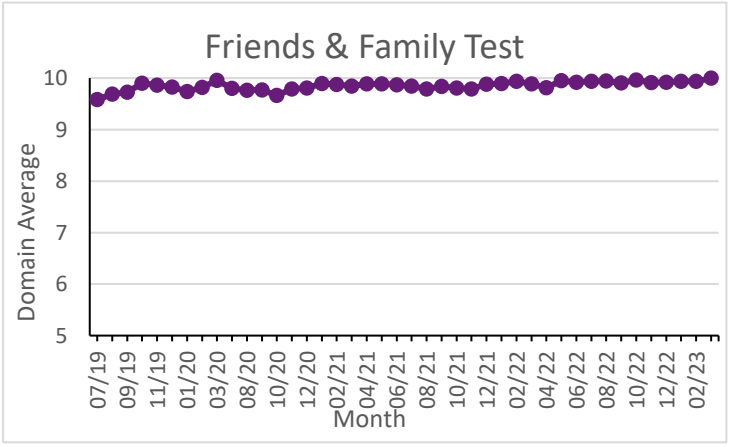
12/22
02/23
Month


Friends & Family Test
Domain Average
10
9
8
7
6
5
07/19
09/19
11/19
01/20
03/20
08/20
10/20
12/20
02/21
04/21
06/21
08/21
10/21
12/21
02/22
04/22
06/22
08/22
10/22
12/22
02/23
Month

Friends & Family Test
Ranking

Month:	02/23

Divisional ranking

Division	Friends & Family Score	Number surveyed	Rank
Cancer & Specialist Medicine	9.96	117	2
Surgery	10.00	105	1
Trauma, Orthopaedics & Rehabilitation Services	9.83	73	5
Older People, Physical Health and Disability services	10.00	21	1
Anaesthetics, Critical Care, Theatres & Sterile Services	10.00	23	1
Maternity, Dental & Sexual Health Services	10.00	14	1
Mental Health & CAMHS	9.84	32	4
Medical Specialties	9.91	171	3
GP OOH's & Emergency Medicine	10.00	26	1
Belfast Health & Social Care Trust	**9.95**	**582**	

Specialty ranking

Division	Friends & Family Score	Number surveyed	Rank
Nephrology	10.00	41	1
Orthopaedics	10.00	35	1
Oncology	10.00	33	1
EMSU	10.00	25	1
Vascular Surgery	10.00	12	1
Meadowlands	10.00	21	1
General Surgery, Colorectal, HBP Upper& OG Upper	10.00	28	1
Infectious Diseases	10.00	12	1
Neurology	10.00	11	1
Gynaecology	10.00	7	1
Theatres	10.00	9	1
Care of the elderly	9.79	12	5
Rehabilitation	10.00	12	1
ENT	10.00	8	1
Rheumatology	9.86	37	3
Community Mental Health	10.00	1	1
Mental Health	9.84	31	4
Endocrinology	9.17	9	8
Cardiology	10.00	36	1
Respiratory	9.94	41	2
Trauma	9.50	26	7
Haematology	10.00	6	1
Ambulatory Care	10.00	21	1
Critical Care	10.00	14	1
Hepatology	10.00	5	1
Cardiac and Thoracic Surgery	10.00	8	1
General Medicine	10.00	13	1
Maternity	10.00	7	1
Acute Medicine	10.00	26	1

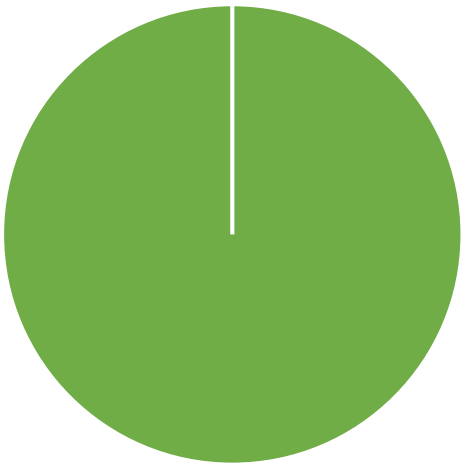
Burns & Plastics	10.00	4	1
Neurosurgery	10.00	10	1
Stroke	9.77	11	6
Ophthalmology	10.00	10	1
Urology		0	

Real Time Patient Feedback Report - Muckamore

Division: Learning Disability
Month: 02/23
Ward: (All)
Date: Enter date here
No. Surveyed: 1

Domain	Domain Score
Consistency & Coordination	10.00
Respect	10.00
Involvement	10.00
Staff	10.00
Cleanliness	10.00
Pain Control	10.00
Medicines	10.00
Noise at night	10.00
Kindness & Compassion	10.00
Friends & Family	10.00
Overall domain score	10.00

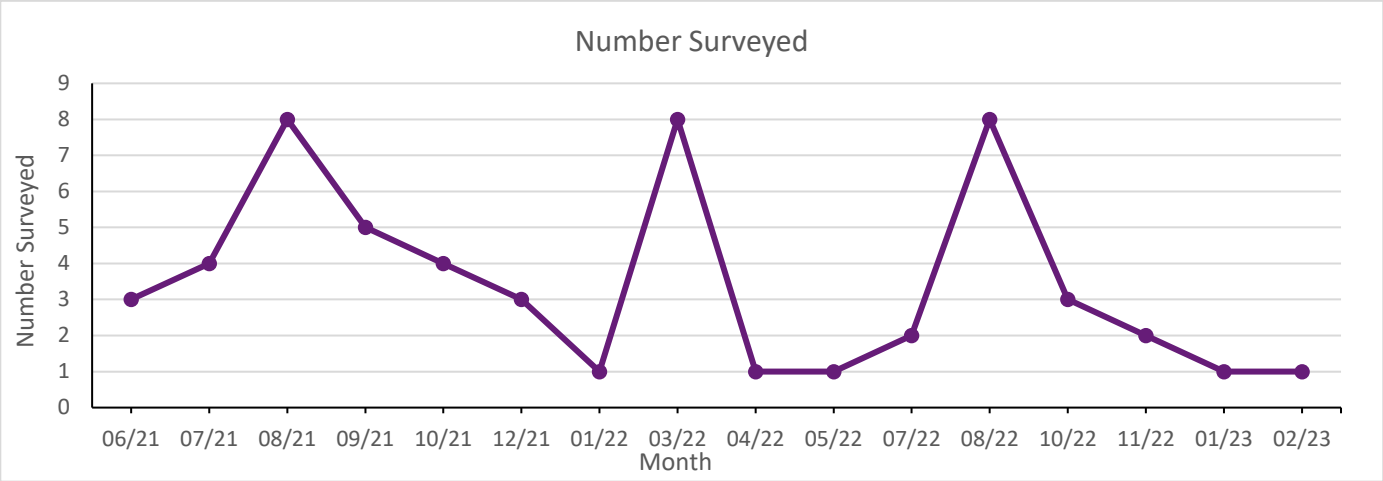
Would you tell friends and family good things about the way you have been treated?

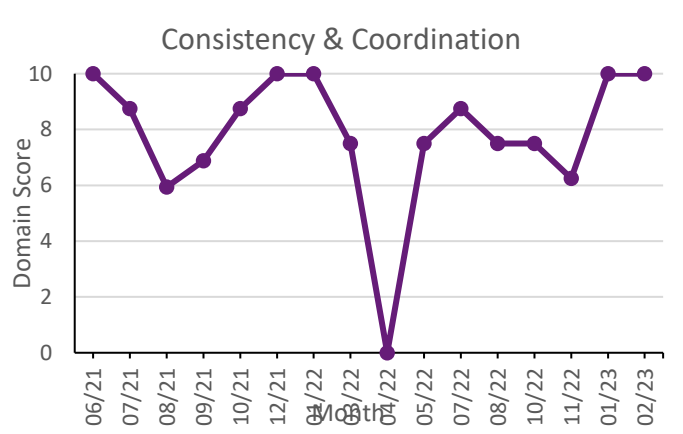


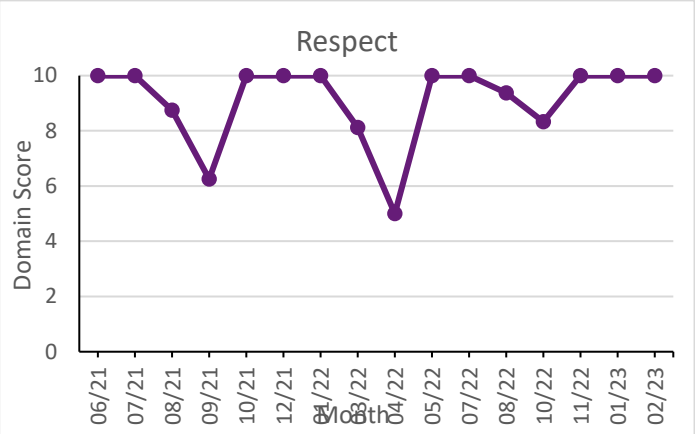
■ Yes, always

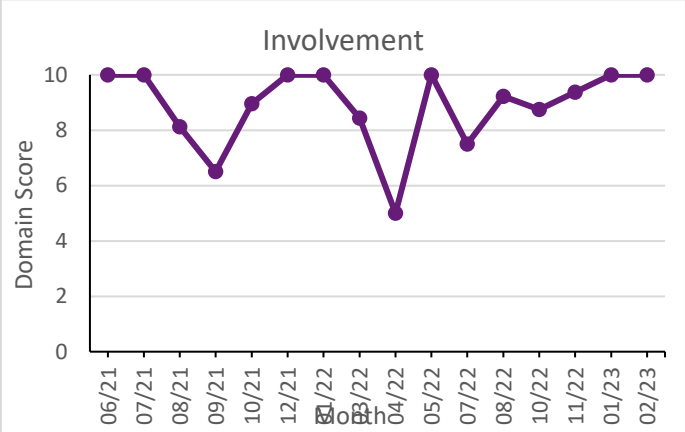
Overall Satisfaction **100%**

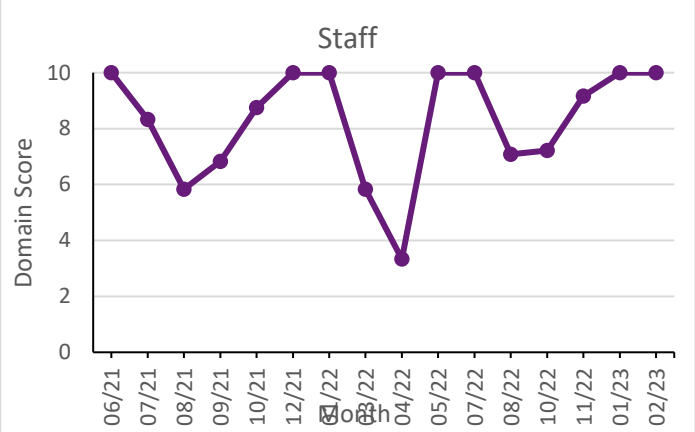
Domain Charts

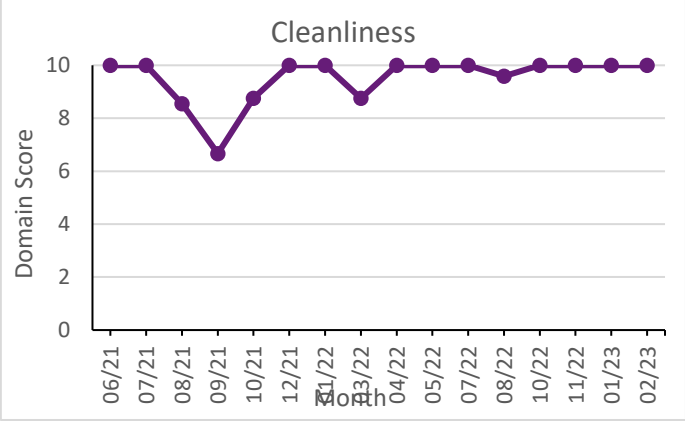


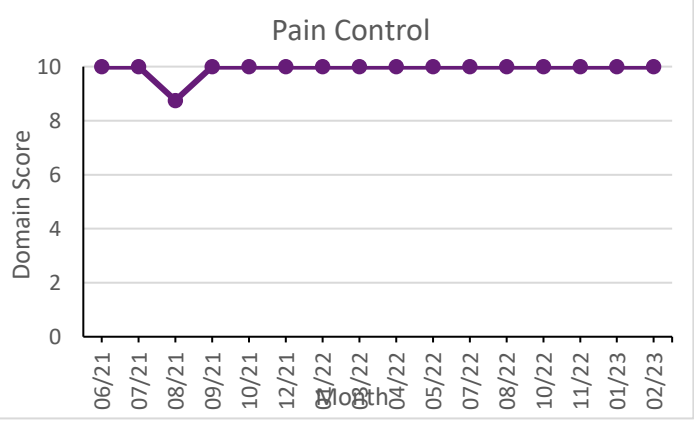


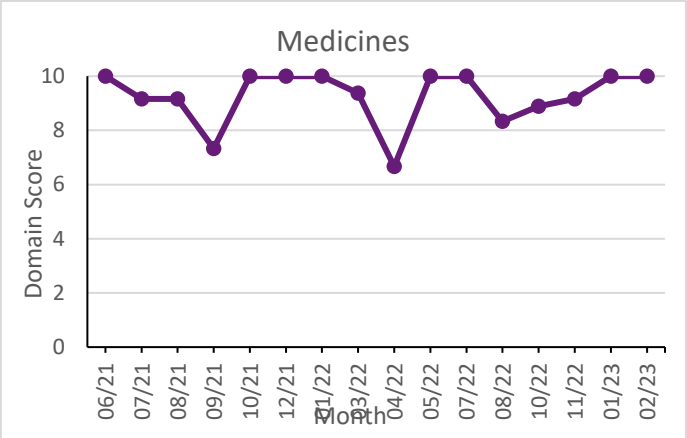








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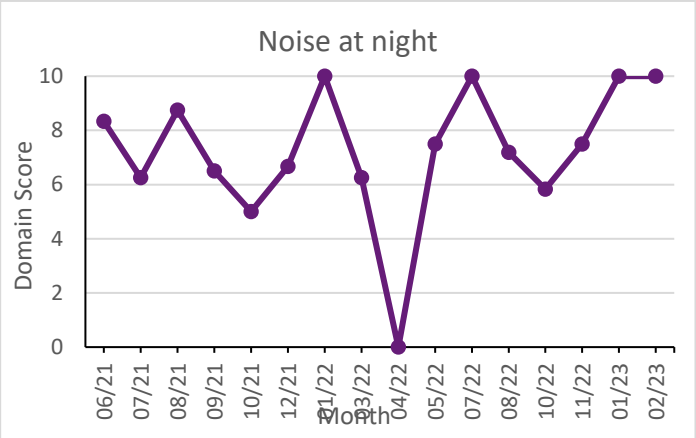
Month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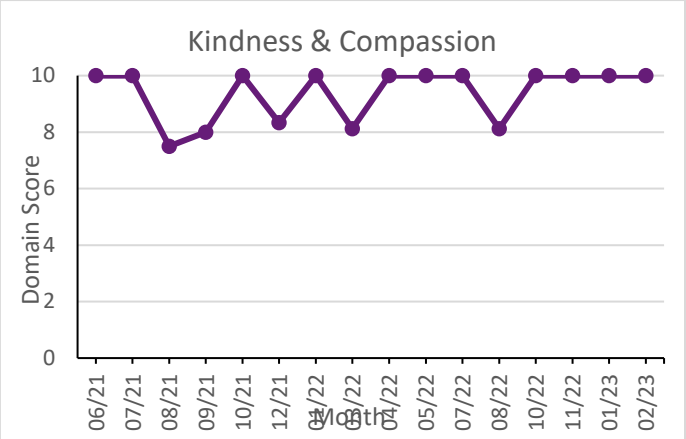
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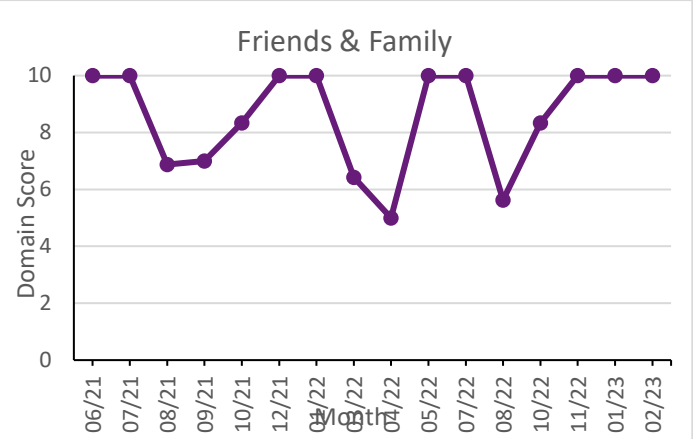
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04/22
05/22
07/22
08/22
10/22
11/22
01/23
02/23
Month

Comments

Comments
Muckamore Cranfield 1
08/02/23
I like the staff, they're my friends, I trust Eddie. I like the activities, I do art and painted a canvas. I beat Eddie at Pool. Muckamore is good.
_

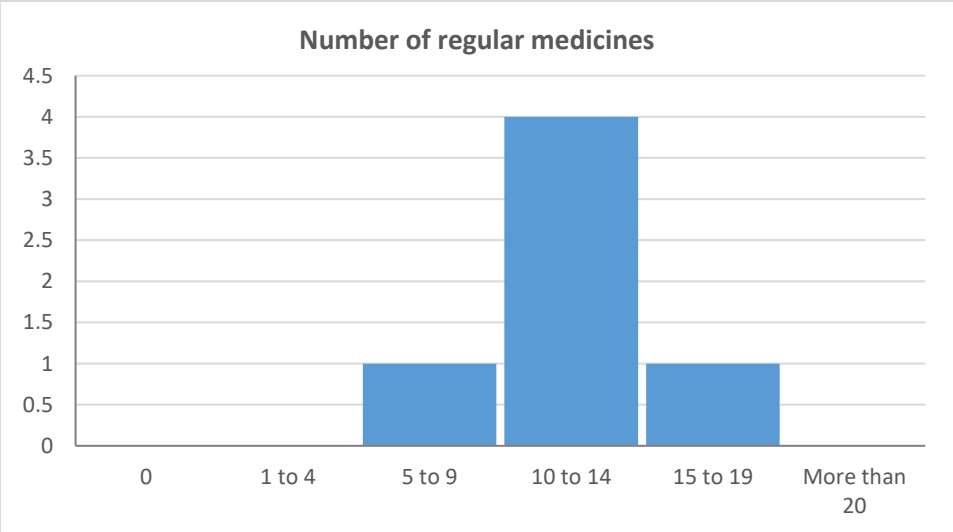
Medication Safety Thermometer Report

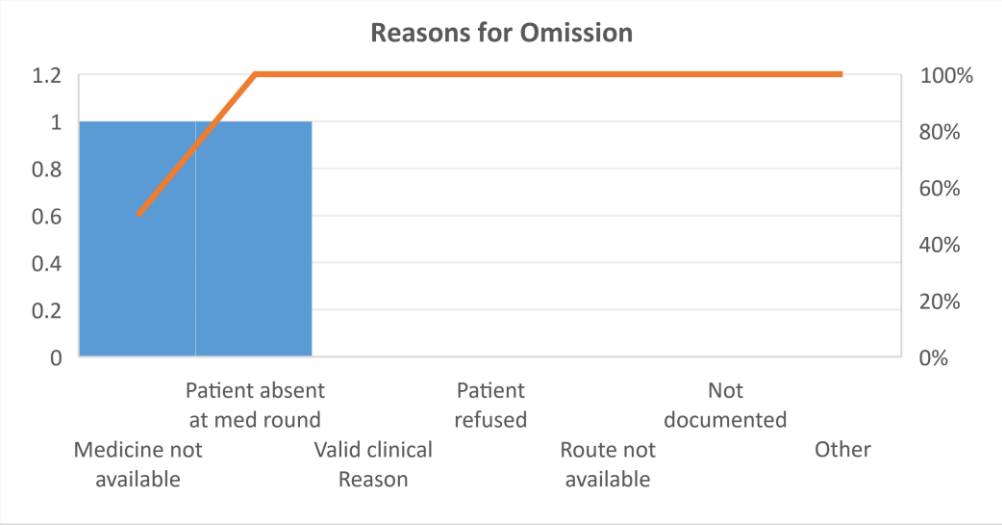
Belfast Health and Social Care Trust
caring supporting improving together

Ward:	Muckamore Ardmore Killead
Specialty:	Learning Disability
Division:	Learning Disability
Month:	01/23
Dates of Visits:	
Number Surveyed:	6

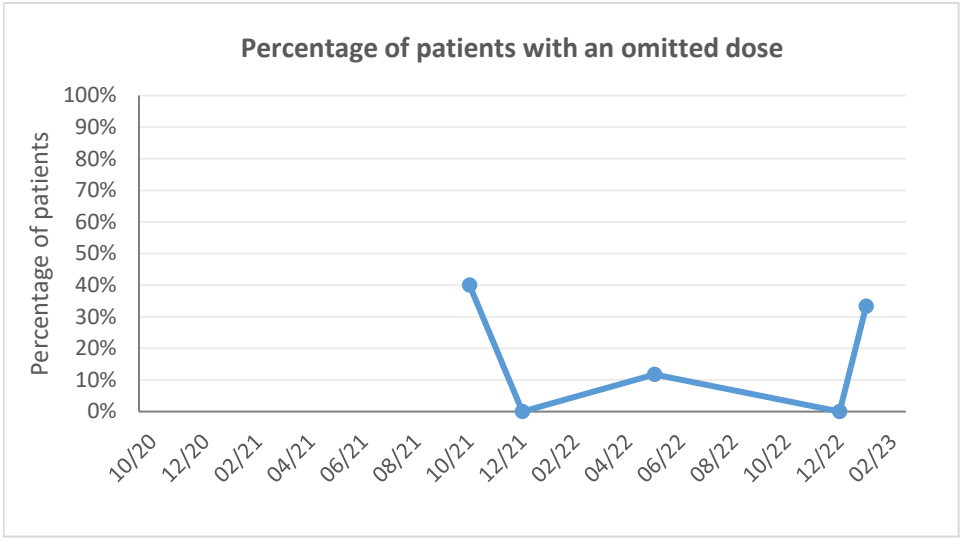
	Monthly Area %	Average Trust %
Patients with medicines allergy status documented in their medicine kardex	100.00%	84.18%
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	33.33%	15.74%
Patients with an omitted dose relating to a critical med (Excl. valid reason & refusal)	16.67%	1.72%
Patients receiving high risk medicine that had a trigger of harm.	N/A	0.77%
Patients with medicine reconciliation started within 24hrs of admission to Trust	0.00%	57.26%

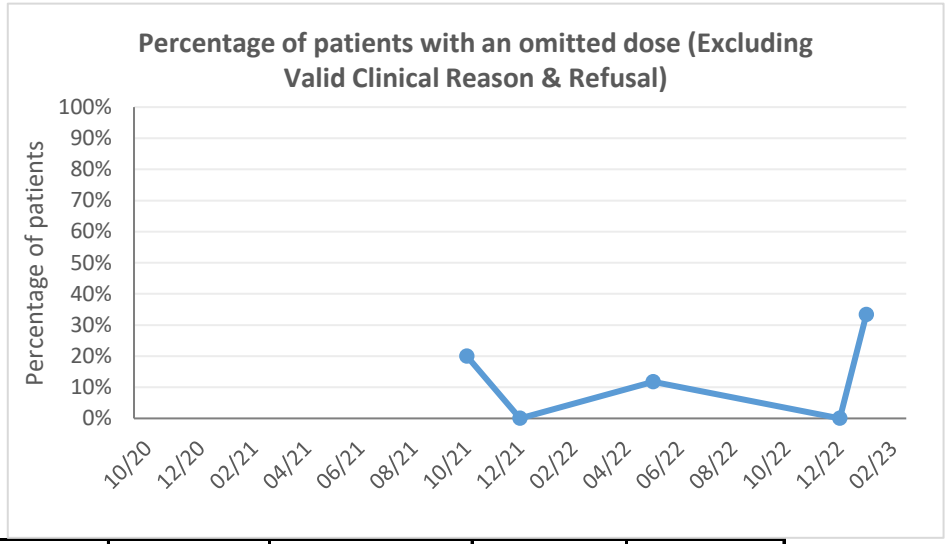
*Trust Score is the average score of all areas and months to date



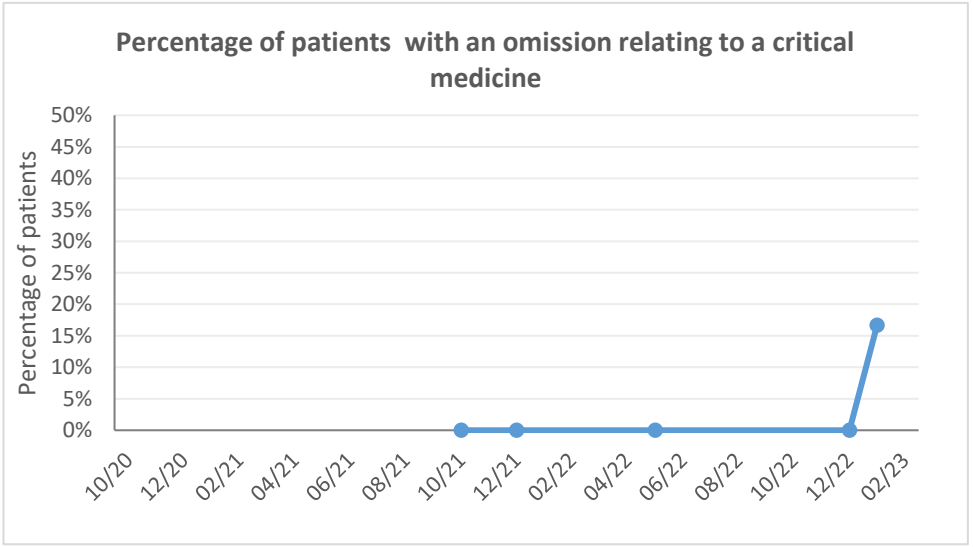


* Please note reasons for omission is not the same as Total number of omissions. Multiple reasons can be given for each category of drug, however the same reason for omission cannot be selected twice for a single category of drug.

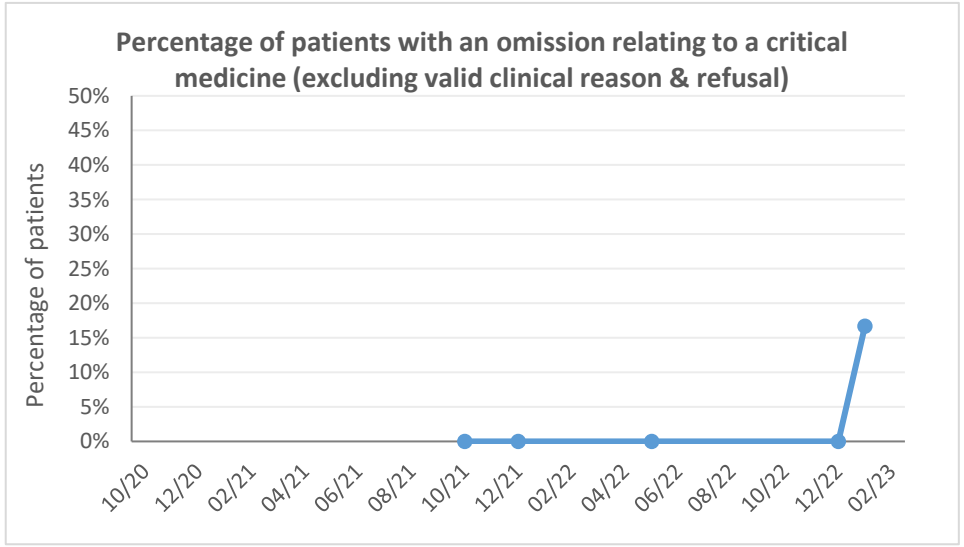




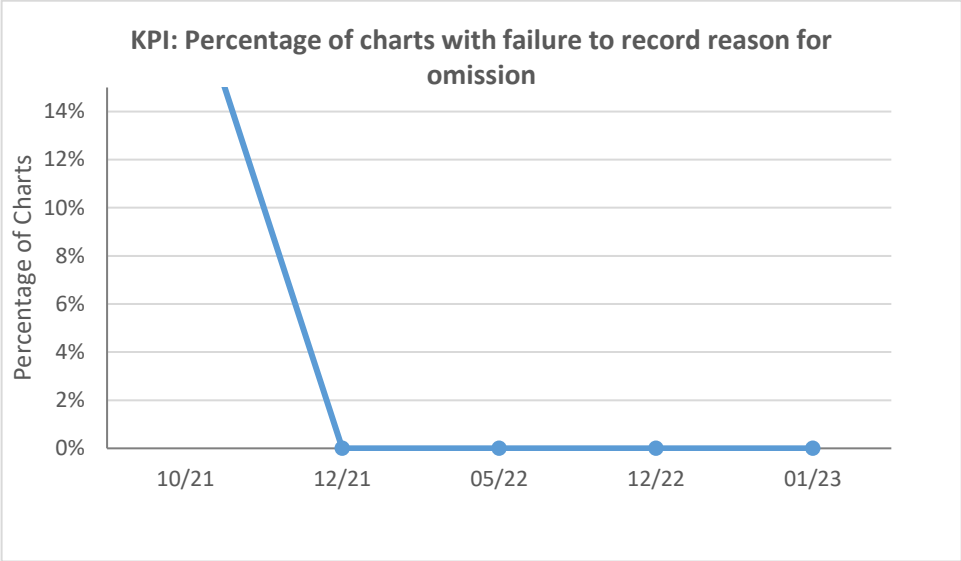
Values	Area:	33.33%	Trust:	15.74%

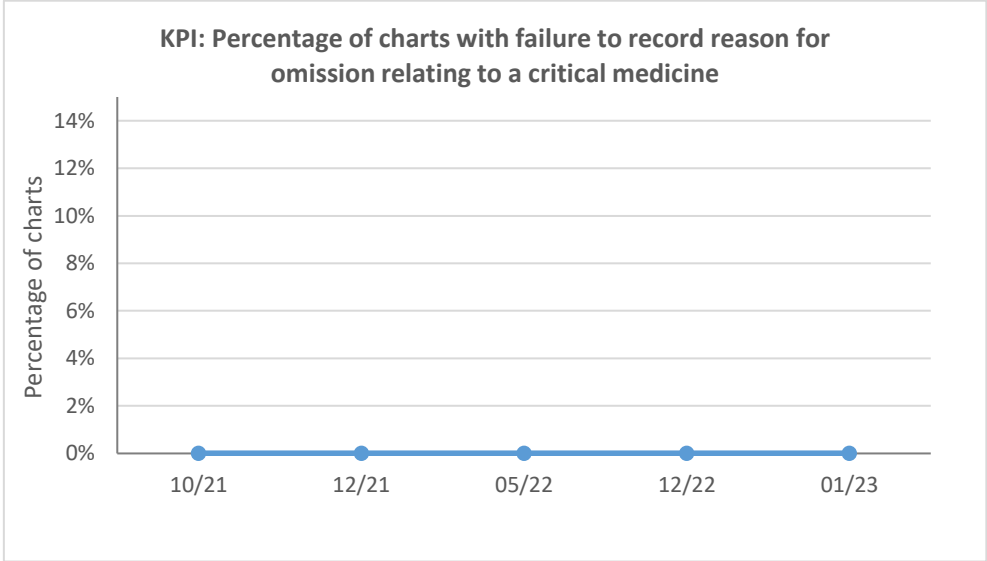


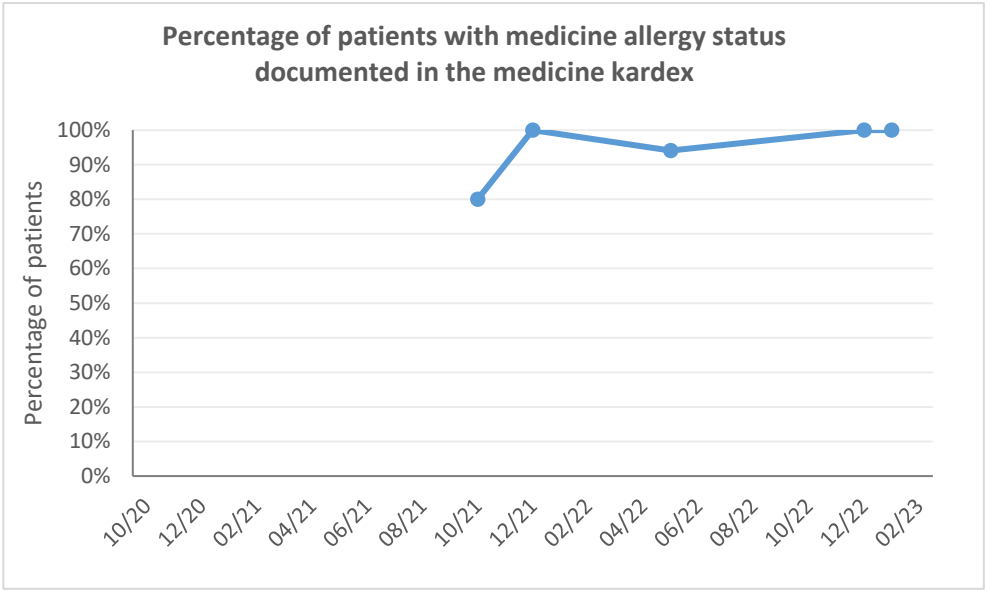
*'Critical Med' refers to; Anticoagulants, Opioids, Insulin & Anti-infectives

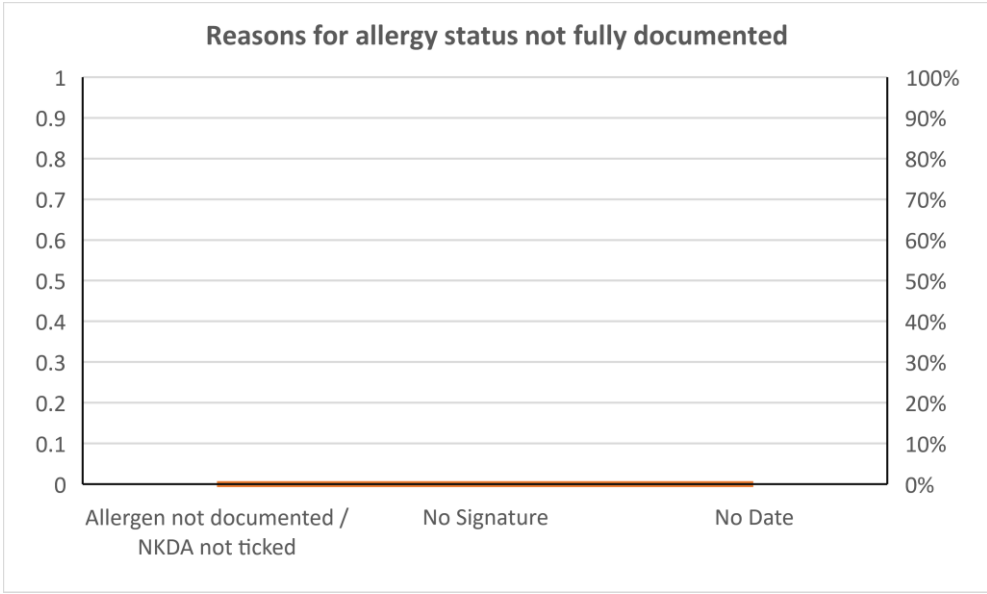


Values	Area:	16.67%	Trust:	1.72%



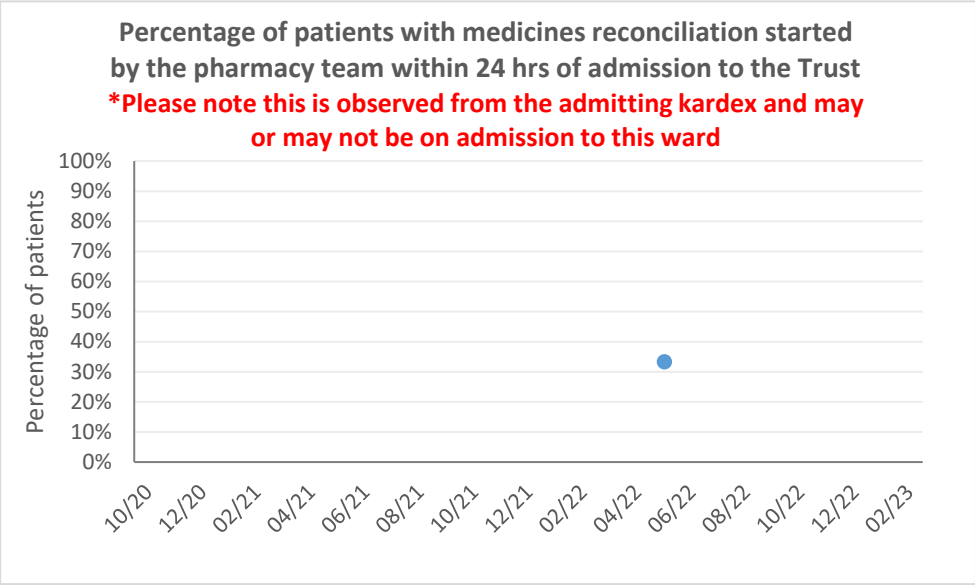




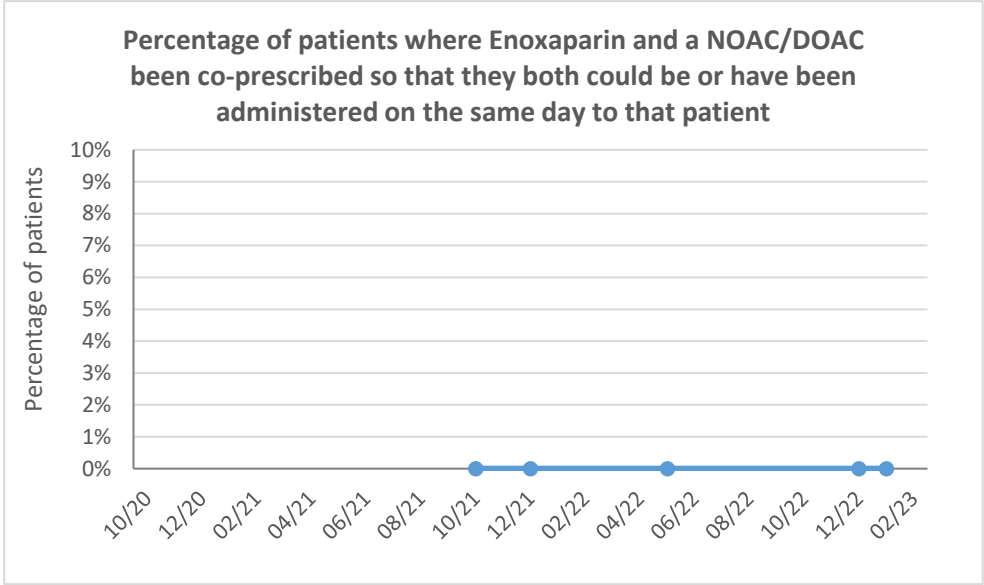


Values	Area:	100.00%	Trust:	84.18%

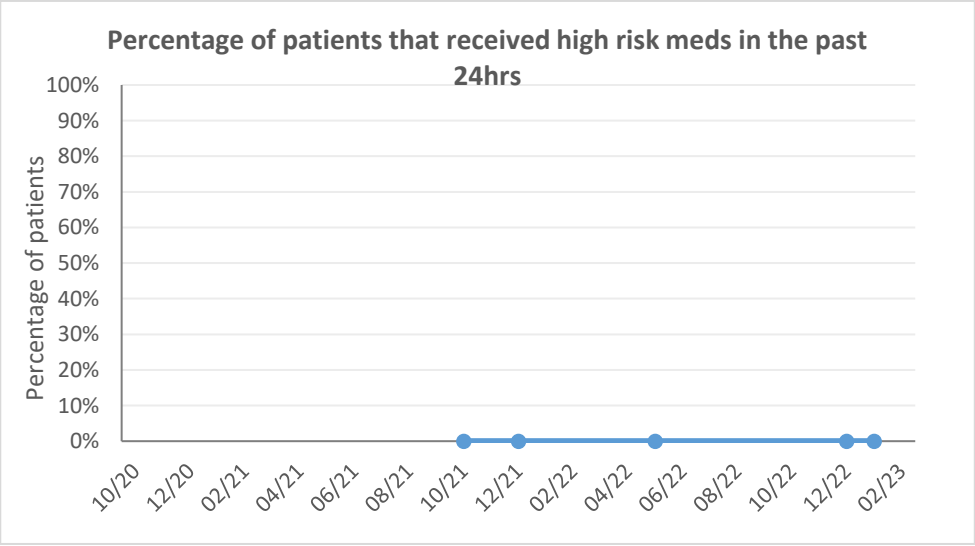
*Question added April 2022

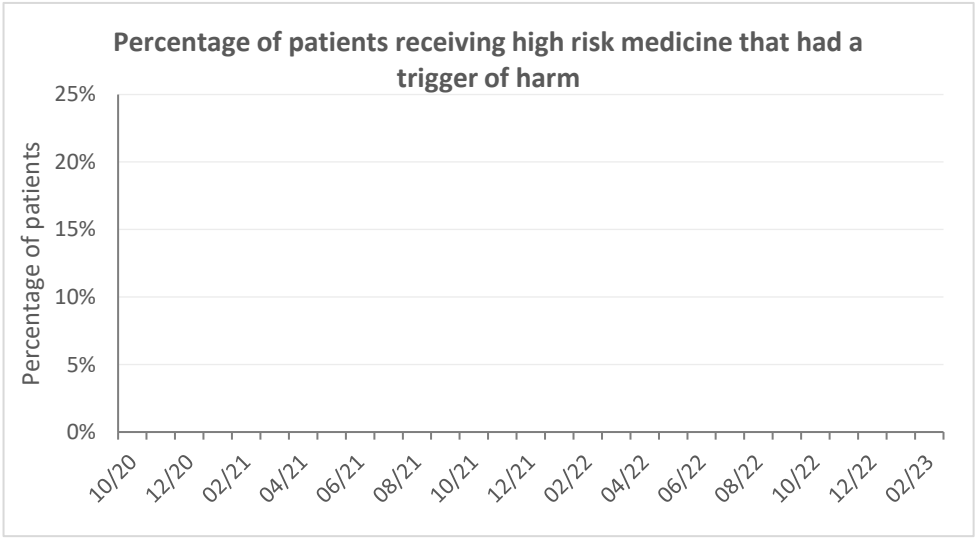


Values	Area:	0.00%	Trust:	57.26%



*Question added July 2021





Values	Area:	N/A	Trust:	0.77%

Break down of Trigger of harms

High Risk Medicine	Trigger of Harm	Monthly total	Number of patients applicable to	Cumulative total	
Anticoagulant (Heparin, LMWH, Warfarin and NOACs (Excluding VTE Prophylaxis)	A bleed of any kind or a VTE	0	0	0	
	Administration of Vitamin K, Protamine or clotting factors e.g. Octaplex	0		0	
	INR greater than 6 or APTT ratio greater than 4	0		0	
Opioids (excluding oral codeine, dihydrocodeine and Tramadol)	Administration of Naloxone	0	0	0	
	Respiratory rate below 8 breaths per minute (bpm)	0		0	
IV or SC Sedatives (Midazolam, Lorazepam, Diazepam, Clonazepam)	Common complication of over sedation which includes hypotension, delirium, respiratory depression, reduced GCS	0	0	0	
	Administration of reversal agent Flumazenil	0		0	
Insulin	Capillary blood sugar <4mmol/L	0	0	0	
	Capillary blood sugar <3mmol/L	0		0	(Question added 05/21)
	Capillary blood sugar less than 4 mmol/L between 8pm and 8am	0		0	(Question added 05/21)
	Administration of a reversal agent for hypoglycaemis (10-50% IV Dextrose, Glucagon)	0		0	
	Patient is Diabetic Ketoacidosis (DKA) or Hyperosmolar Hyperglycaemic State (HHS)	0		0	

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

IMPROVING the Patient & Client experience

5 standards

respect
attitude
behaviour
communication
privacy & dignity

5

NIPEC

Royal College of Nursing
Northern Ireland

This Statement has been produced for DHSSPS by NIPEC in partnership with the RCN. The Department would like to acknowledge the contribution of the stakeholder groups in the development of this Statement.

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Preface

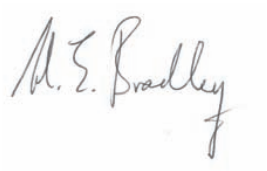
Good quality care is everyone's business; it requires champions in the board room and at the bedside. Leaders of health and social care organisations must demonstrate behaviours which are consistent with high standards of care and compassion. The five standards relating to: respect, attitude, behaviour, communication and privacy and dignity clearly state what people can expect from the health and social care service. The Department will want to see services commissioned that embrace the five standards, and health and social care providers monitoring and continually improving them.

We will ensure that:

- Patient and client experience has a clear focus within our priorities
- Patient experience standards are embedded in commissioning processes
- Health and Social Care providers have the patient and client experience integrated across all policy and strategy documents
- Trust boards should receive an annual report of the outcome of the evaluation of the Patient and Client Experience Standards and associated improvements.

DHSSPS will review performance management information annually which illustrates that these standards are being monitored effectively and continuous improvements are being made. I will want to see that lessons are learned and experience of care is continually improving.

The Department will ask the Regulation and Quality Improvement Authority to ensure that these standards are actively monitored and continual improvement made as part of its system of regulation and improvement.



Martin Bradley
Chief Nursing Officer

Foreword

All of us, whether as patients or staff, want to be treated courteously, with dignity, respect and sensitivity.

I want to ensure that appropriate systems are put in place to enable the achievement of the standards outlined in “Improving the Patient and Client Experience” and commit ourselves to a service that integrates these standards into all that we do.

A good understanding of what makes the public satisfied with our service will be the difference between a successful and an unsuccessful organisation.

We can have a real impact upon the experience of those who use our service by how we communicate, by how we co-operate and support colleagues, and by creating a friendly environment where we can all take pride in the services that we offer.

Michael McGimpsey, MLA
Minister for Health, Social Services and Public Safety

intro

5

Introduction

Securing a positive patient and client experience is the responsibility of all involved in providing health and social care.

When we are in need of care, we can be at our most vulnerable. During this time our experience of health and social care services should be as positive as possible. Therefore all those involved in providing care should be continually improving standards to ensure a high quality of patient and client experience. However, the complex and highly pressurised world of health and social care delivery can make maintaining that focus difficult.

Policy drivers and service arrangements are currently in place to ensure safety, quality and access. In addition, a variety of UK level initiatives and activities provide evidence of the types of issues that people say are important to them.*

This information, along with previous work undertaken by DHSSPS, has helped identify five standards relating to respect, attitude, behaviour, communication, privacy and dignity. Stakeholder groups in Northern Ireland have also been involved in the development of these standards and the ways in which organisations should ensure they achieve them. Their feedback is summarised later in this document.

Organisations may employ a number of different activities to objectively monitor and continuously improve the experience of patients and clients. This includes the development of organisational policies and codes of practice which support the patient and client experience outlined in the five standards. Appendix 2 gives a few examples of activities that could be used to support monitoring processes.

*See Appendix 1

Standards of patient and client experience*

Patients and clients have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. This principle should be promoted and supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service.

There are many complex factors relevant to the quality of patient and client experience. The following five areas have been identified as important towards ensuring a positive patient or client experience.

Respect
Attitude
Behaviour
Communication
Privacy and dignity

This is not an exhaustive list and there may be overlap between the areas, however, all five relate to aspects identified by patients and clients as important to their experience.

Any aspect of the patient and client experience will, by its nature, require a variety of measurement approaches in order to appropriately capture the quality of the actual experience of patients and clients. Continuous, objective and systematic monitoring and improvement against the standards described in this document will help give confidence to patients and clients across Northern Ireland.

*Whilst the focus of these standards is on patient and client experience, they should be taken to refer to carers where appropriate.

Respect

All health and social care staff show respect in all contacts with patients and clients.

This standard will be recognised when all members of staff display a person centred approach in their care and treatment, or in their contacts with patients or clients.

This is demonstrated by:

- Patients' and clients' wishes being respected
- Respect for diversity and difference
- Patients and clients being actively involved in decisions regarding their care
- Members of staff providing care that is personalised
- Patients' and clients' interests being given priority by members of staff and teams
- An organisational culture where respect for the individual is valued.

This standard is achieved when:

Patients and clients report experience of being respected and involved in decision making regarding their care and treatment.

Patient and client representative groups report a patient and client focus in their involvement in service development and improvement activities.

Evidence shows that the organisation values people.

Staff members report that induction, ongoing learning and development activities promote respect for patients and clients and a person centred approach.

Patients and clients report that unavoidable interruptions during care processes are managed sensitively.

Attitude

All health and social care staff show positive attitudes towards patients and clients.

This standard will be recognised when personal approaches and responses to patients and clients by all members of staff show care and compassion.

This is demonstrated by:

- Welcoming and approachable staff who demonstrate a willingness to help
- Staff understanding the effect their verbal and non-verbal communication has on others
- Staff demonstrating a non-judgemental attitude towards patients and clients
- Staff being open-minded towards new or better ways of caring and working
- Organisational structures and processes that enable staff to take sufficient time to show positive attitudes to patient and clients.

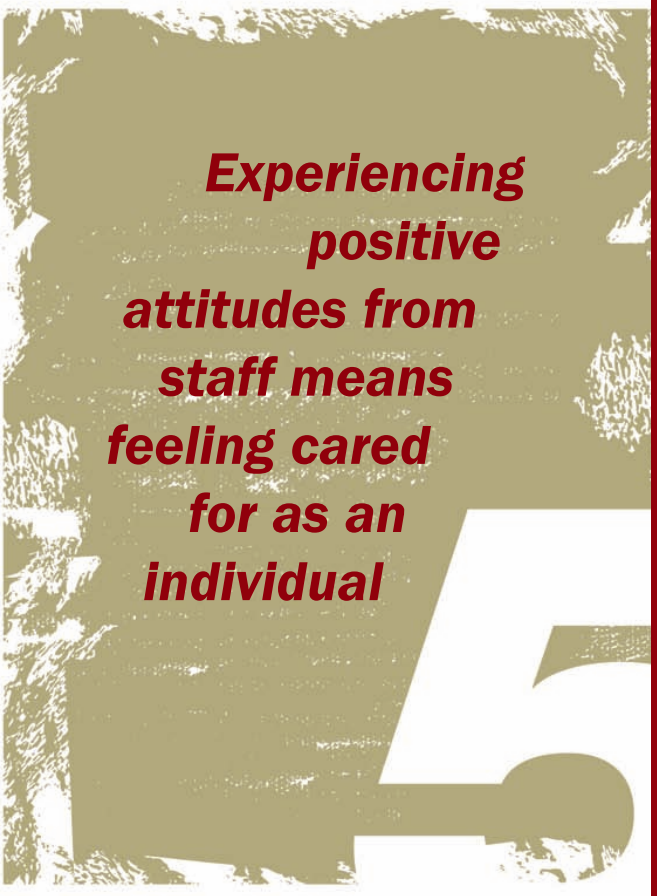
This standard is achieved when:

Patients and clients report experiences of positive attitudes towards them.

Patients, clients and staff members report that the organisational culture is conducive to positive attitudes at individual and team levels.

Staff members report high levels of satisfaction with learning and development activities aimed at improving and maintaining positive staff attitudes.

There is evidence of well organised and managed environments with dedicated, compassionate and professional staff.



Behaviour

All health and social care staff show professional and considerate behaviour towards patients and clients.

This standard will be recognised when all members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour.

This is demonstrated by:

- Staff seeking patient and client consent when appropriate
- All staff being polite, courteous and professional
- Staff being open and receptive to feedback and challenge
- Patients and clients being called by their preferred name
- Staff respecting the personal space of patients and clients.

This standard is achieved when:

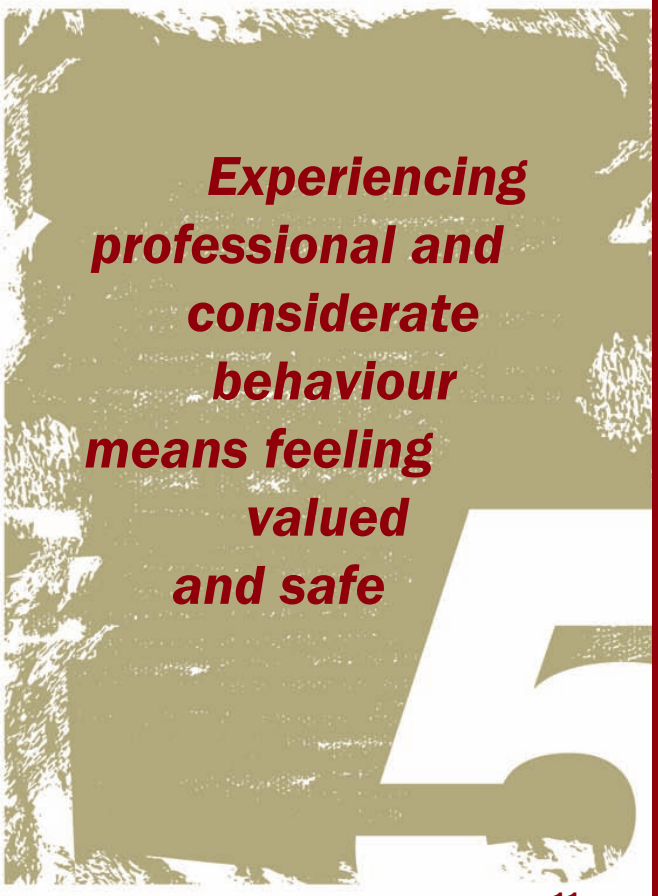
Patient and clients report that they were asked for their consent where appropriate.

Patients and clients report that they have been called by their preferred name.

Patients and clients report being treated in a polite, courteous and professional manner.

Evidence shows that the organisation has implemented local policies that outline what is expected in the behaviour of all staff.

Evidence demonstrates responsiveness to expressed views and challenges.



Communication

All health and social care staff communicate in a way which is sensitive to the needs and preferences of patients and clients.

This standard will be recognised when all staff members engage in effective verbal and non-verbal communication leading to clear information being exchanged between staff and patients/ clients.

This is demonstrated by:

- Staff adapting their verbal and non-verbal communication to be sensitive to individual needs
- Staff giving clear, correct information, using appropriate language
- Staff using effective communication skills such as active listening to check the patients' or clients' expectation and understanding
- Staff undertaking learning and development activities relevant to communication
- Important elements of communication exchange being recorded accurately
- Staff involving carers and family members where appropriate.

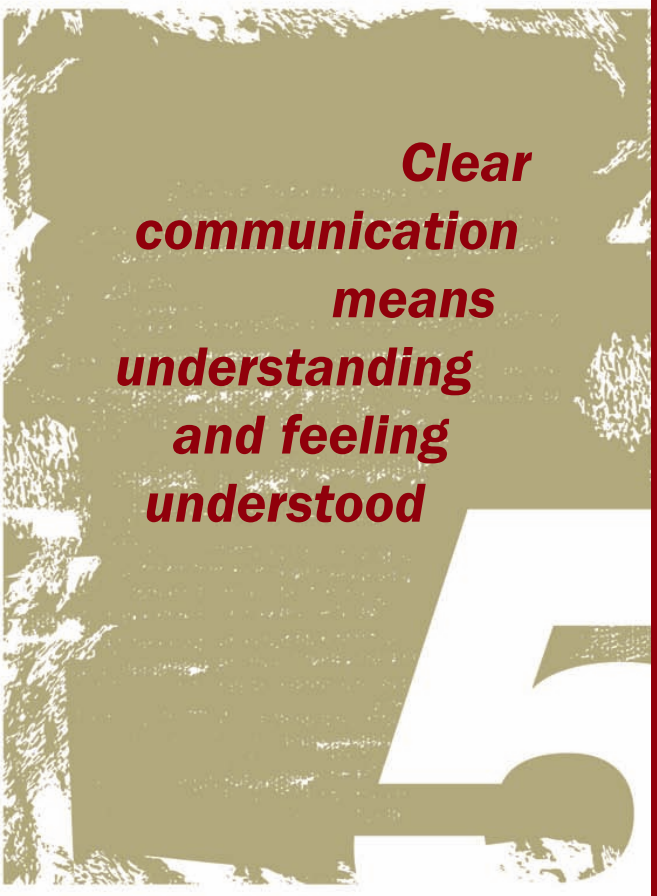
This standard is achieved when:

Patients and clients report that communication has been sensitive to their needs and respectful of their preferences.

Patients and clients report that they have been provided with clear, correct information using language they understand.

Patient and client documentation demonstrates that the important elements of communication exchange have been recorded appropriately.

Staff members report that respectful and sensitive communications are part of the organisational values.



Privacy and Dignity

All health and social care staff protect the privacy and dignity of patients and clients at all times.

This standard will be recognised when staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients.

This is demonstrated by:

- Staff ensuring that the modesty of patients and clients is protected, respecting cultural diversity
- Staff receiving training and development relevant to their needs to support the maintenance of patients' and clients' privacy and dignity
- Effective use of available resources in all health and social care environments to secure privacy and dignity for patients and clients
- Staff ensuring that patients' and clients' personal information is collected, utilised and stored in a way that maintains confidentiality.

This standard is achieved when:

Patients and clients report that their privacy and dignity has been protected throughout their health and social care experience.

Patients and clients report that discussions relating to their personal information were held in a way that maintained their privacy and dignity.

Evidence shows organisational arrangements exist which are aimed at protecting privacy and dignity for patients and clients.

Staff report that maintaining patient and client privacy and dignity is encouraged and supported by the organisation.

Stakeholder Involvement

Introduction

It was agreed to hold a series of stakeholder workshops for representatives from the voluntary agencies and service provider organisations to test the patient and client experience standards as they were being developed. This was to ensure the standards were clear, unambiguous and took account of the views of these important stakeholder groups.

A draft version of the *'Patient and Client Experience Statement'* was distributed to the voluntary stakeholder groups along with an invitation to attend a workshop. In addition, individual sessions with voluntary agency stakeholder groups were facilitated for those groups who were unable to attend the workshop.

Letters outlining the purpose of the workshops and requesting nominations for individuals to represent organisations, together with a copy of the draft paper, were sent to the Chief Executives / Directors of HSC Boards, Trusts, Family Practitioner Units, Northern Ireland Social Care Council, NI Medical and Dental Training Agency, Prison Services, Ambulance Service, Hospices, and Independent Health Care Providers. The Chief Executives/ Directors were asked to consider their nominations from a multi-professional/ multi-disciplinary aspect, the patient experience being the responsibility of all involved in health and social care. The patient and client experience draft paper was then distributed to their nominated delegates in advance of the workshops.

A second concluding workshop was hosted for the service provider delegates who attended the first, to consult on the final draft of the document and discuss implications for implementation and evaluation.

Consultation Feedback

All of the events encouraged lively discussion and debate with the stakeholder groups. Feedback was provided regarding the relevance, clarity and applicability of the standards. Comments received were mainly regarding the clarity and simplicity of language, strengthening the standard statements; and ensuring that a patient-centred approach was included. Alternative wording was suggested for many parts of the document by both stakeholder groups. An idea was offered that two separate documents might be prepared, one including the background, development and monitoring of the standards; the other presenting a shortened version of the

standards document for general use by all levels of health and social care staff. The concluding event offered the opportunity to the service providers' stakeholder group to comment on implementation and evaluation processes, giving examples of good practice where relevant.
A final draft of the document was agreed at this workshop.

For a full list of participants who attended the workshops, please go to **www.nipec.n-i.nhs.uk**

Monitoring and improving standards

The assurance and continual improvement of patient and client experience is the responsibility of all organisations and members of staff involved in delivering health and social care. Patient and client experience standards should be embedded in commissioning processes and all providers must have a Patient Experience Strategy in place with an Executive level lead driving delivery. Ongoing monitoring should be mainstreamed across the organisation and where necessary improvement made against the five patient and client experience standards.

Monitoring these standards requires a variety of measurement approaches in order to appropriately capture the actual experience of patients and clients. These approaches must be systematic and objective, include the patient, client and their carers where appropriate and utilise a number of tools in order to identify patient and client experience consistently.

There are many quality monitoring and improvement activities which can help an organisation identify if they are achieving these standards effectively; bench marking, audit, practice development, quality improvement initiatives and so on.

All of these activities should involve the patient and client or their representatives, organisational leaders charged with the quality of patient and client experience as well as members of staff and teams charged with ensuring a positive patient and client experience in the delivery of health and social care.

Various tools such as current and retrospective patient and client surveys, patient and client structured interviews, staff surveys, analysis of patient and client stories, observational techniques and use of indicators can all help illustrate if the organisation is achieving the five standards outlined in this Statement.

Continual improvement should also be systematic and robust, involve the relevant staff and result in evidence of tangible improvements.

Aspects for improvement identified from the organisation's monitoring activity should result in dedicated action plans. These action plans should be implemented and evaluated to ensure improvement has taken place. Patient and client involvement should be utilised where appropriate. These activities must be recorded and communicated throughout the organisation and form part of the performance management requirements.

Organisational achievement of the five patient and client experience standards must be monitored and where necessary improved on an ongoing basis if the public is to be assured of consistent positive patient and client experience.

See Appendix 2 for examples of monitoring activities.

Appendix 1

Patient and Client Experience: Northern Ireland related policy, legislation, documents and initiatives

In 2001, *Best Practice – Best Care*[1] set out the detail of a framework to improve the quality of care in Northern Ireland. This included links to national standard setting bodies such as the National Institute for Clinical Excellence (NICE) and the Social Care Institute for Clinical Excellence (SCIE) as well as the various codes of conduct for the regulated professions such as Medicine, Nursing and Social Work.

In 2002, DHSSPS guidance *HSS (PPM) 10 (2002)*[2] asked health and social care bodies to formally develop and implement clinical and social care governance arrangements with a view to improving quality in the HPSS. This circular also stated the wide range of activities relating to the delivery of high quality care and treatment, and stated that clinical and social care governance arrangements must involve users in ways that are meaningful, appropriate and acceptable.

In 2003, the *Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*[3] applied the "statutory duty of quality" on HSS Boards and Trusts, which means that each organisation has a legal responsibility to satisfy itself that the quality of care it commissions and/or provides meets a required standard.

In March 2006, the *Quality Standards for Health and Social Care - Supporting Good Governance and Best Practice in the HPSS*[4] set out the quality standards DHSSPS considered people should expect from the HPSS. The standards identified five key quality themes: corporate leadership and accountability; safe and effective care; accessible, flexible and responsive services; promoting, protecting and improving health and social well-being; and effective communication and information. It represented a significant step in placing the needs of service users and carers at the centre of health and social services.

Also in March 2006, DHSSPS in *Safety First: A Framework for Sustainable Improvement in the HPSS*[5] set out a policy statement on safety. It stated that DHSSPS was committed to the ongoing development of a safer service as part of the Department's drive to improve clinical and social care, service user experience and outcomes.

In 2007, the Department produced the circular: *Guidance on Strengthening Personal and Public Involvement in Health and Social Care*[6], promoting the involvement of people in plans and decisions about their care or treatment as well as plans and decisions about service provision. The guidance was based on a set of core values and

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guiding principles and provided a framework for good practice in the involvement of people at all levels in health and social care.

In June 2008, Health Minister Michael McGimpsey said in the Preface to the cross departmental document *Delivering the Bamford Vision - the Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability* that promoting individual dignity and privacy, alongside individual responsibility and self determination, were the key principles driving the Review's proposals[7]. The response to the consultation concluded in October 2008.

There are a number of other documents and initiatives relevant to patient and client experience. They include:

In 2004-2005, in keeping with the drive towards provision of a quality service, the Nursing and Midwifery Group at DHSSPS in partnership with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) took forward the regional Essence of Care project which involved the facilitation, implementation and evaluation of benchmarking projects across the HSC sector, independent sector, hospice care and in prison health[8]. This followed on from the 2001 Department of Health (England) release of *Essence of Care*,[9] a tool-kit of nine patient-focused benchmarks for clinical governance, developed to reinforce the importance of "getting the basics right" and improving the patient/client experience.

In June 2007, NIPEC reviewed the continued impact of the Essence of Care projects. This demonstrated the improvements that had been made across many benchmarks, including Privacy and Dignity and the challenges that organisations appear to face when trying to sustain and further develop Essence of Care benchmarks.[10]

In July 2007, NIPEC published the *Organisational Guide to Practice and Quality Improvement Activity*[11] which outlined the type of people, infrastructure and systems requirements in order to ensure practice and quality improvement activity at organisational level. The guide was developed to support and influence practice and quality improvement work across all sectors of health and social care. It identified that activities such as audit, benchmarking, research, practice development, or service improvement had the shared aim of improving the quality of care provided to patients and clients. The guide supports a self assessment for organisations in terms of their readiness to facilitate such activity.

Appendix 1

Patient and Client Experience: Other initiatives and information UK level.

In September 2006, *"Who Cares, Wins Leadership and the Business of Caring"*[12] was published by the Office for Public Management and the Burdett Trust for Nursing. Sir William Wells comments in the Foreword that leadership and influence must be brought to bear at senior levels with regard to the dignity and care of patients. He says that 'this is not just about the odd satisfaction survey but rather the competence, credibility and authority to performance manage on an ongoing basis the whole patient experience, wherever it is located.' The study was commissioned by the Burdett Trust for Nursing about the business aspects of patient care and the implications for nurse leaders and their boards. Designed to trigger the actions that would take patient care from 'bedside to the boardroom', the report argues that if a more market driven health system is going to deliver 'a new NHS', then patient satisfaction and customer care need equal ranking with finance, targets and outputs on board agendas.

In 2006, the NHS Confederation published *Lost in Translation* in which it illustrated a gap in what the public and patients think about the NHS. It reported the outcome of different surveys relating to varying aspects of patient and client experience, particularly around respect and dignity. It also identifies that nursing has a key role to play in improving patient experience.

In 2006[13], the Social Care Institute for Excellence (SCIE), which aims to improve the experience of people who use social care by developing and promoting knowledge about good practice, published (updates 2008) SCIE Practice Guide 09: *Dignity in Care*. It provided information for service users on what they could expect from health and social care services, and a wealth of resources and practical guidance to help service providers and practitioners in developing their practice, with the aim of ensuring that all people who receive health and social care services are treated with dignity and respect.

In October 2006, the Department of Health (England) published the *Dignity in Care Public Survey October 2006 – Report of the Survey*[14]. It reported on people's views from an online survey carried out in June 2006, the purpose of which was to hear directly from the public their own experience about being treated with dignity by care services, or about care they had seen provided to others. Over 400 people responded to the survey, including both members of the public and health and social care staff. In summary, the most common issues raised were: making it easier to complain; improve the inspection and regulation of the service; and raise

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awareness and understanding of dignity in care (including in the training and induction of staff).

In November 2006, the Department of Health (England) launched the Dignity of Care campaign. The Dignity Challenge[15] promotes respect and dignity in care of older people which supports and promotes the individual.

In September 2007, the Picker Institute report[16] *Is the NHS becoming more Patient-Centred? Trends from the National Surveys of NHS Patients in England 2002-07* draws on the results of 26 national patient surveys carried out under the auspices of the NHS patient survey programme in England to assess the quality of NHS care through patients' eyes. The Picker Institute is an approved provider of surveys for the national programme. Their report identifies that NHS care had improved significantly in some important respects and most patients are highly appreciative of the care they receive. But despite pockets of excellence, they say the service is still far from patient-centred with the most significant problem a failure in relation to patient engagement. The Picker Institute[17] have also produced a series of fact sheets over the last five years on Improving Patients' Experience.

In 2007, the Health Care Commission, which is an independent body responsible for reviewing the quality of healthcare and public health in England, and Wales and responsible for assessing and reporting on the performance of the NHS in England, published *The State of Healthcare Report 2007*[18]. This included a special chapter on providing a better experience for patients. They recommend that healthcare organisations need to place more emphasis on listening to patients, providing them with accessible information, and understanding and addressing their individual needs. People with a particular need for personalised care must be involved in drawing up their care plans and be offered the best possible support to live independently.

In June 2007, Frances Blunden from Which? (consumer organisation) delivered a lecture, *Can regulation help to improve the patient's experience?*[19] at the Nursing and Midwifery Council's annual lecture in Cardiff. In her speech, she said that many of the messages from the work 'Which?' had carried out, were not about complaints of serious professional misconduct or incompetence but more often instances of mildly incompetent care, or competent care delivered badly or with attitude. She identified four clear areas of need and expectation that together contribute to a good patient experience: the ward environment; organisation of care; being kept informed; and attention from caring staff.

In September 2007, the Healthcare Commission also published *Caring for Dignity A National Report on Dignity in Care for Older People while in Hospital*[20], which highlighted their key findings of the programme of assessment and inspection and set out recommendations for action to improve

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the care and overall experience of older people in hospitals. A number of key themes are identified, including involving people in their care and delivering personal care in a way that ensures dignity for the patient.

In May 2008, Robin Youngson, a UK trained anaesthetist and clinical leader working in New Zealand, reflected on compassion in healthcare as part of the Futures Debate series run by the NHS Confederation. He defined compassion as 'the humane quality of understanding suffering in others and wanting to do something about it'. In his reflection he comments that few hospital patients ever remember what was said to them, or what was done, but the emotional experience is lived a lifetime.

In May 2008, DOH (England) published a study *Public Perceptions of Privacy and Dignity in Hospitals,* undertaken in March 2007[21] on their behalf. It indicated that cleanliness and staff attitudes were the most important factors for patients to feel they are treated with privacy and dignity in hospital. The research, conducted by Ipsos MORI, involved 2,000 interviews with members of the public across the country. It was designed to explore perceptions towards privacy and dignity in hospitals, with particular emphasis on the importance of single-sex accommodation.

In June 2008, the Royal College of Nursing published *Defending Dignity – Challenges and Opportunities for Nursing*[22]. The report describes the findings from the RCN Dignity Survey completed by over 2,000 nurses from across the UK. The RCN define dignity as being concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. The survey results pointed to three main factors that maintain or diminish dignity in care: the physical environment and the culture of the organisation (place); the nature and conduct of care activities (processes); and the attitudes and behaviour of staff and others (people). The survey is one of a range of initiatives that underpin the RCN's Dignity Campaign.

Appendix 2

Activity: AUDIT

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Measures current practices against standards and identifies areas for improvement, encouraging the production of action plans and enabling regular review.	• Identification of areas for improvement • Engages individuals and teams in service improvements	• Records of audit processes/ audit reports • Action plans for service improvement

Activity: COMPLAINTS REVIEW

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Provides a qualitative account of a patient's/ client's journey through the health and social care service. Recurrent themes provide practical examples of how the standards have not been met or achieved.	• Can inform the organisational training and development agenda • Highlights areas for improvement • Encourages a reflective culture among staff	• Report of themes produced • Action plans for service improvement • Training and development plans

Activity: COMPLIMENTS REVIEW

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Provides an account of positive aspects of the patient's/ client's journey through the health and social care service. This provides practical examples of how the standards have been met or achieved.	• Identification and acknowledgement of areas of good practice • Sharing of good practice areas between teams • Could contribute to increased staff morale	• Reports of good practice themes • Records of service improvements as a direct result of sharing good practice

Appendix 2

Activity: PATIENT/CLIENT SURVEY

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Provides quantitative and qualitative feedback from the patient/client relative to the standards for patient experience.	• Can inform the organisational training and development agenda • Highlights areas for improvement • Encourages engagement with patients and clients to actively seek their views	• Analysis data from survey • Narrative reports • Action plans for service improvement

Activity: PERSONAL/PROFESSIONAL SUPPORT OR SUPERVISION

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Provides opportunities to develop the knowledge, skills and attitudes required to support the achievement of the patient/client experience standards. This may be accomplished through existing professional supervision or appraisal systems.	• Training needs analysis • Can inform the organisational training and development agenda in a targeted manner • Encourages a reflective culture among staff	• Training and development plans • Annual organisational professional supervision reports • Training needs analysis reporting • Organisational policy documents for supervision and appraisal

Activity: STAFF INDUCTION

How the activity supports quality patient experience	What could be achieved?	Evidence produced
Provides an opportunity to incorporate the five standards into induction processes for all health and social care staff.	• Raising awareness amongst staff in relation to the five standard areas • Standards are promoted and supported by all health and social care staff	• Organisational induction policy • Training and development plans • Records of evaluations from induction processes • Numbers of staff inducted

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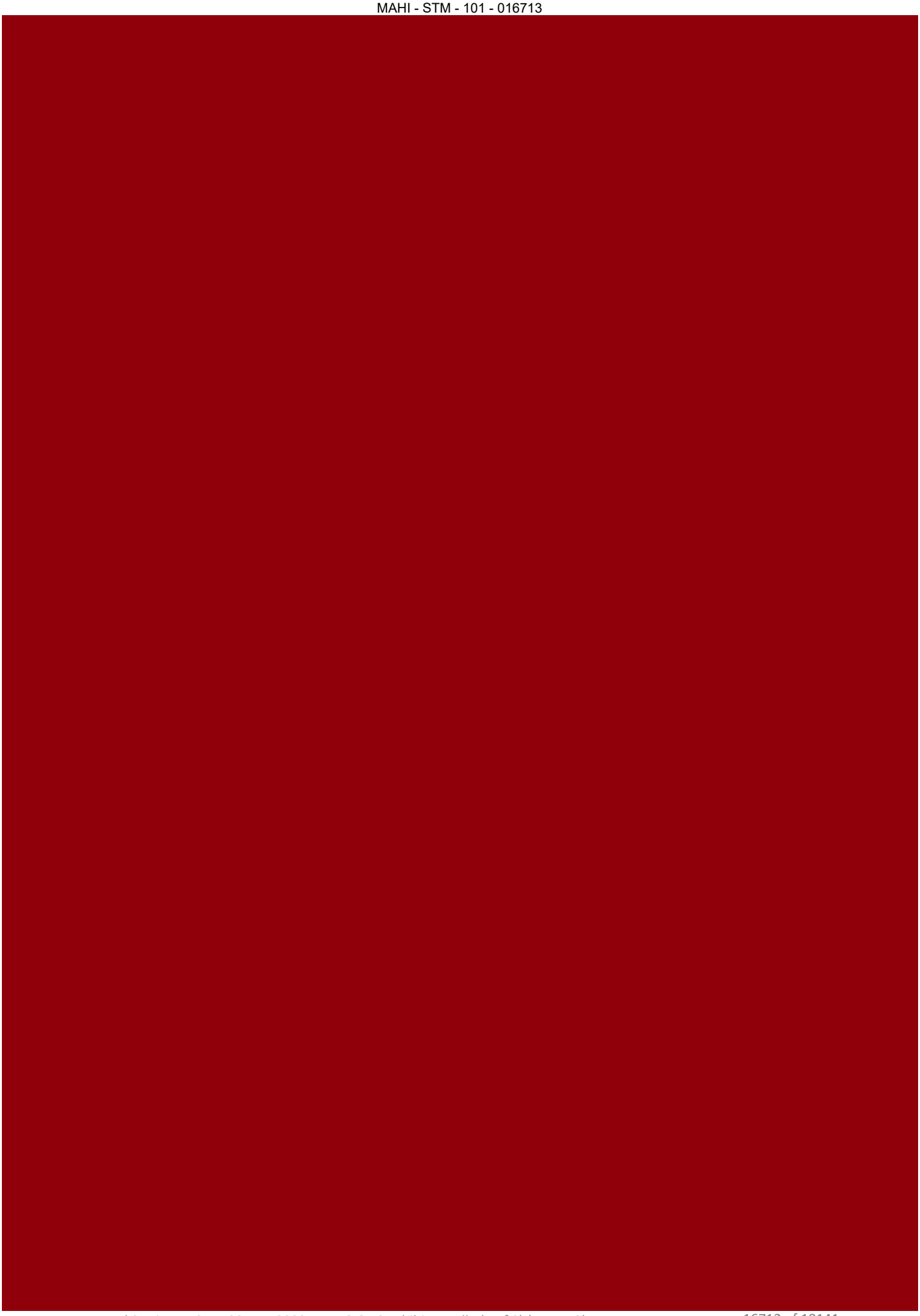

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QUALITY 2020

A 10-YEAR STRATEGY TO PROTECT AND IMPROVE QUALITY IN HEALTH AND SOCIAL CARE IN NORTHERN IRELAND

November 2011

Minister's Foreword

As Minister of Health, Social Services and Public Safety, the guiding principle for me, and I know for the vast majority of people working in health and social care, is to protect and improve the quality of our services. The strategy set out in this document is designed to provide a clear direction over the next 10 years to enable us to plan for the future while ensuring this principle is preserved, whatever the challenges we may encounter.

Clearly we face challenges in the immediate future on the financial front, but there are many other factors that we must also grapple with in the longer term which require that we plan now so as to be able to best address those challenges and maintain high quality services.

The people using Health and Social Care (HSC) services must be at the heart of everything we do. We will be measured by how we focus on their needs through delivering high quality as they deal with pain and distress. This means the services we provide must be safe, effective and focused on the patient.

HSC services in Northern Ireland are already internationally recognised for excellence in a number of areas, and these services are provided by thousands of staff who apply great skill with compassion to ensure the best possible outcomes and experiences of care for their patients and clients. Their continuing determination to deliver high quality care, whatever the constraints, is fundamental to achieving the right outcomes.

This strategy, therefore, has the great advantage of building on an already strong foundation. It gives a clear commitment to sustainable improvement and high standards, safe services and putting people first.

Edwin Poots, MLA
Minister of Health, Social Services and Public Safety

A VISION FOR QUALITY

Quality

Every day hundreds of thousands of people, old and young, are treated and cared for by highly skilled and dedicated professionals in our health and social care services. Some in their homes, some in hospitals, some in community settings, some because they are ill, some because they need care and support, some who need protection. Most of these people are in distress or pain. Some need urgent treatment. Some have to live with chronic conditions over many years. All of them deserve and seek one thing above all: to know that the service provided is of high quality.

But what is "*quality*", a word so often used but so little understood? The dictionary definition is "*degrees of excellence*". We know that quality can be high, low or somewhere in between. We also know that to make quality high normally requires a range of things to be present. Usually no one factor can define it. Whether it is holidays (facilities, food, comfort, service, etc) or cars (economy, power, safety, reliability, etc), the excellence is derived from how that product or service performs across a range of factors.

So how should we define quality for health and social care in Northern Ireland? One of the most widely influential definitions in healthcare was produced in the United States by the Institute of Medicine in 2001. It proposed six areas in which excellent results would lead to high quality or excellence overall: safety, timeliness, effectiveness, efficiency, equity, and patient-centredness.

> "*No one wants luxury; people just want to be safe and given the proper care.*" - a carer

The European Union describes high quality healthcare as care that is "*effective, safe and responds to the needs and preferences of patients*." Many other countries, including England, Scotland, Australia and the Republic of Ireland, have likewise focused on three key components, although not to the total exclusion of the others in the list of six above. Many countries have chosen to subsume those elements of timeliness, efficiency and equity under the heading of effectiveness. For Northern Ireland this 10-year quality strategy takes a similar approach defining quality under three main headings:

- **Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

- **Effectiveness** – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome.

- **Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Everyone expects the best care possible when they or a family member falls ill or needs social care support. In Northern Ireland this is provided by health and social care services, for the most part free at the point of use, and funded by the taxpayer at a cost of around £4 billion a year. It is different in one important aspect from the National Health Service (NHS) in Great Britain in that it provides integrated health and social care services.

It is a highly complex, sophisticated and increasingly technological service involving a wide diversity of some 70,000 people working together in multidisciplinary teams, providing services day and night, in all weathers, often dealing simultaneously with conditions that are very common as well as those that are very rare. They work in a compassionate and professional manner through more than 15 million engagements each year (hospital admissions, in-patient appointments, consultations, etc) with patients, clients, families and carers at times when they are suffering and vulnerable.

For all these people it is a fundamental expectation that the service provided will be as **safe** as possible. The fact is of course that in such a highly complex and stressful environment things will go wrong. The reasons are many and varied. Thankfully it is only in a tiny proportion of cases that things do go wrong. But a high quality healthcare service needs to protect and improve by learning from all such occasions and so minimising the chances of them happening again. There can never be room for complacency. Safety will always be an aspect of quality that needs to be guarded.

Equally, a high quality service should mean that the services provided are the right ones at the right time in the right place. In other words they are **effective** in dealing with the patient or client's clinical and social needs. Too often there is evidence that wasteful procedures or inefficient systems are being employed and internationally recognised best practice is not used where it can be.

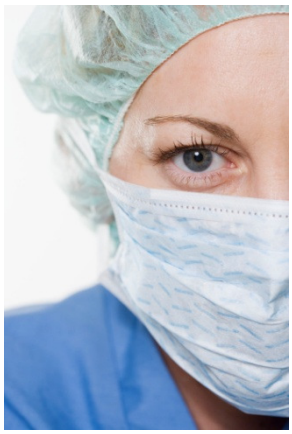
Thirdly, and just as importantly, services must have a clear **patient and client focus**. People are not just an element in a production process. There is abundant evidence that such an approach delivers improved health and wellbeing outcomes. There is also more than enough evidence, particularly in recent reports within the UK alone (and internationally), that when the dignity of the person is not respected, or people are not effectively involved in decision making about their health and wellbeing, or indeed listened to when they complain or raise concerns, quality suffers and declines.

Undoubtedly the amount of money available for health and social care services affects the quality of care, but other factors such as behaviours, attitudes and the way services are designed, are also very relevant. There is much evidence to show

that money is not the only determinant of high quality. When some say "*we cannot afford higher quality at this time*" they overlook the fact that low quality, so often the result of inappropriate behaviours and attitudes, costs more.

Over the last decade, health and social care services in Northern Ireland have taken important steps forward in improving quality. The consultation paper *Best Practice – Best Care* (April 2001) made proposals for setting standards, ensuring local accountability and improved monitoring and regulation. New legislation in 2003 introduced a statutory Duty of Quality for Boards and Trusts. This also led to the establishment of the Regulation and Quality Improvement Authority (RQIA) as an independent body, one of whose main functions is to promote improvement in the quality of health and social care services. *Safety First* (March 2006) produced a framework for sustainable improvement.

In 2009 the HSC Reform Act introduced a new statutory Duty of Involvement for all the main HSC bodies. This required them to involve people at a personal and public level in making decisions about service design and delivery. Together these initiatives have made a positive impact on safety, effectiveness and patient/client focus. The object of this strategy is to build on that foundation so as to widen and deepen the impact over the next decade in terms of protecting and improving quality in health and social care.



As we face the next 10 years, with all its challenges and uncertainties – not least funding – this is when we most need a strategy to protect and improve quality across all health and social care.

Purpose of a quality strategy

How will a new quality strategy help to protect and improve quality and achieve excellence in the three areas described above? Fundamentally a strategy is simply a plan to achieve a result over the long term. In this case a period of 10 years has been selected to deliver results for quality because much of what needs to be done simply cannot be achieved overnight but will take time, regardless of money. The strategy is intended to provide a clear direction for all of us, taking account of the strengths and weaknesses of the present system, so that we can better tackle the future challenges and opportunities faced.

It will provide a vision of what we can achieve, a mission statement of how to get there, and specific goals and objectives to make that vision become a reality over the 10 years. It will give us the long-term perspective needed to plan and design future services and deliver outcomes to the highest quality possible.

There are already many examples, often recognised internationally, of high quality or excellence within health and social care in Northern Ireland. Such examples, based on recent evidence, include the focus on early years and early interventions, the treatment of cancer and head injuries, neurosurgery, innovative mental health facilities, the new health and care centres with their one-stop approach to treatment

and care, and many others. But even more importantly, there are also thousands of individual staff who apply great skill with compassion, giving patients and clients the best possible outcome and experience of care at times of personal crisis. They show an unshakeable determination to deliver high quality care, whatever the constraints.

Consequently, this strategy has the great advantage of building on an already very strong foundation, while still recognising that no system is beyond improvement. There is a clear imperative to remain committed to continuous improvement, to maintain high standards and to achieve even higher degrees of excellence – in other words, to protect and improve quality.

How the strategy was developed

This strategy was devised by a project team convened by the Department. Over 100 people, some employed in health and social care and some users of these services, came together at four workshops to discuss priorities for safety, effectiveness and patient/client focus. The outputs from each workshop were referred to an international reference group made up of 18 highly respected professionals and academics for quality assurance. The essence of what was discussed at the workshops was also brought by the Patient and Client Council (PCC) to a wider public cross-section of almost 100 people in the community for comment, and focus group meetings were held with over 150 frontline staff working in health and social care at 10 venues around Northern Ireland. In all, some 350 people, from many different backgrounds, have contributed significantly to the development of this quality strategy (quotations from some of them are included in this document).

> *"We are already world leaders in some areas but in Northern Ireland we never talk enough about our successes."* – a community nurse

The strategy was then published for public consultation in January 2011 and attracted 46 responses from a wide range of health and social care, voluntary and charitable organisations, as well as individuals. There was very broad support for the strategy and many helpful comments and suggested amendments, many of which have since been incorporated in this final version of the strategy. This consultation process, building on the highly inclusive development process, has further strengthened the integrity, purpose and focus of the strategy, reinforcing the underlying support for its implementation. It has also fundamentally confirmed that protecting and improving quality really is the first priority for all those concerned with achieving the best health and wellbeing outcomes.

Principles, values and assumptions

The strategy identifies a number of **design principles** that should continue to inform planners and practitioners over the next 10 years. A high quality service should:

- be holistic in nature.

- focus on the needs of individuals, families and communities.
- be accessible, responsive, integrated, flexible and innovative.
- surmount real and perceived boundaries.
- promote wellbeing and disease prevention and safeguard the vulnerable.
- operate to high standards of safety, professionalism and accountability.
- be informed by the active involvement of individuals, families and communities, HSC staff and voluntary and community sectors.
- deliver value for money ensuring that all services are affordable, efficient and cost-effective.

In delivering high quality health and social care this strategy also identifies the need to promote the following **values**:

- **Empowerment** - supporting people to take greater responsibility for their own health and social wellbeing, and putting people at the centre of service provision.
- **Involvement** - ensuring that service users, their carers, service providers and the wider public are meaningfully involved, and if necessary supported, at all stages in the design, delivery and review of services at an operational and a strategic level so that, as far as possible, services are personalised.
- **Respect** – showing respect for the dignity of all people who use the service, their carers and families and for all staff and practitioners involved in service delivery.
- **Partnership** - engaging collaboratively across all disciplines, sectors and specialisms in health and social care, including the voluntary and independent sectors, to ensure an integrated team-based approach, and working with people in their local communities.
- **Learning** - promoting excellence in service delivery and founded on evidence-based best practice to achieve improvement and redress.
- **Community** - anchoring health and social care in a community context.
- **Continuity** - ensuring a co-ordinated and integrated approach to health and social care in all health and social care sectors, and ensuring continuity of care across the system.

- **Equity and Equality** - fairness and consistency in service development and delivery.

While it is impossible to predict exactly what will happen over the next 10 years, the strategy also identifies eight strategic **planning assumptions** (which will be adjusted as circumstances change). These are:

- **Political** - health, social services and public safety will continue to remain the responsibility of a devolved Administration.

- **Structural** - the present Departmental and HSC organisational structures will remain broadly unchanged but delivery structures will continue to evolve.

- **Economic** – very significant resource constraints and challenges will continue to impact on services requiring a robust focus on efficiency and effectiveness of service design.

- **Social** - an ageing society will have greater need for health and social care; general demands and expectations on quality including involvement will continue to rise; there will be an increased focus on safeguarding vulnerable people and groups; there will be continued challenges in addressing the impact of obesity, deprivation, drugs and alcohol.

- **Technology** - the effective use of information and technology in health and social care will increase in importance.

- **Rights** - the need to promote and protect human rights and equality will increase in a diverse society.

- **Environment** - the pressure to minimise waste of all kinds and maximise the use of sustainable resources will increase.

- **Service Delivery** - there will continue to be advances and changes in the science underpinning treatment and care, as well as emphasis on prevention and self-managed care and a continued move towards caring for people in their own homes.

A strategic Vision for quality

Ultimately every patient and client, and their families and carers, wants to receive the best care at the time they most need it to achieve the best outcome possible. In order for this to be a reality for all the people of Northern Ireland, the 10-year quality vision for health and social care is:

"To be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care."

This is a bold statement and will require continuous improvement, concerted effort, commitment and determination if it is to be achieved by 2020. It must be acknowledged that many aspects of current services and many of the people working in health and social care are already world-class and worthy of celebration. So the strategy starts from a strong position. But high quality cannot be assumed to remain constant against the challenges that inevitably lie ahead. There is always room for learning, innovation and improvement.

This vision statement is intended to inspire and motivate all of us and give a shared sense of purpose and direction. As Abraham Lincoln said "*Far better to aim high and just miss the target, than aim low and just reach it*."

"We need to identify who is best at providing high quality and see what they are doing. It is not good enough to settle for second place; we must aspire to be the best." - a GP

Mission statement

In terms of <u>how</u> the vision is to be achieved, the strategy mission statement is:

"In order to become an international leader for excellence in health and social care, the inherent motivation of staff to deliver high quality must be supported by strong leadership and direction at all levels, along with adequate resources, in order to:

- ***focus on improved health and social wellbeing for all;***
- ***provide the right services, in the right place, at the right time;***
- ***develop effective partnerships and communication between those who receive and those who provide services;***
- ***create a culture of learning and continuous improvement that is innovative and reinforced by both empirical and applied research;***
- ***devise better ways of measuring the quality of services; and***
- ***protect and enhance trust and confidence in the service provided."***

Succeeding in this mission will depend crucially on good leadership and partnership working. Excellence is something that should be obvious not only to professionals working within health and social care but to individual patients and clients and their families. There will be a need to embrace change positively and find innovative ways of dealing with problems with highly motivated, skilled and engaged staff and volunteers.

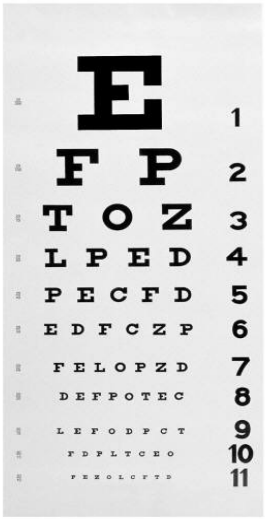
STRATEGIC GOALS AND OBJECTIVES

Setting strategic goals

The mission statement summarises how we can realise the vision of being an international leader in the excellence of health and social care. But it is the specific actions taken during the life of this 10-year strategy that will drive that positive change. To that end the strategy identifies five strategic goals to be achieved by 2020. Achieving them will help make the vision a reality.

1. **Transforming the Culture** - This means creating a new and dynamic culture that is even more willing to embrace change, innovation and new thinking that can contribute to a safer and more effective service. It will require strong leadership, widespread involvement and partnership-working by everyone.

2. **Strengthening the Workforce** - Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore that every effort is made to equip them with the skills and knowledge they will require, building on existing and emerging HR strategies, to deliver the highest quality.



3. **Measuring the Improvement** - The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.

4. **Raising the Standards** - The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards.

5. **Integrating the Care** - Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.

These five goals are developed in more detail below. Pairs of objectives for each goal are described in terms of why they are important, the actions to be taken, who might take the lead in each case, and, crucially, what will be the expected outcomes. Fundamentally, this sets out the difference this strategy can make for the future quality of health and social care.

TRANSFORMING THE CULTURE

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

Why is it important?

An emphasis on high quality will improve the experience of all those who use and work in health and social care services. It will also make those services safer for all.

What will be done?

- The delivery of high quality services will be central to the commissioning process.
- A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements.
- The use of best practice and improvement methods will be promoted and adopted across the health and social care system.
- Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised.
- A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted.

> *"Often it's the little things that make a big difference to people's lives and make our own job worthwhile."* – a social worker

How will we know it is working?

- The number of adverse incidents and near misses reported will increase steadily reflecting a stronger reporting and learning culture – serious adverse incidents will decline in number.
- Increased evidence of more effective complaints resolution and learning.
- Improved levels of satisfaction by both staff and the public.
- Quality, embracing safety, effectiveness and patient/client experience, will be a standing top item on the agenda of all boards and top management teams within the health and social care system.
- Waste caused by inappropriate variations in treatment or care will reduce.

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Why is it important?

There is already a body of evidence from around the world that involving patients and clients in decisions about their care and treatment improves the outcome and their satisfaction with the services they receive and at the same time reduces demands on services. Workshops conducted in the preparation of this strategy also confirmed that this is an important issue for a wide range of service users.

What will be done?

- Best practice standards will be established for informing patients, clients and carers based on what has been successful elsewhere.
- Regular patient and client surveys as well as other creative approaches to getting feedback, such as 'patient/client narratives' will be conducted in collaboration with the PCC.
- Effective and meaningful partnerships to support shared decision-making for HSC staff, patients, clients and carers will be created, including the voluntary and independent sectors.
- Patients, clients and carers will be involved in the design and delivery of education and training to all staff working in health and social care.
- The needs and values of individuals and their families will always be taken into account.

How will we know it is working?

- There will be clear evidence of user involvement arising from effective implementation of Public and Personal Involvement (PPI) Consultation Schemes at all levels of decision making in health and social care from individual care to corporate management.
- There will be baseline information and regular monitoring on how involvement changes over time.
- Evidence on compliance by HSC bodies with all relevant equality and involvement standards.

STRENGTHENING THE WORKFORCE

Objective 3: We will provide the right education, training and support to deliver high quality service.

Why is it important?

No matter how good our systems and procedures are, they all rely on staff who are motivated, skilled and trained to implement them. This is fundamental to the delivery of safe and effective services. Increasingly these systems and procedures must include personal and public involvement in their design and operation.

What will be done?

- Opportunities for continuous learning by staff will be resourced and planned in order to continuously improve quality.
- Increased knowledge and skills in the principles of PPI will be promoted among all HSC staff.
- Arrangements will be made to involve service users and carers more effectively in the training and development of staff.
- A customised Healthcare Quality training package for all staff working in health and social care (with mandatory levels of attainment dependent on job responsibilities) will be developed, with possible links to regulation and dovetailed with existing and emerging training and development strategies across HSC.
- Better use will be made of multidisciplinary team working and shared opportunities for learning and development in the HSC.
- Regular feedback from staff and service users and carers will be sought alongside commissioned research on quality improvement.

"We need constantly to look for simpler and faster ways of disseminating learning to staff who need to know, to improve quality." - a hospital doctor

How will we know it is working?

- HSC service organisations will be recognised as employers of choice.
- Evidence for improved outcomes for patients and clients will be published.
- Increasing levels of competence among HSC professionals will be evidenced through professional revalidation and appraisal.
- There will be evidence from research of reducing errors in service delivery arising from "human factors".

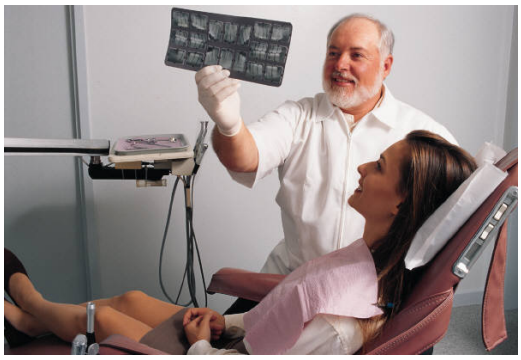
Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

Why is it important?

Strong leadership is the key to effecting change and we believe that giving frontline staff autonomy to take more decisions locally, provided this is balanced with clear accountability, is the best way to secure improved quality and productivity.

What will be done?

- Top management teams will be expressly accountable for quality improvement within their organisations.
- Each HSC organisation will produce an annual quality report and be responsible for making improvements year-on-year.
- Staff will be actively supported through service change programmes.
- Change champions will be trained and supported in the latest improvement techniques.
- A renewed emphasis will be placed on generating robust and relevant research to support innovation and quality improvement, building on links with local research organisations.



How will we know it is working?

- Evidence of increased authority being delegated to frontline decision makers wherever practical.
- Evidence of health and social care staff at all levels driving quality improvements.
- Every organisation or team will be involved in making their work safer, more effective and patient/client centred.

MEASURING THE IMPROVEMENT

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Why is it important?

Safety, effective treatment and a good experience of the care received, whether in hospital or the community, and whether provided by the public, voluntary or independent sectors, lies at the heart of a high quality service. We need to compile good baseline data and be able to measure that this is happening and let everyone have this information in as accessible a way as possible.

What will be done?

The HSC Board, Public Health Agency and Trusts will work with the RQIA, PCC and others to:

- Devise a set of outcome measures, with quality indicators, focused on safety, effectiveness and patient/client experience.
- Agree a set of effective quality performance targets, involving service users to drive improvement.
- Monitor quality improvement year-on-year and compare our performance with the rest of the UK, the Republic of Ireland and internationally.
- Publish a regional annual quality report that is widely available.

"We expect healthcare leaders and healthcare professionals to be intolerant of defects or errors in care and constantly seeking to improve, regardless of their current levels of safety and reliability." - a doctor

How will we know it is working?

- There will be a set of effective and measurable quality targets agreed within the first year of the strategy implementation.
- All HSC organisations will meet quality performance targets.
- There will be evidence of steady improvement in the public's reported experience of health and social care.

Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

Why is it important?

Within the large and complex health and social care system there is always scope for improvement. To achieve best outcomes it is important to review what happens and look for improvements with the aid of skilfully applied accredited techniques.

What will be done?

- A set of improvement methods and techniques for use in the HSC will be agreed and HSC staff will be trained and resourced to use them.
- Capacity and capability will be built up within the HSC to achieve the desired results.
- Audit techniques to measure how standards are being met will be further developed.
- Research and innovation will be encouraged.
- Benchmarking with other health and social care organisations outside Northern Ireland will be conducted to ensure that there is up-to-date information available on best practice.

How will we know it is working?*

- The number of avoidable deaths will decrease steadily.
- The number of healthcare associated infections will be reduced year-on-year.
- All HSC facilities will meet established standards for cleanliness.
- There will be 95% or higher satisfaction ratings from the public with the safety of care in the HSC.
- There will be 95% or higher satisfaction ratings from staff with the safety of care in the HSC.

(* These indicators will be further refined and developed during the implementation planning process.)

RAISING THE STANDARDS

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance.

Why is it important?

It is essential that we work to agreed standards that represent best practice and are clearly understood by staff, users and relatives alike. Standards should be authoritative and concise and help achieve high quality in the most cost effective way.

What will be done?

- Information on national and international standards will be gathered and standards developed, where necessary, to deliver best practice.
- A coherent regional framework for standards and guidelines will be established.
- A Web-based system will be established to allow easy access to the framework of standards and related information.

"Even though there is always change I think it is important that we ensure we are not seen to be stagnant, but an evolving organisation, always striving for the best." – a public health consultant

How will we know it is working?

- Standards will be evidence-based and effectively applied.
- Standards will be kept up-to-date and easily accessible to all.
- The meeting of standards will demonstrate measurable improvements in the quality of services, becoming safer, more effective and more patient/client-centred.

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Why is it important?

Increasingly standards should span both health and social care sectors and be developed by partnerships that include all those involved in providing and receiving a service. They should also be monitored periodically and reviewed if they are to continue to be fit for the purpose they were designed.

What will be done?

- An advisory group, representative of HSC organisations and including service user and carer representation, will be set up to harmonise processes in relation to the application of standards.
- A new structure will be created for drafting and agreeing standards and guidelines that gives meaningful inclusion to those affected by them.
- A performance management mechanism will be put in place to ensure standards are achieved by means of audit and compliance measurement within set timescales.

- An incentives mechanism will be created to better ensure compliance with quality standards in all health and social care settings.
- The use of Service Frameworks will be extended.
- Surveys of the public will be conducted to seek feedback on compliance with standards.

How will we know it is working?

- Quality targets published in Priorities for Action will be met.
- All parts of health and social care will be able to demonstrate compliance with the standards.
- Information on standards, and associated compliance information, will be easily accessible on-line.
- New standards will only be introduced after full and effective consultation.

INTEGRATING THE CARE

Objective 9: We will develop integrated pathways of care for individuals.

Why is it important?

Northern Ireland already has an integrated health and social care system, but in order to be truly effective there should be seamless movement across all professional boundaries and sectors of care. This has implications for the timely transfer of information and how data is held. Improvements in this area will make a significant contribution to raising the quality of care and outcomes experienced by patients, clients and their families.

What will be done?

- More effective and secure information systems will be established to record and share information across HSC structural and professional boundaries (and with other relevant Departments and agencies as appropriate).
- Service users will be given a greater role in, and responsibility for, information transfer (e.g. patient held records, patient smart cards, etc).
- Barriers to integrated multidisciplinary and multisectoral working will be identified and removed.
- Annual targets for use of personal care plans will be established.

"The first premise, indeed the whole point of a health service, is to deliver what its customer needs. In other words – put the patient first." – a service user

How will we know it is working?

- Patients, clients, carers and HSC staff will collaborate in developing individual care pathways.
- Patients and clients will be able to move between different sectors and specialties within health and social care without undue delay or the transfer resulting in avoidable information errors or resultant harm.
- Patient and client information will be available to staff and carers when it is required.
- There will be evidence of consistent quality of care experienced by patients and clients across all settings.

Objective 10: We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

Why is it important?

It is increasingly recognised that the effectiveness of treatment and care given to patients and clients is enhanced by a holistic approach that encourages co-operation between all those involved at every stage. Failure to address this can produce an "us" and "them" mentality, which has the potential to be detrimental to outcomes and wasteful of resources.

What will be done?

- All disciplines should contribute to a single assessment through a shared assessment framework – NI Single Assessment Tool, and for children, Understanding the Needs of Children in Northern Ireland (UNOCINI).

- More integrated treatment and care teams will be established with innovative management approaches.

- Universities will further develop inter-professional education at undergraduate and postgraduate levels in health and social care.

- Pre-registration and post-registration training will be reviewed to enhance the use of multidisciplinary teams.

How will we know it is working?

- There will be a significantly more effective skills mix on teams.

- There will be increasing evidence of joint working across professional disciplines to improve quality.

- In-house organisational training will give primacy to multidisciplinary learning.

MAKING IT HAPPEN

Managing, advising and reporting

Implementing any new strategy requires good governance arrangements and structures to deliver results at every stage of the process. This is especially true of any strategy that covers a period as long as 10 years.

There are three important elements to implementing this strategy.

The first is **management**. A programme board, chaired by the Chief Medical Officer, will be responsible for overall control and will report on progress on the implementation of the strategy to the Minister. The board will include senior Departmental policy and professional representatives, senior executives from health and social care organisations, including the voluntary and independent sectors, and people who use health and social care services. Many others will be involved in working on individual projects reporting to the programme board in order to meet the objectives set out under each of the five goals. A senior official within the Department will be responsible for co-ordinating and overseeing the work of these project teams and will report to the programme board.

> *"We need to involve patients and their carers in both the design and implementation of the quality strategy."* - a patients' representative

The second is **advice**. A Quality Advisory Forum will meet twice a year and include a wide range of "stakeholders", e.g. patients, clients, carers, trade unionists, relevant professional bodies, academics and HSC frontline staff (not senior executives) and representatives from the voluntary and independent sectors. The Forum will facilitate comment on regular six-monthly reports provided by the programme board and comment on progress against the objectives set. It will be able to suggest changes, voice concerns to the programme board and thus provide transparent accountability. This will help to reinforce the consensual and inclusive approach that has characterised the development of the strategy.

The third is **reporting**. It is proposed that each health and social care organisation will publish a freestanding Quality Report every year. These reports will state clearly the progress made in each organisation towards meeting the goals of the strategy and also comment on the improvement made to the quality of services commissioned, delivered or promoted within the previous 12 months by that organisation. The reports will make use of new "quality indicators" to be developed by the quality programme. The purpose of this report is to increase accountability against the Duty of Quality that health and social care organisations are required by law to meet. Furthermore, quality should be given the top position on the agenda for meetings of all senior management teams and boards within these organisations.

Engagement and Involvement

The relationship and exchange of information between the Department and health and social care organisations and the wider public will be important in driving this strategy forward. A new Quality Interface Group will be established with representation from all HSC bodies, and patient/client representation, to consider all proposals for new best-practice guidance, guidance under development and the dissemination and evaluation of guidance on all quality issues concerning safety, effectiveness and patient/client focus.

The Department will set up and manage a dedicated Quality Website to provide access to all relevant policy documents and guidance circulars. While this will be provided primarily for health and social care services, it would be available to everyone and the Department would take active steps to bring such guidance to the notice of a wide range of interests, including patient, client and carers' groups and the independent sector. The object would be to make information easily accessible and include links to related websites nationally and internationally.

The Implementation process

This strategy provides a clear vision of **where** we want to get to over the next 10 years in terms of quality healthcare; a high-level mission statement of **how** we plan to get there; and, most importantly, **what** we need to achieve in concrete terms to deliver that vision - the strategic goals.

Achieving those goals will require a detailed, rigorous and inclusive implementation planning process which is to be carried out over the next six months. We have established an implementation planning team drawing on a diverse range of interests including service users, commissioners, providers and led by a senior official in the Department. That team will finalise an implementation plan and submit it for Ministerial approval by February 2012 to enable the detailed work to follow that will secure those strategic goals, and thus our strategic vision.

It will obviously be necessary to keep the strategy under review so that it remains fit for purpose, not least because the nature and scale of challenges to be faced in the future are always subject to change. If we are not ready to adjust our plans to deal with changing circumstances, then we are likely to be blown off course and fail to realise our objectives.

It will also be essential that the people served by health and social care services, and those who work in the system, are kept fully informed of progress being made. Annual reports on progress in protecting and improving quality in health and social care will be widely accessible.

CONCLUSION

The 10-year Quality Strategy

This strategy is designed to protect and improve quality in health and social care over the next 10 years. During this period, services will undoubtedly face many great challenges. Some of those are already clear, such as funding for health and social care services, but some will only become clear as time passes.

In any event, there is a clear need to be prepared and ready to tackle those challenges strategically and effectively if the quality of services, so important to peoples' lives and wellbeing, are to be protected and improved. This is especially so because health and social care services are large and complex and can take time to change in ways that are safe and effective.

This strategy will aid our preparedness and readiness and provide an enduring framework within which policy and service design can better develop.

"The quality of services is inextricably linked to raising awareness and earning commitment." - a hospital doctor

The Department will give leadership in its implementation. But leadership will also be required in all parts, and at all levels, of the Health and Social Care service, as well as through partnership with patients, clients, carers and communities.

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NHS Improvement

Patient experience improvement framework

June 2018

collaboration trust respect innovation courage compassion

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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Summary

Good experience of care, treatment and support is increasingly seen as an essential part of an excellent health and social care service, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

This patient experience improvement framework supports NHS trusts and foundation trusts to achieve good and outstanding ratings in their Care Quality Commission (CQC) inspections. We have developed it in partnership with trust heads of patient experience as a response to requests for a patient experience improvement tool.

The framework enables organisations to carry out an organisational diagnostic to establish how far patient experience is embedded in its leadership, culture and operational processes. It is divided into six sections, each sub-divided and listing the characteristics and processes of organisations that are effective in continuously improving the experience of patients.

The framework integrates policy guidance with the most frequent reasons CQC gives for rating acute trusts 'outstanding', as identified in our review of CQC reports in January 2018.

It should be implemented using quality improvement methodology and embracing the principle of continual learning. It can be adapted to meet local population and workforce needs.

Improving patient experience is not simple. As well as effective leadership and a receptive culture, trusts need a whole systems approach to collecting, analysing, using and learning from patient feedback for quality improvement. Without such an approach it is almost impossible to track, measure and drive quality improvement.

The framework

We developed the framework using the NHS Trust Development Authority (TDA) patient experience development framework (which was co-produced with over 20 trusts) and the National Quality Board (NQB) *Improving experiences of care: our shared understanding and ambition* (2015). It also draws on the following reports with a focus on patient experience both direct and indirect:

- CQC reports covering Jan 2014 to January 2018 for Outstanding (n=10) and Inadequate (n=13) trusts
- CQC reports at most recent assessment (January 2018) that were rated Requires improvement and were also placed in special measures for quality and/or finance reasons by CQC and NHS Improvement (n=5)
- Friends and Family Test
- NHS Improvement patient experience headline tool data
- PLACE inspections 2016 and 2017
- CQC (2016) *The state of care in NHS acute hospitals: 2014 to 2016*
- board minutes for Outstanding and Inadequate CQC-rated organisations.

Leaders in patient experience and a number of trusts also contributed.

In August 2017 and again in January 2018, we reviewed CQC reports of trusts rated as ‘Outstanding’ and ‘Inadequate’, and those in special measures for quality and/or finance reasons at their most recent assessment (as of January 2018).

We identified CQC’s reasons for rating acute trusts services in the NHS Improvement regions as ‘Outstanding’ and ‘Inadequate’ and used the common themes as the basis for the framework. It is created specifically for providers of services found to be ‘Inadequate’ or ‘Requires improvement’ to focus their improvement but it can be used by any provider looking for improvement.

We kept the format of the TDA patient experience development framework because user feedback suggested that having been developed with significant stakeholder engagement and co-production it was easy to use.

Providers can use the framework to promote senior-level discussion of the factors such as leadership and culture that underpin an ability to improve patient experience. It may also help in the NHS mandated goal to ‘improve the percentage of NHS staff who report that patient and service user feedback is used to make informed improvement decisions’. We recommend the executive with board-level accountability for improving patient experience facilitates this discussion.

We welcome your feedback on content, usability and suggestions for improvement. Please email patient experience at NHSI.PatientExperience@nhs.net

Key findings from CQC reviews

Organisations rated as Outstanding by CQC shared a number of characteristics related to patient experience. Organisations rated inadequate or in special measures also shared characteristics that were, on the whole, in contrast to the outstanding organisations. For more information about CQC inspections and ratings see the next page.

CQC inspections

CQC inspection teams are formed from a national team of clinical and other experts, including people with experience of receiving care. These teams ask five questions about the services:

Question	Description
Are they safe?	Safe: you are protected from abuse and avoidable harm.
Are they effective?	Effective: your care, treatment and support achieve good outcomes, help you to maintain quality of life and are based on the best available evidence.
Are they caring?	Caring: staff involve you and treat you with compassion, kindness, dignity and respect.
Are they responsive?	Responsive: services are organised so that they meet your needs.
Are they well-led?	Well-led: the leadership, management and governance of the organisation make sure it provides high quality care that is tailored to individual needs, encourages learning and innovation, and promotes an open and fair culture.

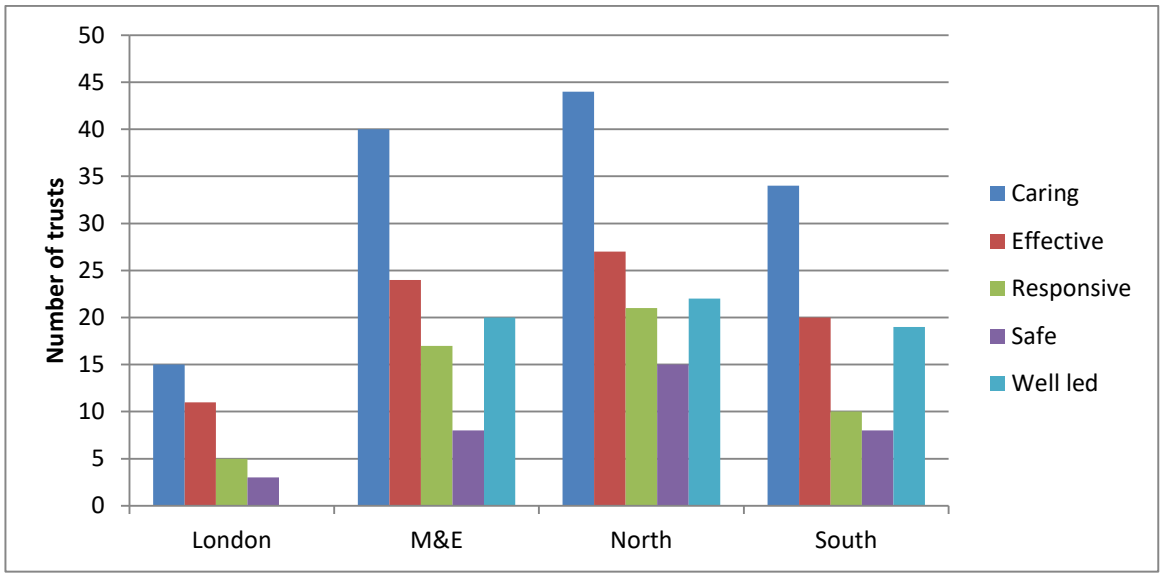
CQC has four rating categories for health and social care services:

Rating	Description
Outstanding:	The service is performing exceptionally well.
Good:	The service is performing well and meeting expectations.
Requires improvement:	The service isn't performing as well as it should, and the service must improve.
Inadequate:	The service is performing badly and action has been taken against the organisation that runs it

.

Figure 1 highlights that in all the NHS Improvement regions, most acute providers are rated as outstanding or good for caring, but few are so rated for safe or well-led. If a service is not deemed to be safe or well-led, this can affect its rating for effective and responsive.

Figure 1: Outstanding and good CQC rating by domain for each region



M&E: Midlands and East

Key themes

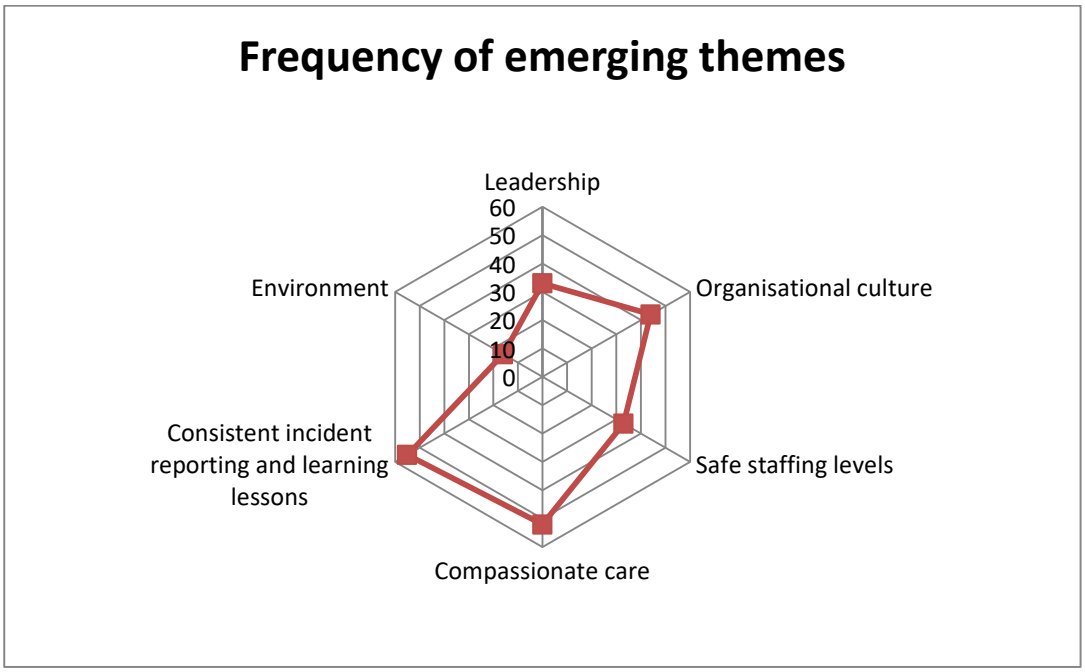
Analysis of the CQC narrative reports revealed the following consistent themes when rating acute providers as ‘Outstanding’ or ‘Inadequate’:

- leadership
- organisational culture
- compassionate care
- safe staffing levels
- consistent incident reporting and learning lessons.

The patient experience improvement framework supports improvement in these areas through self-assessment.

Figure 2 illustrates the number of times these topics were mentioned in the CQC reports studied and the emerging pattern.

Figure 2: Frequency of emerging themes



Leadership

Where all the workforce and stakeholders were aware of and worked with an organisation strategy with an explicit patient safety focus, this reflected services that were well designed to meet the needs of patients. Where staff were proud of the organisation and engagement in quality improvement and the strategy were strong, this was reflected in excellent interactions between staff and patients and between staff themselves.

Visible and accessible leadership sets the tone for the staff. Where the board heard a patient story at every meeting the executive and non-executive directors appeared to have an understanding of patients' experiences.

A clear sense of clinical leadership from the medical director and engagement of clinicians in the development of a clinical strategy provided momentum for quality, patient experience and safety.

Where the chief executive and chair led a positive learning and development culture this enabled all staff to be supported within their role and develop further.

Organisational culture

An open and transparent organisational culture has a positive impact on staff and patients. Where there were highly encouraged and evident innovation and quality improvement programmes, there was also a notable improvement in the patient experience. Where there is a culture of all staff groups showing pride in their work and in being part of the organisation, this seemed to lead to a real commitment to learn from mistakes.

Where staff were proud of their organisation as a place to work and spoke highly of the culture coupled with consistently high levels of constructive engagement, staff at all levels were keen to contribute to service improvement which led to a positive patient experience.

Patients also have a positive experience where there is a culture of safety across an organisation that puts the patient first and gives patient experience the highest priority with the implementation of real-time patient feedback. Information about

real-time patient experience displayed on all wards and clinic areas gives added evidence of priority. A culture of ensuring lessons are learnt from complainants' feedback can be used to improve services.

Patients' experience is adversely affected if there is a culture of bullying or harassment: where staff do not recommend their organisation as a place to work, they feel devalued by the organisation, there is poor support from managers, they experience stress at work, or bullying or harassment. If staff no longer report incidents because they do not get a managerial response or feedback, patients are likely to feel that staff have not been open with them and communications will be difficult.

Where staffing difficulties are perceived not to have been responded to, morale is likely to be low. Staff need to feel respected, valued, supported, appreciated and cared for by senior managers. They need to know that executive board members have a clear vision and values that are universally shared. There should be a Freedom to Speak-Up Guardian in place.

Staff need a good understanding of the organisational strategy; they should be aware of the plans and objectives for their services so they feel engaged.

In some organisations there was limited evidence that information about the local population's needs was used to inform the planning and delivery of services. Public engagement is necessary and affects the experience of patients.

Staff engagement is crucial and use of staff engagement schemes can be beneficial (for example Listening into Action). Where there is silo working, lack of accountability, acceptance of poor behaviour and performance, and a lack of connection with the trust leadership, morale will be low and patient experience adversely affected.

Compassionate care

Patient experience is positive when staff give care that is compassionate, involves patients in decision-making and provides them with good emotional support. Patients were keen to describe instances where departments and individuals had significantly exceeded their expectations. Patient experience was enhanced when

staff ensured there was time for patients to ask questions, when people using the services were treated as individuals and their specific emotional needs considered, including their cultural, emotional and social needs.

Patients and public voice should be heard through a number of sources including the council of governors feeding information into the trust, with clear processes for feedback. Where staff created a strong, visible, person-centred culture, they were highly motivated and inspired to offer the best possible care to patients. The appointment of a head of patient experience indicated organisational commitment to this aspect of quality.

Patient experience was positive when patients and their families felt involved and understood what to expect in relation to their care. Patient experience was improved where staff treated patients with dignity and respect at all times.

Patient care can be delayed or missed where there are staffing pressures and the standards of caring for individual patients may fall below what would be expected. Where patients were being moved from ward to ward more than once and on occasion transferred late at night, this affected their treatment and prolonged their stay in hospital. When the capacity of emergency departments is exceeded, the privacy and confidentiality of patients should be a priority, especially when they are being cared for on trolleys in the corridors. Escalation areas where patients are cared for if a bed is not available in their specialty area should be risk assessed.

Patients should be cared for in environments that are suitable for their condition, with appropriate equipment available should their condition deteriorate. This all adds to patients' experience during peak pressure for the hospital. Patients in the emergency department who are waiting for a bed should be offered suitable nutrition and hydration.

Safe staffing levels

Nurse staffing levels appear to be a decisive factor in good patient experience. Despite staffing challenges, CQC reports and the staff survey report the positive impact on staff where staffing levels are managed effectively. Where nursing vacancies lead to nurses being moved throughout the hospital to support patients,

however, they may not be familiar with the ward or the specific needs of patients and this seems to have a negative impact on patient experience.

Where staffing levels were significantly below the recommended standards the care was not consistently safe and had a negative impact on patient experience.

In some instance staffing pressures led to care becoming task- focused which led to little positive interaction with patients. When staff have an overwhelming feeling of being short staffed this can on occasion be shared with patients. If staff are not involved in developing their own workforce they feel under increased pressure, especially if feeling understaffed and overburdened with training.

When escalation processes were well defined and embedded throughout the organisation to ensure safe staffing this appeared to link to a positive patient experience.

Staff did not appear to feel the burden of nurse vacancies when staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. This also appeared to be the case when staffing shortages were swiftly responded to.

A strong culture of shared ownership for patients, along with effective multidisciplinary working, had a direct impact on patient and staff experience. Effective multidisciplinary working secured good outcomes and seamless care. Where a multidisciplinary approach was actively encouraged there were examples of co-ordinated care having a positive impact on patient experience. When staff in all disciplines worked well together for the benefit of patients, patient experience was positive and this correlated with Friends and Family Test and the staff survey.

Consistent incident reporting and learning lessons

Where there was a strong ‘no blame’ culture staff felt empowered to report incidents and recognised the importance of reporting them to ensure patient safety. Where there was evidence of learning from incidents across all services a strong culture of incident reporting was embedded at all levels of the organisation. Different mechanisms were used to share learning. All this has a positive impact on patient experience through staff.

Where learning from incidents was either not occurring or not appropriate, opportunities to identify and apply any learning to prevent recurrence were inconsistent or missed.

Patients had a positive experience even when complaining as long as complaints were responded to in a timely and appropriate manner. This usually resulted from in a conversation with the patient and being open about the incident. In these cases the Duty of Candour was followed and trust processes were open and transparent for patients, families and carers.

Where approaches to learning from complaints were inconsistent the complaints were not always managed in a timely or appropriate manner and trust boards did not receive evidence of how the trust was addressing the themes and trends in the complaints.

Where there was a wide range of data to monitor and measure clinical outcome this was related to a positive patient experience, assurance provided at board level and an Outstanding-rated organisation. Where audits highlight areas for improvement there needs to be evidence of implemented and monitored action plans to secure quality improvement. Care and treatment should be planned and delivered in line with current evidence-based guidance and standards if they are to have an impact on patient experience.

Where there was effective governance and assurance the board had clear oversight of the risks affecting the quality, experience and safety of care for patients.

Where there was a clear understanding across all areas of the trust regarding the Mental Capacity Act and deprivation of liberty safeguards (2005), boards were more likely to be adequately sighted on progress to ensure the organisation met statutory obligations for safeguarding.

Using the framework

This framework helps trusts to focus on the key factors (including the underlying factors) that need to be present in a provider focused on the needs of its patients. It brings together the characteristics of organisations that consistently improve patient experience and enables boards to carry out an organisational diagnostic against a set of indicators.

We developed the indicators in response to staff and patients feedback and using the best bits of existing tools, in particular of the TDA patient experience development framework. The CQC review themes enable organisations to identify their performances against:

- leadership
- organisational culture
- collecting feedback: capacity and capability to effectively collect feedback
- analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.

There is a breakdown of how different users could use it on the next page.

Users	Purpose
Boards	Can use this as a self-assessment tool – use each of the sections as a prompt for discussion, agree areas for action and follow-up review
Divisional teams	Can use each of the sections as a prompt for discussion, agree areas for action and follow-up review. This work will then feed into the work at corporate level
Boards and senior managers	Can share with commissioners and stakeholders to frame discussions about the trust's quality improvement priorities for patient experience
Boards and senior teams	Can inform patient experience strategy development
Boards and senior teams	Can frame and present evidence to external bodies of the plans and actions the Trust has for improving patient experience.

Trusts may like to complete a score for each element of the framework as a basis from which to track quality improvement but it is important to note this is not a comparison tool so any scoring is for the organisation's use only. What is important is being able to track the quality improvements over time.

This framework does not cover everything. It is specifically aimed at supporting healthcare providers. However, we are increasingly talking in terms of health systems and patient pathways, with an increased focus on empowering patients to fully participate in decisions about their care and treatment.

The assessment tool

Leadership (for patient focus)

Almost all NHS organisations profess to put the patient at the centre of everything they do but this principle needs to be clear in the values and behaviours of senior leaders. There should be a clear commitment to equality and diversity ensuring the needs of all are met.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
1	The board has a strategy to deliver improved patient experience and regularly engages with groups of patients and other key stakeholders. The organisation uses the output from such engagement to inform its plans to deliver the strategy.	1A. The organisation has a patient experience strategy (either a stand-alone document or integrated into a strategy for improving quality) co-produced with patients and frontline staff, consulted upon, and signed off by the board. Patient experience should be both fully aligned with and integral to quality improvement.				
		1B. The trust also has a delivery plan, impact measures and review timetable and carries out an annual review of progress towards achieving the strategy.				

		1C. The organisation has a programme of patient, patient representative and public engagement which informs key decisions. Ideally this engagement should be in partnership with local commissioners.				
2	Patient experience is embedded in all trust leadership development work (including that undertaken by operational managers and clinical staff).	2A. Patient experience is embedded in all aspects of leadership development.				
		2B. Patients are involved in assessment and appraisal processes for staff. (for example patient feedback data or other forms of involvement including complements, complaints, testimonials).				
3	There is visibility of the senior leadership team with an identified executive lead accountable for leading quality improvements in patient experience, who routinely presents reports and	3A. The executive lead for patient experience routinely provides the board with reports and proactively leads this area of work within the organisation. Patient stories are routinely used at board meetings and other trust settings.				

	leads discussion with board colleagues on patient experience.	3B. The senior leadership team is accessible and visible in the organisation and routinely engages with patients and frontline staff.				
4	There is clear clinical leadership from the medical director and director of nursing and engagement of clinicians in the development of the quality strategy and clinical strategy which provides momentum in terms of quality, patient experience and safety.	4A. All clinicians are engaged and provide input into the development of services and efficiency changes and how change impacts on patients and front line staff.				
		4B. Levels of clinical engagement across both acute and community settings are focused on patients.				
		4C. There is clear medical engagement in patient experience as an equal facet of the quality agenda alongside patient safety and clinical effectiveness.				

Organisational culture

The organisational culture is patient focused and values behaviour that enhances the experience of patients.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
5	The organisational development strategy and implementation plans are underpinned by a commitment to improve patient experience.	5A. Patient experience is integrated into the organisational development strategy.				
6	The board values and celebrates innovation by frontline staff to improve the experience of patients and specifically staff who demonstrate they consistently exceed patient expectation, and always deliver individualised care	6A. Staff are supported to listen and act locally as a response to patient feedback and the organisation routinely captures analyses and reports on the outcomes from this. Monitoring takes place against the results of the staff survey				
		6B. There is a process in place to identify and celebrate				

		achievements of staff who consistently exceed patient expectations and the board is engaged and fully involved in the process.				
		6C. staff are engaged in the process of setting staffing levels and in developing their own workforce.				
		6D. Staffing level escalation processes are well defined and embedded throughout the organisation to ensure safe staffing.				
		6E. Staff give care that is compassionate, involves patients in decision-making and provides good emotional, spiritual and religious support to patients				
7	Staff are proud to work for the organisation and speak highly of the culture. Staff throughout the organisation feel able to raise concerns	7A. The organisation has developed, with patients and staff, a set of values, articulated through all corporate documents, which reflect the values in the				

	and believe they will be listened to and supported.	NHS Constitution. The organisation has a process for ensuring values are owned by staff.				
		7B. The organisation has in place a values-based recruitment and appraisal system				
8	The organisation expresses its commitment to patients through all its communications, and routinely offers to provide copies of clinical correspondence	8A. The organisation's website and other externally facing communications are accessible and clear and patients would judge them 'patient friendly'. They also articulate commitment to patients.				
		8B. The trust has a process of testing its communications to patients with patients, prior to publication.				
		8C. Patients are routinely offered copies of correspondence about them in an accessible format (Accessible Information Standard).				

Capacity and capability to effectively collect feedback

The organisation has several routes through which patients can provide feedback

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
9	The organisation participates in all mandated surveys (including where applicable the National Patient Survey Programme, the Friends and Family Test and systematic local surveys, eg post-discharge survey), and works with commissioners to develop and implement rapid/real, or near real-time patient feedback	9A. Full compliance with all mandated surveys, and a comprehensive programme of seeking rapid, real or near real-time from patients using the most up to date technology available to them.				
		9B. Strong evidence of adherence to best practice guidelines for patient experience.				
10	The trust has a patient-friendly complaints process, which complies with national guidance.	10A. The organisation has an accessible user-friendly complaints process. Information is visible in all locations patients receive care, and where applicable is available from community staff.				

		10B. Complaints information is clearly displayed on the trust's website and available within two clicks.				
		10C. Complainants are offered a face-to-face meeting, supported throughout the process and their feedback sought on completion of dealing with the complaint.				
		10D. Feedback about how the complaint was handled is routinely gathered.				
		10E.There is evidence that practice has changed following complaints and improvements have been sustained				
11	Frontline staff take ownership of, and deal with, issues raised by patients, and only where necessary refer on to others. When patients express a wish to complain clear information is provided and support given. The Duty	11A. Frontline staff are supported by managers and their teams to address concerns raised by patients, and there is a process for teams to share and learn from this.				
		11B. Duty of Candour regulations are well understood and				

	of Candour is followed.	embedded. The organisation's processes are clear and transparent.				
		11C. The importance of patient feedback is embedded in the organisation's approach to staff training.				
12	Patients are given information about the range of ways they can provide feedback (which might include paper-based surveys, comment cards, web, text, devices, kiosks, and apps) and are supported by staff to use these. Approaches offered take account of the needs of patients who are less able or less willing to feedback.	12A. The organisation provides information to patients about how to give feedback in a range of different ways. Patients are made aware of HealthWatch as a route for giving feedback.				
		12B. The organisation employs a range of methods to collect patient feedback, based on patient need and preference. Staff are familiar with these and encourage and support patients.				
		12C. Trust meets or exceeds national average response rate for all elements of the Friends and Family survey.				

Analysis and triangulation

The organisation has a systematic and consistent approach to analysing and making sense of patient feedback, and considers it alongside patient safety and patient outcomes data.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
13	The organisation has a systematic way of analysing patient feedback in all its forms, including complaints. The organisation also has dedicated analytics and intelligence support for its patient experience data, which produces clear helpful reports	13A. The organisation routinely and systematically analyses feedback, brings together all strands and identifies themes which it acts on.				
		13B. The organisation has dedicated analytics and intelligence support to ensure it can make best use of its patient experience feedback data.				
14	The organisation produces reports that demonstrate the correlation between improving patient outcomes, patient safety and patient experience. This is also routinely triangulated with	14A. Reports highlight themes where patient experience correlates with other quality measures (for example patient safety and clinical outcomes) and board reports clearly articulate the relationships and the quality				

	staff and the staff survey	improvement actions arising.				
15	The organisation is able to use patient experience data effectively to identify and locate deteriorating performance, and to enable quick action to address the causes	15A.The organisation effectively uses patient experience data to provide an early warning system for deteriorating standards of care that enables leaders at a range of levels to spot when there are concerns, using quality improvement approaches.				
		15B. The organisation is using data related to patient experience to understand variation. Patient experience is both fully aligned with and integral to quality improvement				
16	Patient feedback is routinely considered and acted upon by frontline teams, and escalated when larger scale service redesign work is required	16A. Departments and teams receive feedback fast and in a form they can use.				
		16B. Frontline teams routinely discuss patient feedback and use it to improve care.				
		16C. The trust has an effective approach to celebrating and sharing learning locally.				

Using patient feedback to drive quality improvement and learning

The organisation actively and routinely seeks out patient feedback to be a learning organisation which is underpinned by quality and service improvement work. The organisation can evidence that it uses feedback and staff know that patient feedback is used to drive quality improvement. Patients are actively involved in decision making as equal partners (Participation in the Always events programme is in place),

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
17	The organisation supports staff to share decision making about care and treatment with patients, and actively supports staff to involve patients in their care.	17A. Staff demonstrate a good understanding of the theory and practice of shared decision making, its principles are underpinned through training programmes.				
		17B. Patients and their families are involved in their care and understood what is expected in relation to their care.				
		17C. The organisation performs above peer in the NHS mandated national survey questions asking if patients felt involved in decisions about care and				

		treatment.				
18	The organisation uses staff appraisal to identify training needs and based on need, implements training for staff so they able and confident to use feedback to improve services using quality improvement methods and tools.	18A. The organisation has a systematic approach to identifying staff training needs related to using patient feedback to improve services.				
		18B. The board and executive team have a good understanding of how change happens in complex systems, and how change impacts on patients and frontline staff.				
		18C. There is a consistent approach to sharing learning across the organisation.				
19	All proposals for service change, project initiation document and business cases are accompanied by evidence of their potential impact on the experience of patients.	19A. The results of an impact assessment are always included within proposals.				
		19B. Patients and service users have been involved in the design stage of any service change. There is evidence of co-production.				

20	The organisation uses quality improvement methods and tools to try to continuously improve quality of experience of care and outcomes for patients.	20A. Frontline staff engage in quality improvement and are given the skills required to identify quality problems, carry out tests of change, measure their impact and act on the results.				
		20B. The organisation gives all staff the opportunity to contribute and act on ideas for quality improvement.				
		20C. The organisation performs above peer in the NHS Mandate goal to 'improve the percentage of NHS staff who report that patient and service user feedback is used to make informed improvement decisions'				

Reporting and publication

The organisation regularly reports and publishes its patient experience data, and co-produces its quality improvement plans with a range of stakeholders including patients and frontline staff

	Characteristics	Suggested requirement needed to meet the characteristic	Org, score (0-5)	Current position	Planned action to improve	What will good look like?
21	Patient experience is a key component of the trust's annual quality accounts.	21A. The quality accounts include information about patient experience and how the trust is listening and responding to patients, along with examples of improvements to services or care it has made as a result.				
22	The organisation routinely publishes transparent and publically accessible information about the feedback patients have provided, and its response to feedback (and ensures this information is available through multiple routes).	22A. Information is available and accessible to patients and the public.				
		22B. The organisation has a Communications strategy in place which is clear about who the organisation shares information about patient experience.				
23	The organisation supports a	23A. Co-production is widely				

model of co-production and supports patients and staff to deliver this approach.	used, and the organisation can cite examples of co-production, including the use of specific improvement methodologies, where staff have worked in partnership with patients to improve services.				

Next steps

Boards should use this patient experience improvement framework to identify areas where they need to focus to have the biggest impact. It should be part of your continuous learning and quality development and should be reviewed annually and presented to the board to demonstrate the priority of patient experience and quality improvement at board level.

NHS Improvement and NHS England are starting to work more closely together and are developing a single resource in the future to support trusts. Ahead of this closer working, NHS Improvement and NHS England can both offer support to organisations independently and have a number of resources available through their respective websites

Annex A: Evidence, policies and guidance

This is not an exhaustive list − if you can suggest anything else, please let us know.

Characteristic	Policy and evidence	Additional resources and good practice examples
Leadership	NQB (2015) *Improving experiences of care: Our shared understanding and ambition*. www.england.nhs.uk/ourwork/part-rel/nqb/ NHS Outcomes Framework (Reference to Domain 4). www.gov.uk/government/statistics/nhs-outcomes-framework-indicators-august-2017-release Single Oversight Framework for NHS providers. https://improvement.nhs.uk/resources/single-oversight-framework/ Report of Mid Staffordshire NHS Foundation Trust. Public Inquiry Report. http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report Berwick review into Patient Safety. www.gov.uk/government/publications/berwick-review-into-	National Institute for Health Research Service Delivery and Organisation Programme. *Models of medical leadership to improve patient experience*. www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1808-236_V07.pdf NHS Employers (2014) *Staff Engagement to improve service quality.* www.nhsemployers.org/case-studies-and-resources/2014/12/staff-engagement-creates-better-patient-outcomes Parliamentary and Health Service Ombudsman Principles of good complaint handling, www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling The King's Fund (2013). *Patient Centred Leadership: rediscovering our purpose.* www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/patient-centred-leadership-rediscovering-our-purpose-may13.pdf Healthcare Leadership Model, NHS Leadership Academy. www.leadershipacademy.nhs.uk/resourc

	patient-safety The King's Fund (2016) *Patients as partners: Building collaborative relationships among professionals, patients, carers and communities* www.kingsfund.org.uk/publications/patients-partners The King's Fund (2013). *Patient-centred Leadership*. www.kingsfund.org.uk/publications/patient-centred-leadership National Quality Board (2014). *Improving people's experience of care toolkit* - www.england.nhs.uk/?s=Improving+people%E2%80%99s+experience+of+care+toolkit+-+NQB+2014 NHS Improvement (2017) Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts https://improvement.nhs.uk/resources/well-led-framework/	es/healthcare-leadership-model/ National Quality Board (2015), *Improving experiences of care: Our shared understanding and ambition.* www.england.nhs.uk/ourwork/part-rel/nqb/ Picker Institute (2018).The risks to care quality and staff wellbeing of an NHS system under pressure www.picker.org/wp-content/uploads/2014/12/Risks-to-care-quality-and-staff-wellbeing-VR-SS-v8-Final.pdf Care Quality Commission www.cqc.org.uk/what-we-do NHS Mandate 2017-2018 www.gov.uk/government/publications/nhs-mandate-2017-to-2018
Organisational culture	Leading Change: Adding Value. A Framework for Nursing, Midwifery and Care Staff www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf Health Education England *Guidance on values-based recruitment* www.hee.nhs.uk/our-	NHS England culture of Care Barometer www.england.nhs.uk/leadingchange/staff-leadership/ccb/ NHS Employers Do OD TEAM development toolkit. www.nhsemployers.org/news/2014/01/do-od-team-development-toolkit---now-available Exploring the relationship between patients experiences and the influence on staff motivation, affect, and well-

work/values-based-recruitment

NICE Guidance Patient Experience Evidence Update http://arms.evidence.nhs.uk/resources/hub/1032743/attachment

NICE Guidance Service user experience in Adult Mental Health http://guidance.nice.org.uk/QS14

NICE Guidance Patient Experience in Adult Services http://guidance.nice.org.uk/CG138

Hello my name is – campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care: http://hellomynameis.org.uk/

NHS Improvement Culture and leadership toolkit https://improvement.nhs.uk/improvement-hub/culture-and-leadership/

being Professor Jill Maben, 2013 www.nets.nihr.ac.uk/projects/hsdr/081819213

Patient experiences of caring and person-centredness are associated with perceived nursing care quality http://onlinelibrary.wiley.com/doi/10.1111/jan.13105/full

Foundation of Nursing Studies (2013). Insights into developing caring cultures. Professor Kim Manley CBE March 2013 www.fons.org/resources/documents/CultureReviewFinalReportMarch2013.pdf

Health Education England (2018) Bank of e-learning programmes – www.e-lfh.org.uk/programmes/

NICE. Shared decision making www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

NHS England. *Involving people in their own care.* www.england.nhs.uk/ourwork/patient-participation/

House of care model – a framework, adopted by NHS England, for enhancing the quality of life for people with long term conditions: www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/

The Patient Experience Book; A collection of the NHS Institute for Innovation and Improvement's guidance and support www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf

		E-learning for shared decision making with patients www.e-lfh.org.uk/programmes/shared-decision-making/
Collecting feedback	National Patient Survey Programme www.nhssurveys.org/ NHS England. Friends and Family Test Guidance www.england.nhs.uk/fft/ NHS Complaints Regulations www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf NHS Complaints Guidance www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service NHS England. Insight resources. The use of patient insight effectively in delivering local services. www.england.nhs.uk/ourwork/insight/insight-resources/	NHS England. Improving Experience of care through people who use services www.england.nhs.uk/wp-content/uploads/2013/08/imp-exp-care.pdf e-Learning for Health – Health Education England, online training on management of complaints www.e-lfh.org.uk/programmes/complaints-handling/how-to-access/ NHS Choices What is PALS (Patient Advice and Liaison Service)? www.nhs.uk/chq/pages/1082.aspx?CategoryID=68 Patient Experience in Trusts map www.patientlibrary.net/cgi-bin/library.cgi?page=ALLMAP;prevref= Good practice for handling feedback; RCN guidance on handling and learning from comments, concerns and complaints 2014 www.rcn.org.uk/professional-development/publications/pub-004725 Complaints handling and improvement; Patients Association www.patients-association.org.uk/projects/complaints-handling-improvement/ Parliamentary and Health Service Ombudsman - Care Quality Commission - Healthwatch - NHS England, An Opportunity to Improve, General practice complaint handling across

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Analysis and triangulation	NHS England Patient Experience Overall Measurewww.england.nhs.uk/statistics/statistical-work-areas/pat-exp/ Patient Experience overall measure supporting toolswww.gov.uk/government/statistical-data-sets/patient-	Patient Experience; the Health Foundation www.health.org.uk/search?search=patient%20experience

	experience-overall-measuresupporting-tools Getting It Right First Time (GIRFT) National programme helping improve care in the NHS by addressing variations in service https://improvement.nhs.uk/news-alerts/getting-it-right-first-time-recruits-new-clinical-leads/#h2-getting-it-right-first-time-girft-overview	Health Foundation *Top tips for Measuring Patient Experience* www.health.org.uk/blog/ten-tips-for-measuring-patient-and-carer-experience/
Using patient feedback for improvement	Improvement Hub, NHS Improvement https://improvement.nhs.uk/improvement-hub/patient-involvement/ Patient and Family-Centred Care toolkit. Point of Care Foundationwww.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/ Making the case for quality improvement: lessons for NHS boards and leaders www.kingsfund.org.uk/publications/making-case-quality-improvement Simplified Knowledge and Skills Framework (KSF) www.nhsemployers.org/SimplifiedKSF NHS England Nursing, midwifery and care staff; Leading Change, Adding Valuewww.england.nhs.uk/leadingchange/	Experience based co-design tool kit: Point of Care Foundation www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/ NHS England. 15 Steps challenge; www.england.nhs.uk/participation/resources/15-steps-challenge/ SCIE – Living with dementia: four people share their experiences and give a moving and personal insight into often overlooked aspects of the condition: www.scie.org.uk/socialcaretv/video-player.asp?v=living-with-dementia SCIE – Personalisation: 11 films, linked to relevant resources, six told from the perspective of people who use services, www.scie.org.uk/socialcaretv/topic.asp?t=personalisation Foundation of Nursing Studies library of case studies and projects https://www.fons.org/library/library

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Reporting and publication	Department of Health *Quality Accounts guidance 2015-16* www.gov.uk/government/publications/external-assurance-for-nhs-trusts-quality-accounts NHS England Business Plans 2017-19 www.england.nhs.uk/publication/nhs-england-funding-and-resource-2017-19/ Report of the all-party parliamentary committee on complaints in the NHS Published 2012 https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/35004.htm	Picker Institute Europe – a not-for-profit organisation that makes patients' views count in healthcare: www.pickereurope.org/ Point of Care Foundation: independent charity working to improve patients' experience of care and increase support for the staff who work with them: www.pointofcarefoundation.org.uk/Home The King's Fund: projects, articles, blogs and events around patient experience: www.kingsfund.org.uk/topics/patient-experience The Patient Experience Network – a membership network with a key emphasis on learning from each other and best practice: http://patientexperiencenetwork.org/ Beryl Institute: global community of practice and thought leader on improving patient experience in healthcare, papers on key issues, case studies and an annual programme of research grants: www.theberylinstitute.org/ Healthwatch rights and responsibilities in health and social care: www.healthwatch.co.uk/rights-and-responsibilities

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Nursing & Midwifery Council

The Code

Standards of conduct, performance and ethics for nurses and midwives

Nursing & Midwifery Council

The Code: Standards of conduct, performance and ethics 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 standards 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.

The people in your care must be able to trust you with their health and wellbeing

To justify that trust, you must:

- make the care of people your first concern, treating them as individuals and respecting their dignity
- work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community
- provide a high standard of practice and care at all times
- be open and honest, act with integrity and uphold the reputation of your profession.

As a professional, you are personally accountable for actions and omissions in your practice, and must always be able to justify your decisions.

You must always act lawfully, whether those laws relate to your professional practice or personal life.

Failure to comply with this code may bring your fitness to practise into question and endanger your registration.

This code should be considered together with the Nursing and Midwifery Council's (NMC) rules, standards, and guidance available from **www.nmc-uk.org**

Make the care of people your first concern, treating them as individuals and respecting their dignity

Treat people as individuals

1 You must treat people as individuals and respect their dignity.

2 You must not discriminate in any way against those in your care.

3 You must treat people kindly and considerately.

4 You must act as an advocate for those in your care, helping them to access relevant health and social care, information and support.

Respect people's confidentiality

5 You must respect people's right to confidentiality.

6 You must ensure people are informed about how and why information is shared by those who will be providing their care.

7 You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.

Collaborate with those in your care

8 You must listen to the people in your care and respond to their concerns and preferences.

9 You must support people in caring for themselves to improve and maintain their health.

10 You must recognise and respect the contribution that people make to their own care and wellbeing.

11 You must make arrangements to meet people's language and communication needs.

12 You must share with people, in a way they can understand, the information they want or need to know about their health.

Ensure you gain consent

13 You must ensure that you gain consent before you begin any treatment or care.

14 You must respect and support people's rights to accept or decline treatment and care.

15 You must uphold people's rights to be fully involved in decisions about their care.

16 You must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded.

17 You must be able to demonstrate that you have acted in someone's best interests if you have provided care in an emergency.

Maintain clear professional boundaries

18 You must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.

19 You must not ask for or accept loans from anyone in your care or anyone close to them.

20 You must establish and actively maintain clear sexual boundaries at all times with people in your care, their families and carers.

Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community

Share information with your colleagues

21 You must keep your colleagues informed when you are sharing the care of others.

22 You must work with colleagues to monitor the quality of your work and maintain the safety of those in your care.

23 You must facilitate students and others to develop their competence.

Work effectively as part of a team

24 You must work cooperatively within teams and respect the skills, expertise and contributions of your colleagues.

25 You must be willing to share your skills and experience for the benefit of your colleagues.

26 You must consult and take advice from colleagues when appropriate.

27 You must treat your colleagues fairly and without discrimination.

28 You must make a referral to another practitioner when it is in the best interests of someone in your care.

Delegate effectively

29 You must establish that anyone you delegate to is able to carry out your instructions.

30 You must confirm that the outcome of any delegated task meets required standards.

31 You must make sure that everyone you are responsible for is supervised and supported.

Manage risk

32 You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk.

33 You must inform someone in authority if you experience problems that prevent you working within this code or other nationally agreed standards.

34 You must report your concerns in writing if problems in the environment of care are putting people at risk.

Provide a high standard of practice and care at all times

Use the best available evidence

35 You must deliver care based on the best available evidence or best practice.

36 You must ensure any advice you give is evidence-based if you are suggesting healthcare products or services.

37 You must ensure that the use of complementary or alternative therapies is safe and in the best interests of those in your care.

Keep your skills and knowledge up to date

38 You must have the knowledge and skills for safe and effective practice when working without direct supervision.

39 You must recognise and work within the limits of your competence.

40 You must keep your knowledge and skills up to date throughout your working life.

41 You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.

Keep clear and accurate records

42 You must keep clear and accurate records of the discussions you have, the assessments you make, the treatment and medicines you give, and how effective these have been.

43 You must complete records as soon as possible after an event has occurred.

44 You must not tamper with original records in any way.

45 You must ensure any entries you make in someone's paper records are clearly and legibly signed, dated and timed.

46 You must ensure any entries you make in someone's electronic records are clearly attributable to you.

47 You must ensure all records are kept securely.

Be open and honest, act with integrity and uphold the reputation of your profession

Act with integrity

48 You must demonstrate a personal and professional commitment to equality and diversity.

49 You must adhere to the laws of the country in which you are practising.

50 You must inform the NMC if you have been cautioned, charged or found guilty of a criminal offence.

51 You must inform any employers you work for if your fitness to practise is called into question.

Deal with problems

52 You must give a constructive and honest response to anyone who complains about the care they have received.

53 You must not allow someone's complaint to prejudice the care you provide for them.

54 You must act immediately to put matters right if someone in your care has suffered harm for any reason.

55 You must explain fully and promptly to the person affected what has happened and the likely effects.

56 You must cooperate with internal and external investigations.

Be impartial

57 You must not abuse your privileged position for your own ends.

58 You must ensure that your professional judgement is not influenced by any commercial considerations.

Uphold the reputation of your profession

59 You must not use your professional status to promote causes that are not related to health.

60 You must cooperate with the media only when you can confidently protect the confidential information and dignity of those in your care.

61 You must uphold the reputation of your profession at all times.

Have appropriate arrangements in place for patients to seek compensation if they have suffered harm

62 You must have in force an indemnity arrangement which provides appropriate cover for any practice you undertake as a nurse or midwife in the United Kingdom. (For further information about this requirement please consult our information for nurses and midwives on the NMC website at www.nmc-uk.org).

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Healthcare professionals have a shared set of values, which find their expression in this code for nurses and midwives. These values are also reflected in the different codes of each of the UK's healthcare regulators. This code was approved by the NMC's Council on 6 December 2007 for implementation on 1 May 2008.

This revised edition was published in July 2014 to include information on Professional indemnity arrangements.

Nursing & Midwifery Council

The Code

Professional standards of practice and behaviour for nurses and midwives

prioritise people

practise effectively

preserve safety

promote professionalism and trust

Introduction

The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. While you can interpret the values and principles set out in the Code in a range of different practice settings, they are not negotiable or discretionary.

Our role is to set the standards in the Code, but these are not just our standards. They are the standards that patients and members of the public tell us they expect from healthcare professionals. They are the standards shown every day by good nurses and midwives across the UK.

When joining our register, and then renewing their registration, nurses and midwives commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if registered nurses or midwives fail to uphold the Code. In serious cases, this can include removing them from the register.

The Code should be useful for everyone who cares about good nursing and midwifery:

- Patients and service users, and those who care for them, can use it to provide feedback to nurses and midwives about the care they receive.

- Nurses and midwives can use it to promote safe and effective practice in their place of work.

- Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators.

- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the Code helps to achieve that.

For the many committed and expert practitioners on our register, this Code should be seen as a way of reinforcing their professionalism. Through revalidation, you will provide fuller, richer evidence of your continued ability to practise safely and effectively when you renew your registration. The Code will be central in the revalidation process as a focus for professional reflection. This will give the Code significance in your professional life, and raise its status and importance for employers.

The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay, and

1.5 respect and uphold people's human rights.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 encourage and empower people to share decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.5 respect, support and document a person's right to accept or refuse care and treatment, and

2.6 recognise when people are anxious or in distress and respond compassionately and politely.

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages

3.2 recognise and respond compassionately to the needs of those who are in the last few days and hours of life

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it, and

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care.

4 Act in the best interests of people at all times

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

4.2 make sure that you get properly informed consent and document it before carrying out any action

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process, and

4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care (see the note below).

5 Respect people's right to privacy and confidentiality

As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care

5.3 respect that a person's right to privacy and confidentiality continues after they have died

5.4 share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality, and

5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.

You can only make a 'conscientious objection' in limited circumstances. For more information, please visit our website at www.nmc-uk.org/standards.

Practise effectively

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services, and

6.2 maintain the knowledge and skills you need for safe and effective practice.

7 Communicate clearly

To achieve this, you must:

7.1 use terms that people in your care, colleagues and the public can understand

7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs

7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum, and

7.5 be able to communicate clearly and effectively in English.

8 Work cooperatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other healthcare professionals and staff

8.4 work with colleagues to evaluate the quality of your work and that of the team

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk, and

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety.

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times, and

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence.

10 Keep clear and accurate records relevant to your practice

This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice.

To achieve this, you must:

10.1 complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

10.5 take all steps to make sure that all records are kept securely, and

10.6 collect, treat and store all data and research findings appropriately.

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard.

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse or midwife in the United Kingdom

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.

For more information, please visit: www.nmc-uk.org/indemnity.

Preserve safety

You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

13 Recognise and work within the limits of your competence

To achieve this, you must:

13.1 accurately assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment

13.3 ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence

13.4 take account of your own personal safety as well as the safety of people in your care, and

13.5 complete the necessary training before carrying out a new role.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers, and

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly.

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.1 only act in an emergency within the limits of your knowledge and competence

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly, and

15.3 take account of your own safety, the safety of others and the availability of other options for providing care.

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

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 healthcare setting and use the channels available to you in line with our guidance and your local working practices

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working

The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern, and

16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised.

For more information, please visit: www.nmc-uk.org/raisingconcerns.

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information, and

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely, and

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship.

For more information, please visit: www.nmc-uk.org/standards.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

19.3 keep to and promote recommended practice in relation to controlling and preventing infection, and

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.

Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety – Health and Safety Executive. You can find more information at www.hse.gov.uk.

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.4 keep to the laws of the country in which you are practising

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20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

20.8 act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to

20.9 maintain the level of health you need to carry out your professional role, and

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.

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21 Uphold your position as a registered nurse or midwife

To achieve this, you must:

21.1 refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment

21.2 never ask for or accept loans from anyone in your care or anyone close to them

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications

21.5 never use your professional status to promote causes that are not related to health, and

21.6 cooperate with the media only when it is appropriate to do so, and then always protecting the confidentiality and dignity of people receiving treatment or care.

22 Fulfil all registration requirements

To achieve this, you must:

22.1 meet any reasonable requests so we can oversee the registration process

22.2 keep to our prescribed hours of practice and carry out continuing professional development activities, and

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To achieve this, you must:

23.1 cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise

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To achieve this, you must:

24.1 never allow someone's complaint to affect the care that is provided to them, and

24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice.

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the healthcare system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first, and

25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken.

When telling your employers, this includes telling (i) any person, body or organisation you are employed by, or intend to be employed by, as a nurse or midwife; and (ii) any person, body or organisation with whom you have an arrangement to provide services as a nurse or midwife.

About us

The Nursing and Midwifery Council exists to protect the public. We do this by making sure that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

It is illegal to practise as a nurse or midwife in the UK if you are not on our register.

Published 29 January 2015
Effective from 31 March 2015

For more information about the Code, please visit: www.nmc-uk.org/code.

For everyone who cares about good nursing and midwifery.

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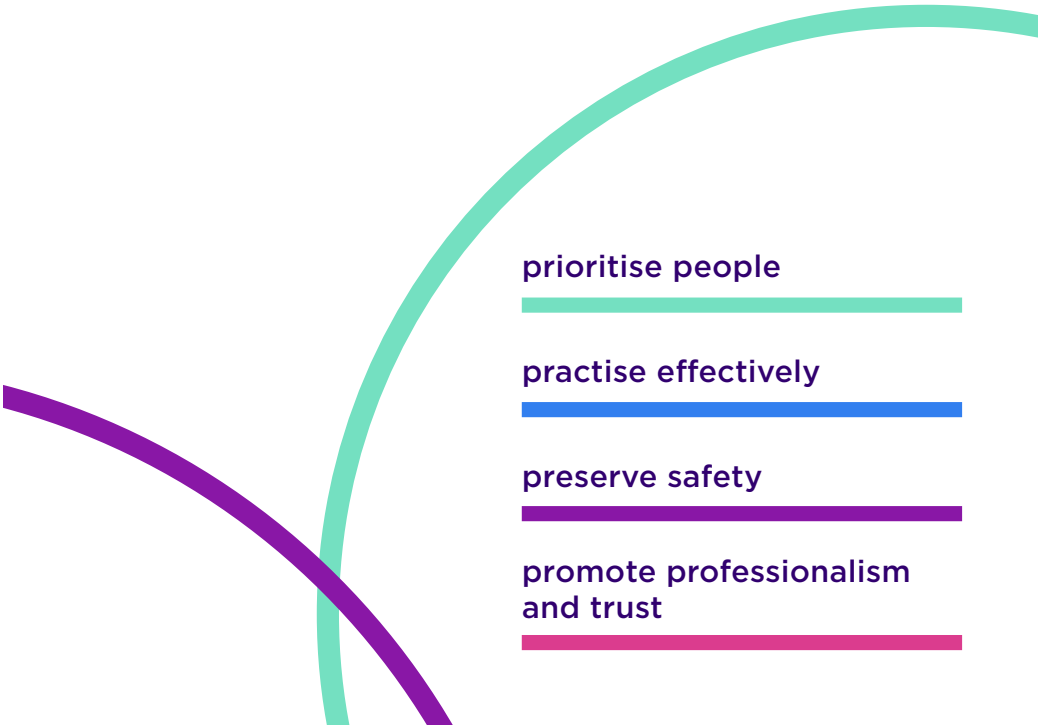
The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

Nursing & Midwifery Council

The Code

Professional standards of practice and behaviour for nurses, midwives and nursing associates



About us

The Nursing and Midwifery Council exists to protect the public. We do this by making sure that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK, or a nursing associate in England. We take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

It is against the law to claim to be, or to practise as, a nurse or midwife in the UK, or as a nursing associate in England, if you are not on the relevant part of our register.

It is also a criminal offence for anyone who, with intent to deceive, causes or permits someone else to falsely represent them as being on the register, or makes a false representation about them being on the NMC register.

Publication date: 29 January 2015 **Effective from:** 31 March 2015
Updated to reflect the regulation of nursing associates: 10 October 2018

A note on this version of the Code

All regulators review their Codes from time to time to make sure they continue to reflect public expectations. This new version of the Code is substantially similar to the 2015 version, but it has been updated to reflect our new responsibilities for the regulation of nursing associates. In joining the register, nursing associates will uphold the Code.

The current versions of our Code, standards and guidance can always be found on our website. Those on our register should make sure they are using the most up to date version of the Code.

For more information about the Code, please visit:
www.nmc.org.uk/code

Introduction

The Code contains the professional standards that registered nurses, midwives and nursing associates[1] must uphold. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing[2] and midwifery practice in other roles, such as leadership, education, or research. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.

Our role is to set the standards in the Code, but these are not just our standards. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards shown every day by those on our register.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.

1 Anyone practising as a registered nurse or midwife in the UK, or a nursing associate in England, has to be registered with us. The nursing associate role is being used only in England.

2 We have used the word 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.

The professions we regulate have different knowledge and skills, set out in three distinct standards of proficiency. They can work in diverse contexts and have different levels of autonomy and responsibility. However, all of the professions we regulate exercise professional judgement and are accountable for their work.

Nurses, midwives and nursing associates uphold the Code within the limits of their competence. This means, for example, that while a nurse and nursing associate will play different roles in an aspect of care, they will both uphold the standards in the Code within the contribution they make to overall care. The professional commitment to work within one's competence is a key underpinning principle of the Code (see section 13) which, given the significance of its impact on public protection, should be upheld at all times.

In addition, nurses, midwives and nursing associates are expected to work within the limits of their competence, which may extend beyond the standards they demonstrated in order to join the register.

The Code should be useful for everyone who cares about good nursing and midwifery.

- Patients and service users, and those who care for them, can use it to provide feedback to nurses, midwives and nursing associates about the care they receive.
- Those on our register can use it to promote safe and effective practice in their place of work.
- Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the Code helps to achieve that.

For the many committed and expert practitioners on our register, this Code should be seen as a way of reinforcing professionalism. Through revalidation, nurses, midwives and nursing associates provide evidence of their continued ability to practise safely and effectively. The Code is central to the revalidation process as a focus for professional reflection. This gives the Code significance in the professional life of those on our register, and raises its status and importance for employers.

The Code contains a series of statements that taken together signify what good practice by nurses, midwives and nursing associates looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

1.5 respect and uphold people's human rights

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- **2.1** work in partnership with people to make sure you deliver care effectively
- **2.2** recognise and respect the contribution that people can make to their own health and wellbeing
- **2.3** encourage and empower people to share in decisions about their treatment and care
- **2.4** respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care
- **2.5** respect, support and document a person's right to accept or refuse care and treatment
- **2.6** recognise when people are anxious or in distress and respond compassionately and politely

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

- **3.1** pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages
- **3.2** recognise and respond compassionately to the needs of those who are in the last few days and hours of life

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

4 Act in the best interests of people at all times

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

4.2 make sure that you get properly informed consent and document it before carrying out any action

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process

4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care

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You can only make a 'conscientious objection' in limited circumstances. For more information, please visit our website at **www.nmc.org.uk/standards**

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care

5.3 respect that a person's right to privacy and confidentiality continues after they have died

5.4 share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality

5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

Practise effectively

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay, to the best of your abilities, on the basis of best available evidence. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

6.2 maintain the knowledge and skills you need for safe and effective practice

7 Communicate clearly

To achieve this, you must:

7.1 use terms that people in your care, colleagues and the public can understand

7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs

7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

7.5 be able to communicate clearly and effectively in English

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

8.4 work with colleagues to evaluate the quality of your work and that of the team

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice

For more information, please visit our website at **www.nmc.org.uk/indemnity**

Preserve safety

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

13.4 take account of your own personal safety as well as the safety of people in your care

13.5 complete the necessary training before carrying out a new role

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The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.1 only act in an emergency within the limits of your knowledge and competence

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly

15.3 take account of your own safety, the safety of others and the availability of other options for providing care

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

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

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern

16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised

For more information, please visit our website at **www.nmc.org.uk/raisingconcerns.**

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

Prescribing is not within the scope of practice of everyone on our register. Nursing associates don't prescribe, but they may supply, dispense and administer medicines. Nurses and midwives who have successfully completed a further qualification in prescribing and recorded it on our register are the only people on our register that can prescribe.

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19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

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20.4 keep to the laws of the country in which you are practising

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21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications

21.5 never use your status as a registered professional to promote causes that are not related to health

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23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body

23.4 tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment

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23.5 give your NMC Pin when any reasonable request for it is made

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To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first

25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken

Throughout their career, all our registrants will have opportunities to demonstrate leadership qualities, regardless of whether or not they occupy formal leadership positions.

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Nursing & Midwifery Council

Raising concerns

Guidance for nurses, midwives and nursing associates

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professionals to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

Last updated January 2019

Introduction

This document provides guidance for nurses, midwives and nursing associates on raising concerns (which includes 'whistleblowing'). It explains the processes you should follow when raising a concern, provides information about the legislation in this area, and tells you where you can get confidential support and advice.

As a nurse, midwife or nursing associate, 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 all of those people you come across or know about because of your work as a nurse, midwife or nursing associate, not just those people you deliver specific care for or have direct clinical or managerial responsibility for.

This guidance supports and should be read together with **The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (the Code)**. No matter what sort of healthcare environment or geographical area you work in, it's important that you know how to raise concerns appropriately. This guidance can't cover every single situation that you may face, but it sets out the broad principles that will help you to think through the issues and take appropriate action in the public interest.

You should use this guidance with whistleblowing policies issued by your employer and with local clinical governance and risk management procedures, which will provide information on reporting incidents early or near misses. You should also make sure that you understand and follow your local authority's safeguarding policies.

Safeguarding the health and wellbeing of those in your care means these people should not be exposed to abuse or neglect. Abuse or neglect and the different circumstances in which they take place can take many forms. A list of actions that may constitute neglect or abuse and should give rise to concern includes the following (taken from Chapter 14, **Care and Support Statutory Guidance** (2014) issued by the Department of Health under the Care Act 2014).

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect.

Immediate concerns about abuse or neglect should be dealt with under local safeguarding procedures first. For more information about this, please see your local safeguarding policies and the further reading section.

This guidance is for all nurses, midwives, nursing associates and pre-registration nursing and midwifery students, no matter where you might work. The principles supporting this guidance also apply to all healthcare professionals, so this guidance may be helpful to other staff within the workplace. However, if you are self-employed or working as a volunteer, we recommend that you get more advice before raising any concerns you might have (see the section 'Where can I get help or advice?').

We recognise that it is not always easy to report concerns. You may not know how to, or you may worry that you are being disloyal, or fear reprisals from your employer's reaction. It may also be particularly difficult for those of you who work and live in remote and small communities. However, the health and wellbeing of the people in your care must always be your main concern. Raising your concern early can prevent minor issues becoming serious ones, and so protect the public from harm and improve standards of care.

If you aren't sure how this guidance applies to your situation, or if you want some confidential advice before you raise your concern, or at any stage during the process, we recommend that you get advice from your professional body, trade union or the independent whistleblowing charity **Protect** (formerly Public Concern at Work). Protect provides confidential advice to employees who witness wrongdoing or malpractice in the workplace and who aren't sure whether or how to raise their concern.

Professional bodies and trade unions can play a vital role in offering local support and guidance to staff who have concerns about any part of their work, including fears about patient or client care. They can also raise matters formally with your organisation on your behalf and can access other forums within your organisation. Raising a concern can often seem isolating and intimidating - having this support can help you to meet your professional standards with more confidence.

Your role in raising concerns

1 As a nurse, midwife or nursing associate, 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 (section 16) states the following.

2.1 Act without delay if you believe that there is a risk to patient safety or public protection.

2.2 To achieve this you must:

2.3 Raise and, if necessary, escalate (take further action on) any concerns you may have about patient or public safety, or the level of care people are receiving at your workplace or any other healthcare setting and use the channels available to you in line with our guidance and your local working practices.

2.4 Raise your concerns immediately if you are being asked to practise beyond your role, experience and training.

2.5 Tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can.

2.6 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.

2.8 Not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern.

2.9 Protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised.

3 Speaking up on behalf of people in your care and clients is an everyday part of your role. Just as raising genuine concerns represents good practice, 'doing nothing' and failing to report concerns is unacceptable. We recognise that nurses, midwives and nursing associates who raise a genuine concern and act with the best of intentions and in line with the principles laid down in this guidance are meeting their professional responsibilities and keeping to the Code.

4 Failure to report concerns may bring your fitness to practise into question and put your registration at risk. If you experience any negative reactions within your workplace after raising a concern appropriately, you should contact your professional body or trade union for support and advice.

5 In line with the Code, we expect the professionals on our register to work with others to protect the health and wellbeing of those in their care. As a result, this guidance applies to a wide range of situations, not just where a concern relates to the practice of individual nurses, midwives and nursing associates. Examples may include the following.

5.1 Danger or risk to health and safety, such as where health and safety rules or guidelines have been broken.

5.2 Issues to do with staff conduct, such as unprofessional attitudes or behaviour, including concerns related to equality and diversity.

5.3 Issues to do with delivering care involving nurses, midwives, nursing associates or other staff members.

5.4 Issues to do with care in general, such as concerns over resources, products, people, staffing or the organisation as a whole.

5.5 Issues to do with the health of a colleague, which may affect their ability to practise safely.

5.6 Misuse or unavailability of clinical equipment, including lack of adequate training.

5.7 Financial malpractice, including criminal acts and fraud.

6 You don't need to have all the facts to prove your concern but you must have a reasonable belief that wrongdoing is either happening now, took place in the past, or is likely to happen in the future.

7 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 straight away to the appropriate person or authority.

Nursing and midwifery students

8 The principles in this guidance apply to student nurses, midwives and nursing associates in the same way that they apply to registered nurses, midwives and nursing associates. To uphold these principles, you should act as set out below in the following situations.

8.1 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.

8.2 Seek help immediately from an appropriately qualified professional if someone you are providing care for has suffered harm for any reason.

8.3 Seek help from your mentor, tutor or lecturer if people indicate that they are unhappy about their care or treatment.

9 We recognise that it might not be easy for you to raise a concern; you may not be sure what to do or the process may seem quite daunting. If you want some advice at any stage, we recommend that you talk to your university tutor or lecturer, your mentor or another registered nurse, midwife or nursing associate in your practice area. You can also speak to your professional body, trade union or Protect, who can offer you valuable confidential advice and support.

The difference between raising a concern and making a complaint

10 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 a situation which could negatively affect those in your care, staff or the organisation.

11 However, 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). In these circumstances, you should follow your employer's complaints or grievance procedure.

Respecting an individual's right to confidentiality

12 The Code states that people in your care have the right to confidentiality and the right to expect that you only use the information they have given to you for the purpose for which it was given. You should only discuss information with someone outside of the healthcare team if the person in your care has agreed you can. In very exceptional circumstances, you can pass on information without their permission if you believe someone may be at risk of harm and you are acting in their best interests.

13 These decisions are complex and you must assess each case individually. Before reporting a concern which might reveal someone's identity, you should get advice. You can find more information in **Confidentiality: NHS Code of Practice** (2003) and its **supplementary code of practice on public interest disclosures** (2010). Both of these are available on the Department of Health, gov.uk and NHS Digital websites. The principles of both these publications can be applied equally to the independent and voluntary sectors in healthcare. Equivalent guidance is also available in **Scotland**, **Wales** and **Northern Ireland**.

Can I be guaranteed confidentiality when raising a concern?

14 We recommend that you give your name when raising a 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 start.

15 You should understand that there may be practical or legal limits to this confidentiality where the concern can't be dealt with 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 investigated, which in turn, affects public safety.

How do I raise a concern?

16 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 dealt with. However, there may be times when this approach fails and you need to raise your concern through a more formal process. We outline the various stages of this process below. They are based on the tiered approach reflected in the Public Interest Disclosure Act 1998 (PIDA) (see the section 'What legislation is in place to protect me?').

17 Where possible, you should follow your employer's policy on raising concerns or whistleblowing. 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 can't find the policy, it can help to discuss things informally with a senior, impartial member of staff. They should ideally be an NMC registered nurse or midwife, such as one of the following.

17.1 Clinical supervisor.

17.2 Lead nurse, lead midwife or other professional or clinical lead.

17.3 University tutor or lecturer (if a student).

17.4 Mentor or practice placement manager (if a student).

17.5 Health and safety team (when the concern is about health and safety).

17.6 Risk, quality assurance or clinical governance team (when the issue is quality or risk).

18 Your concerns may not be limited to the care of a particular person, but about the overall standards of care or practice in an area. In these cases, you may find it helpful to speak to 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 so will be interested in knowing if things aren't as they should be.

19 A 'lead professional' has organisational responsibility for the quality of nursing or midwifery practice, and so will often investigate and work to settle concerns raised about practice and risk in these areas. They also might be able to help you better understand the standards or practice you are concerned about and offer the support you might need to raise your concerns.

20 It's also valuable to get advice on how to raise a concern from a representative of your professional body, trade union or Protect. They have a wealth of expertise, and can provide independent and confidential support during this process.

21 **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 immediately. You must act straight away to protect their safety.

Stage 1: Raising your concern with your line manager

22 Normally, you will be expected to raise your concern internally first, such as with your line manager. You can do this verbally or in writing. Be clear, honest and objective about the reasons for your concern.

23 You should keep a clear written record of your concern and any steps that you have taken to deal with the matter including who you raised the concern with and on what date, and an outline of your concern.

24 While 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 with a designated person

25 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. The designated person will normally be someone 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 in raising concerns

I have a concern about the safety or wellbeing of people in my care or in the environment in which I work

If there is an immediate risk of harm, report your concerns immediately to the appropriate person or authority

Stage 1: Raise your concern with your line manager

If you can't do this for whatever reason

Stage 2: Raise your concern with a designated person

Concern not dealt with properly, or immediate risk to others (or both)

Stage 3: Take your concern further to a higher level

Concern not dealt with properly, or immediate risk to others (or both)

You should get advice (see below)

Stage 4: Take your concern further to a healthcare regulatory organisation

If you feel unable to raise a concern at any level within the organisation

Key points

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

Getting advice

If you aren't sure about whether or how to raise a concern at any stage, you should get advice.

You can get independent, confidential advice from your professional body, trade union or Protect. Students can also speak to their university tutor or mentor.

Stage 3: Taking your concern to a higher level

26 If you have raised a concern with your line manager or with the designated person within your organisation, but feel they haven't dealt with it properly, you should raise your concern with someone more senior within your organisation. For example, in the NHS you could take your concern to your department manager, head of midwifery, director of nursing or chief executive. You may also choose to do this from the start if, for whatever reason, you feel unable to raise your concern with the internal staff mentioned in stages 1 and 2.

Stage 4: Taking your concern to a regulatory organisation or a helpline

27 If you have raised your concern internally but feel it hasn't been dealt with properly, or if you feel unable to raise your concern at any level in your organisation, you may want to get help from outside your place of work. For example, if you are a clinical leader, you may choose to do this if you feel your concerns haven't been dealt with adequately within your organisation.

28 So that your concern can be investigated and for your own protection under current legislation, you should use a recognised organisation that is responsible for investigating the issue. This could be a regulator of health or social care services, if your concern is about a health or care setting. If it is about individual professionals, then it could be a regulator of health or social care professionals.

29 For example, if you are working in England you may choose to raise your concerns directly with the Care Quality Commission (CQC), using the helpline they have set up to help staff raise concerns about the health or social care provider they work for. All information is treated in confidence and you don't have to give your name. The CQC provides detailed guidance for workers and service providers on their website, **www.cqc.org.uk/contact-us**.

30 If you work in England, you can raise your concerns through the NHS Whistleblowing Helpline. People working in the NHS and social care sector can use this helpline to report concerns about malpractice, wrongdoing, fraud or any other issues that could undermine public confidence and threaten patient safety. The service also provides advice and guidance for those who don't know what to do about their concerns, and can be used by employees, employers and professional or trade bodies through a free telephone hotline service, email or online forms. You can get more information on the Whistleblowing Helpline at **www.wbhelpline.org.uk.**

31 Before reporting your concerns to any regulatory organisation or hotline, we recommend that you get advice. This will help you to receive appropriate support and guidance in these difficult circumstances. We also suggest you tell your employer what action you are taking.

Raising your concern with the NMC

32 We have a page on our website dedicated to whistleblowing, **www.nmc.org.uk/whistleblowing**.

33 If you wish to raise a concern with us directly, please use our dedicated email address, **whistleblowing@nmc-uk.org**, or phone us on 020 7637 7181 for advice.

Raising your concern externally

34 You should only consider this if you have tried all of the above procedures and your concern hasn't been dealt with properly. Raising your concern 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 give you protection under PIDA in the most extreme circumstances and if it could clearly be shown that you were acting in the public interest. For more details of PIDA, see the section 'What legislation is in place to protect me?'.

35 If you are thinking of raising your concern externally, you should always get advice from your professional body, trade union or Protect.

The role of clinical leaders

36 We recognise the important role that clinical leaders play in raising concerns, particularly those who are nurses and midwives. 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.

37 If you are a clinical leader or hold a position where others may bring their concerns to you, you should do the following.

37.1 Make sure appropriate systems for raising concerns are in place and that all staff can access them. Consider whether staff can gain access confidentially to your organisation's whistleblowing or raising concerns policy.

37.2 Make sure staff can see all concerns are taken seriously, even if they are later seen to be unfounded.

37.3 Tell the employee who raised the concern how you propose to handle it in line with your employer's policies, and give a timeframe in which you will get back to them, both verbally and in writing.

37.4 Investigate concerns promptly and include a full and objective assessment.

37.5 Keep the employee who raised the concern up to date with what's happening. This will give them and others confidence in the system.

37.6 Take action to deal with the concern and, record and monitor this action.

37.7 Make sure staff who raise concerns are protected from unjustified criticism or actions.

37.8 Have processes in place to support employees raising concerns. This support may need to be offered confidentially from outside the organisation.

37.9 If harm has already been caused to a person in your care, explain fully and promptly what has happened and the likely outcomes. This duty is clearly supported by the Code.

38 We recognise that those in leadership positions, or managers of nurses, midwives and nursing associates, aren't always in a position to deal with the concerns raised to them, or may themselves feel that senior managers haven't done enough to sort out the matter. Clinical leaders can get support and advice at all levels from professional bodies, trade unions or Protect. Also, guidance for employers on putting whistleblowing arrangements in place, *Speak up for a healthy NHS* (NHS, 2010), has been produced by the Social Partnership Forum.

The role of employers

39 Employers have a key role to play in the whistleblowing process. In particular, NHS Employers supports NHS organisations to encourage openness at work so all staff can feel free to raise concerns in a reasonable and responsible way, without fear of being victimised.

40 NHS Employers is an organisation which provides guidance for employers in England. It helps them to put in place and develop polices and procedures that are targeted at helping NHS staff to report concerns about patient safety, or other issues, appropriately. It works closely with the national Whistleblowing Helpline which was launched in December 2011 to provide free, independent advice and support to NHS staff. It was later extended to cover all staff and employers working in the wider social care sector.

41 NHS Employers recognises the importance of understanding and being aware of the legislation to protect those who raise concerns. A whole section of its website provides guidance and resources to help employers to establish and develop systems which encourage early intervention. This also allows staff to feel confident enough to raise concerns and for all members of staff to recognise this as good professional practice.

42 The website directs employers to guidance, legislation, communication tools and frequently asked questions. It also provides guidance and further support for staff when they are considering whether to raise a concern.

43 For more information, please see the Whistleblowing: Raising concerns at work section on the NHS Employers' website, **www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-and-whistleblowing.**

44 Employers can also refer to our publication *Advice and information for employers of nurses, midwives and nursing associates* (NMC, 2012), **www.nmc-uk.org/Publications/Information-for-employers.**

What legislation is in place to protect me?

45 The Public Interest Disclosure Act (1998) (PIDA) was introduced to protect people who raise genuine concerns about wrongdoing or malpractice in the workplace, when they do so in good faith, are acting in the public interest and are victimised or dismissed (or both) for doing so. The act has a tiered approach to disclosures (whistleblowing) which gives workers protection for raising a concern internally.

46 Section 17 of the Enterprise and Regulatory Reform Act 2013 makes it clear that whistleblowing must be 'in the public interest' if the Act is to offer protection.

47 Also, there is protection for disclosures to all health and social care regulatory bodies as set out in the Public Interest Disclosure (Prescribed Persons) Order 2014. Disclosures to the NMC under these provisions may be made on:

"Matters relating to:

(a) the registration or regulation of a member of a profession regulated by the Council; and

(b) any activities not covered by (a) in relation to which the Council exercises its functions."

48 From 6 April 2015 whistleblower protection was extended to students on an NMC-approved training course if they make a 'qualifying disclosure' to us. This is under the Protected Disclosures (Extension of Meaning of Worker) Order 2015.

49 From 6 June 2014 under Schedule 1 of the Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014, employees in Northern Ireland will be protected from their employer if they make a 'protected disclosure' to a designated body. As we are listed as a designated body in Northern Ireland, employees there are protected from action by their employer if they disclose to us:

"Matters relating to:

(a) the registration and fitness to practise of a member of a profession regulated by the Council; and

(b) any activities not covered by (a) in relation to which the Council has functions."

50 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 get advice.

51 You can find more information about relevant legislation at **www.protect-advice.org.uk/law-policy**.

Where can I get help or advice?

Trade unions

Royal College of Nursing (RCN)
0345 772 6100
www.rcn.org.uk

Royal College of Midwives (RCM)
0300 303 0444
www.rcm.org.uk

UNISON
0800 084 7847
www.unison.org.uk

CPHVA/Unite
020 7611 2500
www.unitetheunion.org

Independent organisations

Protect
020 3117 2520
www.protect-advice.org.uk

Whistleblowing Helpline (England only)
08000 724 725
www.wbhelpline.org.uk

Medical Defence Union
0800 716 646
www.the-mdu.com

Medical and Dental Defence Union of Scotland
0333 043 4444
www.mddus.com

Regulatory organisations

Regulators of healthcare professionals

The Nursing and Midwifery Council
020 7637 7181
www.nmc.org.uk
whistleblowing@nmc-uk.org

General Medical Council
Regulator for medical doctors throughout the UK in all healthcare sectors
0161 923 6602
www.gmc-uk.org

Health and Care Professions Council
Regulator for the allied health professions and social workers in England
0300 500 6184
www.hpc-uk.org

Regulators of health and social care services

These organisations regulate healthcare systems and work settings.

England

Care Quality Commission
03000 616 161
www.cqc.org.uk

Ofsted
Regulator of education, early years and children's social care
0300 123 1231
www.ofsted.gov.uk

Department of Health (England)
020 7210 4850
www.dh.gov.uk

Professional Standards Authority for Health and Social Care
020 7389 8030
www.professionalstandards.org.uk

NHS Improvement
0300 123 2257
www.improvement.nhs.uk

Wales

Care and Social Services Inspectorate Wales
Responsible for social services and care homes.
0300 7900 126
www.cssiw.org.uk

Health Inspectorate Wales
Responsible for all NHS-funded care (including independent hospitals).
0300 062 8163
www.hiw.org.uk

Department for Health and Social Services (Wales)
English 0845 010 3300
Welsh 0845 010 4400
www.wales.gov.uk

Scotland

Care Inspectorate
0345 600 9527
www.careinspectorate.com

Healthcare Improvement Scotland
Edinburgh 0131 623 4300
Glasgow 0141 225 6999
www.healthcareimprovementscotland.org

The Scottish Government
0300 244 4000
www.gov.scot/health

Northern Ireland

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

Department of Health (Northern Ireland)
028 9052 0500
www.health-ni.gov.uk

Crown dependencies

Jersey

States of Jersey, Health and Social Services Department
01534 442 000
www.gov.je

Guernsey

States of Guernsey, Health and Social Services Department
01481 725 241
www.gov.gg

Isle of Man

Isle of Man Government, Department of Health and Social Care
01624 642 608
www.gov.im

Further reading

You should read this guidance together with the following.

NMC publications

- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018).
- Advice and information for employers of nurses, midwives and nursing associates (2014, updated 2016).

External publications

- Being open: communicating patient safety incidents with patients, their families and carers (2009) National Patient Safety Organisation.
- Confidentiality: NHS Code of Practice (2003) and supplementary code of practice on public interest disclosures (2010) Department of Health.
- NHS Constitution (2015) Department of Health.
- Care and support statutory guidance (2014, updated 2017) issued by the Department of Health under the Care Act 2014.
- 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.
- Bridging the Gap Summary Report (2013) Whistleblowing Helpline.
- Freedom to speak up: raising concerns policy for the NHS (2016) NHS Improvement.
- Raising concerns: a guide for RCN members (2015) Royal College of Nurses.

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The nursing and midwifery regulator for England,
Wales, Scotland and Northern Ireland

Raising concerns in your workplace: A toolkit for team discussions

This toolkit is designed to assist you in discussing the importance of raising concerns (whistleblowing) within your team or place of work. It consists of:

- a framework for preparing and implementing a team discussion
- four case studies for discussion.

Purpose of the team discussion

Guidance or policies on raising and escalating concerns are only useful if staff understand what they mean in their daily working lives. It is helpful to set aside some time to meet and discuss these in order to give all staff and managers the opportunity to:

- identify and manage risks (either actual or theoretical) that could put someone at risk of harm
- seek views from staff about how those risks should be managed
- discuss the value of an open and accountable workplace
- identify who is the nominated person within your local team or workplace to lead on the implementation of raising concerns guidance
- make all staff feel comfortable and confident to raise a concern about the safety of those in their care or other risks
- identify the designated person within your organisation to whom staff can raise or escalate a concern
- commit to managing concerns fairly and professionally and to protecting and supporting staff who raise a genuine concern
- understand the importance of what action to take and where to go when the usual channels of communication do not work for whatever reason.

Preparing for a team discussion

To prepare for the team discussion, you should:

- read your employer's raising concerns or whistleblowing policy
- read the NMC guidance and the case studies included in this toolkit
- if you have local staff-side representation, tell them what you are working on, and invite them to attend the meeting
- find out who is the designated person for staff within your organisation to whom concerns can be raised and invite them to attend
- ask all attendees to read your employer's raising concerns or whistleblowing policy and the NMC guidance.

Using the case studies

Choose a case study and work through it, allowing sufficient time for discussion between each stage. Questions which might be useful to consider throughout the case study discussion are:

- What went wrong?
- Why?
- What could or should have been done differently?
- How would a pre-existing policy, on how and to whom a concern can be raised, have helped?

Questions for general discussion

The following questions may help you guide the overall discussion:

- To what extent do you think your colleagues (for example receptionists, nurses, midwives, nursing associate, students or other health care professionals) would be prepared to speak up if they were concerned about the likelihood of something going wrong in their workplace or an actual incident?
- Why is it important to raise concerns early?
- Why might someone initially want to speak in private about a concern?
- What difficulties may arise for your workplace or for staff when a concern is not raised openly?
- What difficulties may arise for your workplace or for staff if a concern is raised, but not addressed?

- Why is it important to feed back to the person who has raised the concern about what action has been taken?
- Why is it important for staff to know they can contact the designated person in the organisation?
- Why is it important to tell staff they can seek independent confidential advice from Public Concern at Work, their professional body or trade union?
- Where is the best place for the poster to be displayed?

Agreeing your policy and briefing staff

Review your raising concerns (whistleblowing) policy and ensure employment contracts do not send a contrary message. Staff may have identified particular risks worth incorporating but remember not to be too prescriptive as you may not yet know what risks your practice area faces.

- Select a range of staff to read the policy. Ask them if it is clear and if they know what to do. Do they have any suggestions to make?
- Ensure that contact details for the designated person in your organisation are correct.
- Consider how to regularly convey the simple messages of acceptable conduct, good practice, and early and open communication.
- Agree the final policy, set action points and review them at each team meeting.

Promoting the importance of raising concerns

- Display the poster prominently.
- Make raising concerns part of staff induction and ensure new staff see the poster.
- Confirm your organisation’s commitment to a culture where raising and escalating concerns is openly encouraged.
- Review arrangements for raising concerns at least once a year.

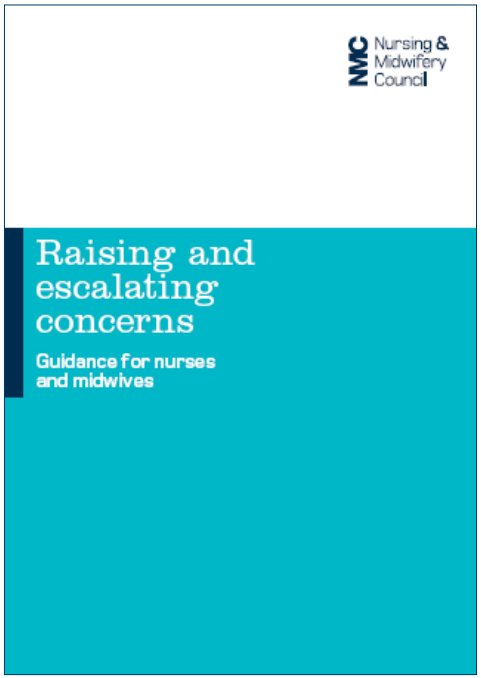
Nursing & Midwifery Council

Raising and escalating concerns: Guidance for nurses and midwives

Nursing & Midwifery Council

Raising and escalating concerns

Guidance to support nurses and midwives who wish to raise or escalate concerns about the safety or wellbeing of people in their care, and their families



Nursing & Midwifery Council

What do we mean by guidance?

Rules and standards

- Nurses and midwives **must comply**

Guidance

- Best practice that nurses and midwives **should follow**

Advice

- **Supports** nurses and midwives in practice

Nursing & Midwifery Council

The purpose of the guidance

The guidance supports nurses and midwives who wish to raise concerns about the wellbeing of people in their care, and:

- explains the processes you should follow
- provides information about relevant legislation
- identifies sources of confidential support and advice

Nursing & Midwifery Council

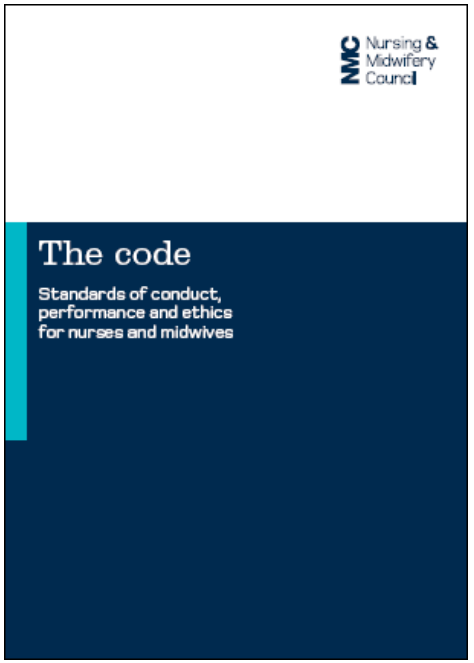
Who is this guidance for?

- All nurses and midwives
- Pre-registration nursing and midwifery students
- Applicable to all practice environments
- The principles apply to all healthcare professionals

Nursing & Midwifery Council

Your role in raising concerns

- The code (NMC, 2008) sets out the core standards that we expect of nurses and midwives and to which we hold them accountable



Nursing & Midwifery Council

The code: Managing risk

- You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk
- You must inform someone in authority if you experience problems that prevent you working within this code or other nationally agreed standards

Nursing & Midwifery Council

The code: Managing risk

- You must report your concerns in writing if problems in the environment of care are putting people at risk
- As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions

NMC Nursing & Midwifery Council

Raising a concern or making a complaint?

Raising a concern

- Worried about an issue, wrongdoing or risk
- Witnessed, observed, or been made aware of a risk or unsatisfactory situation

Making a compliant

- Complaint about your personal treatment, and seeking resolution for yourself

If you are unsure, seek advice

Nursing & Midwifery Council

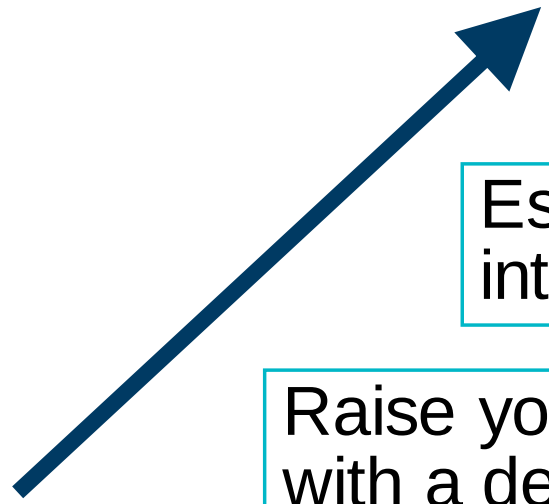
Concerns may include

- Delivery of care
- Risks to health and safety
- Environment of care
- Fitness to practise
- Misuse or unavailability of clinical equipment

What examples can you think of in your workplace?

Nursing & Midwifery Council

Raising concerns: A staged process



Escalate your concern to a regulatory organisation

Escalate your concern internally to a higher level

Raise your concern internally with a designated person

Raise your concern with your line manager

Nursing & Midwifery Council

Key principles

- Put the interests of patients and clients first
- Take immediate or prompt action
- ‘Doing nothing’ is not an option
- Refer to local policies and safeguarding procedures
- Don’t go it alone – seek independent, confidential advice
- Keep an accurate record

Nursing & Midwifery Council

Use the guidance to help safeguard the public

- Actively promote and discuss this guidance in your workplace
- Look at the case studies and team discussion notes in your team
- [Insert other ideas on how your workplace can use the guidance]
- [Insert name and contact details of the nominated contact person in your workplace]

Nursing & Midwifery Council

Use the guidance to help safeguard the public

Visit **www.nmc-uk.org/raisingconcerns** to:

- provide us with feedback on how the guidance is received and working in practice
- order copies of the guidance and poster for your workplace or team
- download case studies and discussion notes for your workplace or team

Nursing & Midwifery Council

Thank you

Your nominated contact is: [insert contact details of nominated person in your organisation]

Royal College of Nursing

Raising and Escalating Concerns

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Raising & Escalating Concerns: a guide for nurses, nursing associates, students and health care support workers

For the purposes of this guidance, raising concerns is defined as identifying an issue and bringing it to the attention of a colleague or manager. Escalating concerns is defined as taking a concern further by submitting evidence and going through the formal organisation processes.

1. Why should I raise a concern?

In health care it has long been recognised that a culture that promotes learning is required to ensure patient safety and promote high-quality person-centred care. You should therefore be confident that doing the right things – reporting incidents, near misses and concerns, being candid about mistakes, talking openly about errors and sharing ideas for improvements – are all welcomed and encouraged. You should be confident that your team and organisation will focus on system learning, not individual blame and you should be psychologically safe when raising concerns.

Psychological safety relates to an individual's perspective on how threatening or rewarding it is to take interpersonal risks at work. For instance, is this a place where new ideas are welcomed and built upon? Or picked apart and ridiculed? Will my colleagues embarrass or punish me for offering a different point of view or for admitting I don't understand?

A key component of psychological safety is it is usually experienced at group level – most people in a team tend to have the same perceptions of it, so if you feel unsupported at work your colleagues probably feel that as well.

In some teams and/or organisations the prospect of raising a concern about care being delivered or the environment you are working in can be daunting to contemplate. There may be times when you find yourself worried or concerned by what is happening around you that is impacting, or may impact, on the safety of those in your care and/or your own or your colleague's safety or wellbeing.

We know raising concerns or speaking up is not always easy, however the health, safety and wellbeing of those around you, including yourself, must be a priority and any delay in reporting your concerns could have a negative impact for those people. It is important to remember that it is in everyone's best interest (patients, staff and managers) to identify when something isn't right, learn from this and make improvements.

Raising and escalating concerns is a central clause in the Nursing and Midwifery Council (NMC) Code, which says nurses must "act without delay if you believe that there is a risk to patient safety or public protection" (NMC, 2018).

The requirement to report concerns is often included in employment contracts, and within the roles and responsibilities set out in job descriptions. These usually state that staff members must notify relevant managers, leaders, educators or regulating organisations or authorities if they have any concerns relating to the health, safety and wellbeing of themselves, colleagues or those in their care.

Key messages

All registered nurses, nursing associates and HCSWs have a duty to raise concerns.

Raising a concern is the right thing to do. It is about safeguarding and protecting, as well as learning from a situation and making improvements.

What types of concern should I raise?

It can sometimes be hard to know whether you should raise a concern. You should be guided by this question: if you let the situation carry on is it likely to result in harm to yourself or others?

If in doubt, you should always err on the side of caution and raise your concern following your employer's (or HEI if a student) policy.

Issues you might have concerns about could include:

- unsafe patient care or dignity being compromised
- inability to meet the care of patients in your caseload (remember to document missed care in patients record and in organisation's risk management system)
- unsafe working conditions
- increased workloads
- reduced or insufficient staff numbers and/or skill mix
- inadequate induction or training for staff or support for students
- inadequate response to a reported patient safety incident
- suspicions of fraud
- bullying towards patients or colleagues, or a bullying culture.

You can use the RCN's raising and escalating concerns flowchart (appendix 1) to help you decide whether to raise a concern and when to escalate a concern.

Being asked to cover up any risk, inappropriate behaviour or action is wrong. If you are asked not to raise or pursue any concern, even by a person in authority such as a manager, you should not agree. You should escalate your concerns following the steps outlined.

At any stage when raising or escalating a concern, you can contact the RCN for confidential support and advice by calling the RCN on 0345 772 6100 or talking to your local RCN Safety Representative or Steward.

How do I report a concern?

If your concern poses an immediate risk to health and safety of staff and/or patient safety, raise this immediately verbally to the person identified as 'in charge' of shift, line manager or duty manager and follow it up with a written summary using the formal risk management reporting method. If the issue cannot be resolved locally and continues to pose a risk, escalate concern immediately to the next level within your organisational managerial or professional structure.

In all other circumstances read your employer's raising concerns policy. Organisations should have effective procedures in place to allow all staff to raise any concerns they may have in relation to care provided, equipment, working environment, policies and processes.

You should be able to find your local policy on your employer's website. It may also be called speaking up or whistleblowing. See what a model policy should look like in:

- England
- Scotland
- Wales
- Northern Ireland.

Follow your employer's policy and raise your concern.

When you have identified the right person to approach, you can raise your concern either verbally or in writing. You should:

1. **keep to the facts:** give accurate detail about the issue(s) you're concerned with. If there is a specific policy/guideline not being adhered to, state this
2. **stay neutral:** even if you are upset it is important you are clear about the concerns you have and what impact, or possible impact, to the safety and/or the care you provide
3. **keep a record:** you may have put your concern in writing or raised it verbally but it's important you make a dated record of what you said. Include key details of what happened, where, when and who was involved
4. **get support:** raising a concern is not always easy so getting support for you is important. This may be from a colleague and/or the RCN. You can contact your local RCN Safety Representative, RCN Steward, or RCN Direct on 0345 772 6100.

NB. As a student you should initially raise your concern with your practice supervisor/practice assessor, or the clinical manager of the practice learning environment. If for any reason you are reluctant to raise a concern with clinical staff you should follow your HEI institution's raising concerns guidance, seek support from the RCN and raise your concern with the academic lecturer designated to your practice learning experience. Concerns must be raised verbally with your academic lecturer and you should keep a factual record of the events at the time of the event, a copy of which will be placed in your file. You may be asked at a later date to write a factual statement with the help of your academic lecturer and/or the RCN. The earlier an expression of concern is made, the easier it is to take action.

What should I expect when raising a concern?

All health professionals must feel confident that if they raise a concern they will be supported – particularly since this is a duty they are expected to fulfil. Managers dealing with concerns should not be focused on judging and accusing – instead they should explore an issue in an open, transparent manner to allow for timely evidence, solutions, recommendations to ensure appropriate action and improvements.

Therefore, if you raise a concern you should expect to:

- be treated fairly
- feel listened to and have your concerns taken seriously
- have access to incident reporting mechanisms such as Datix or other local system for reporting adverse events, or near misses
- receive timely and constructive feedback, including actions taken to resolve your concern.

The person you have spoken to:

- should thank you for speaking up and listen carefully
- maintain your confidentiality
- tell you what they are going to do
- may need to investigate your concern
- will decide on the most appropriate action to take
- communicate what action has been taken maintaining confidentiality if required.

You should not be subjected to detrimental treatment, such as unwarranted criticism, disapproval or disciplinary action as a result of raising the concern. If you think you are in this situation seek advice and support. If your concerns remain unresolved, seek advice and escalate your concerns (see RCN Raising and Escalating Concerns Flowchart).
You can contact your local RCN Safety Representative, RCN Steward, or RCN Direct on 0345 772 6100.

What happens if my line manager does not act on or resolve my concerns?

If you feel unable to raise your concern with your line manager or feel your concern has not been acted on, you could raise your concern with the **designated person** in your organisation or take your concern to a **higher level** (eg, a more senior manager or a senior nurse).

You should be able to find out who the designated person is by looking at your employer's raising concerns or whistleblowing policy. The designated person will normally be someone 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.

Alternatively, if you have raised a concern with your line manager and/or designated person but feel they have not dealt with it properly, you should raise your concern with **someone more senior within your organisation**. For example, in the NHS you could take your concern to your department manager, nurse manager/matron, head of midwifery,

associate director/director of nursing or chief executive. You may also choose to do this from the start if, for whatever reason, you feel unable to raise your concern with the internal staff mentioned above.

If you have raised your concern internally but feel it has not been dealt with properly, or if you feel unable to raise your concern at any level in your organisation, you may want to get help **from outside your place of work for example, regulator of health or social care services or regulator of health or social care professionals or whistleblowing hotline**. This is so that your concern can be investigated under current legislation and for your own protection.

Raising your concern externally (for example to the media or a politician) without clear evidence of first raising the concern internally or with a regulatory organisation, would only be considered appropriate and give you protection under the Public Interest Disclosure Act (1998) (PIDA) in the most extreme circumstances and if it could clearly be shown that you were acting in the public interest.

The PIDA protects most workers in the public, private and voluntary sectors. The Act protects workers from detrimental treatment or victimisation from their employer if, in the public interest, they blow the whistle on wrongdoing. The Act has a tiered approach to disclosures (whistleblowing) which gives workers protection for raising a concern internally.

Where can I get help or advice?

Royal College of Nursing (RCN)
0345 772 6100
rcn.org.uk

nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/

Other regulatory and investigatory bodies

Care Quality Commission cqc.org.uk See also *Raising a concern with CQC: A quick guide for health and care staff about whistleblowing* (2011)

Monitor www.gov.uk/monitor

NHS England (National Patient Safety Agency) england.nhs.uk

Professional Standards Authority professionalstandards.org.uk

Northern Ireland Regulation and Quality Improvement Authority in Northern Ireland rqia.org.uk

Scotland The Care Inspectorate scswis.com

Healthcare Improvement Scotland healthcareimprovementscotland.org

General Medical Council
Raising and acting on concerns about patient safety gmc-uk.org

Wales Healthcare Inspectorate Wales Website: hiw.org.uk

2. Responding to concerns: a guide for nurses who manage staff

A workplace culture is the product of the attitudes and behaviours that exist there.

A safety culture is the product of the attitudes towards safety issues and the way work hazards are managed.

For a safe organisation, staff need to be confident that doing the right things – reporting incidents, near misses and concerns, being candid about mistakes and talking openly about error – are all welcomed and encouraged. They need to know that the organisation will focus on system learning, not individual blame and believe they are psychologically safe when raising concerns or putting forward ideas for improvement.

Your professional duties

As a clinical leader you have 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.

It is important that leaders create 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. Where leaders really care for staff and ensure that they are supported and equipped to provide high quality care to patients.

The NMC (2018) is clear that 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.

If you are a clinical leader or hold a position where others may bring their concerns to you, you must create a culture in which all staff can raise concerns openly and safely following NMC Raising concerns: Guidance for nurses, midwives and nursing associates (2018) in particular section 38 which details the following actions.

- Make sure appropriate systems for raising concerns are in place and that all staff can access them. Consider whether staff can gain access confidentially to your organisation's whistleblowing or raising concerns policy.
- Make sure staff can see all concerns are taken seriously, even if they are later seen to be unfounded.
- Tell the employee who raised the concern how you propose to handle it in line with your employer's policies, and give a timeframe in which you will get back to them, both verbally and in writing.
- Investigate concerns promptly and include a full and objective assessment.
- Keep the employee who raised the concern up to date with what's happening. This will give them and others confidence in the system.
- Take action to deal with the concern and, record and monitor this action.

- Make sure staff who raise concerns are protected from unjustified criticism or actions.
- Have processes in place to support employees raising concerns. This support may need to be offered confidentially from outside the organisation.
- If harm has already been caused to a person in your care, explain fully and promptly what has happened and the likely outcomes. This duty is clearly supported by the NMC's Code.

In addition, as a staff manager or leader, it is important that you understand and follow your organisation's raising concerns policy when concerns are raised. The policy should set out the difference between:

- a personal grievance – which HR can advise on
- a concern that is in the public interest.

This could be about:

- unsafe patient care or dignity being compromised
- inability to meet the care of patients in your caseload (remember to document missed care in patients record and in organisation's risk management system)
- unsafe working conditions
- a lack of care by other professionals
- increased workloads
- reduced or insufficient staff numbers and/or skill mix
- inadequate induction or training for staff
- inadequate response to a reported patient safety incident
- suspicions of fraud
- bullying towards patients or colleagues, or a bullying culture.

When discussing a concern with staff, you will need to identify the type of concern being raised and the policy that applies.

When staff raise a concern, you should always:

1. thank them
2. treat their concern seriously and listen carefully
3. respect confidentiality as far as reasonably possible
4. manage their expectations - if it is clear that the concern does not fall within the raising concerns policy, you need to explain this
5. explain what advice and support is available to them

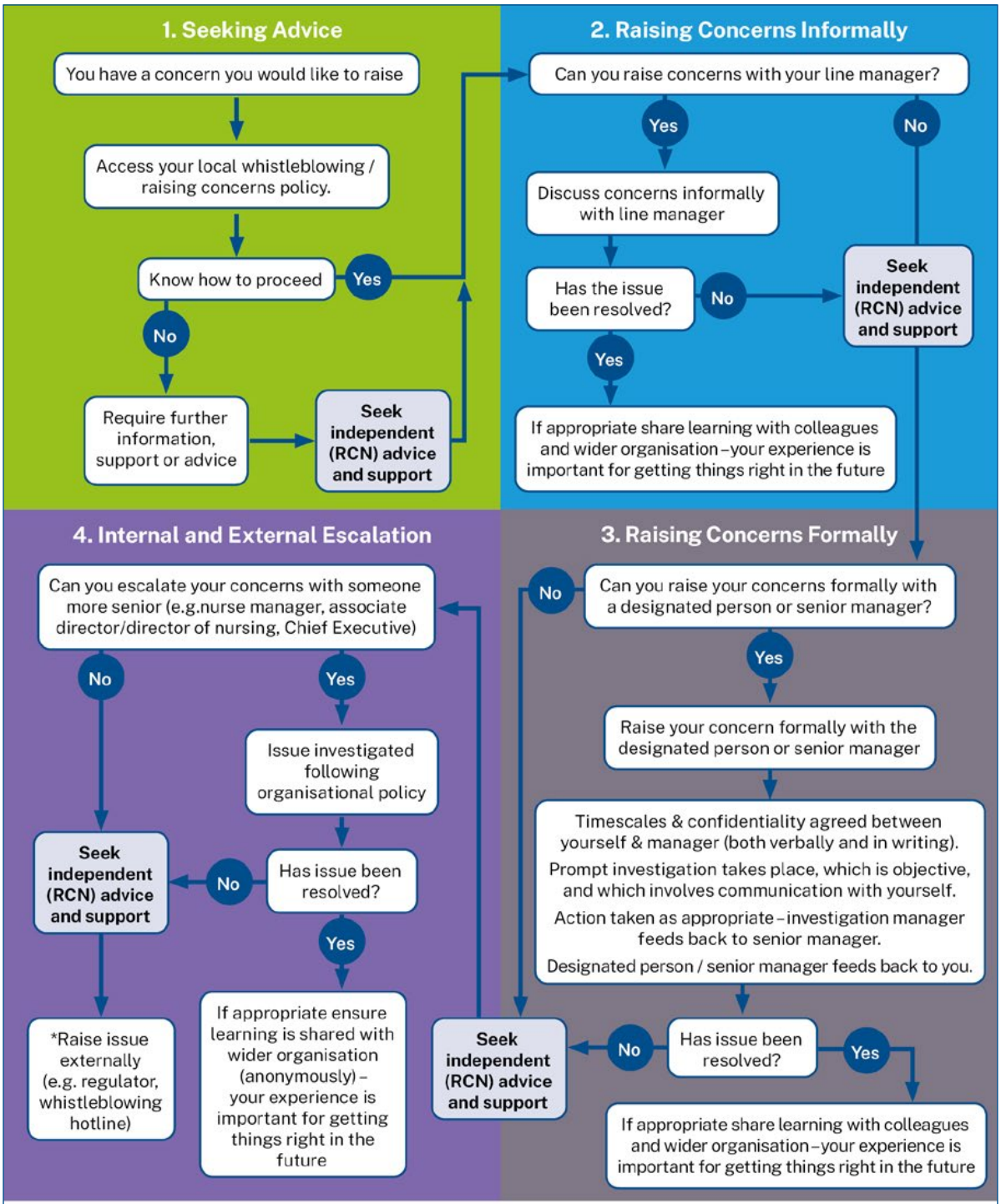
6. assess whether immediate action is necessary to address any risk to patient safety
7. record any risk as per organisation policies and procedures and put in place any mitigating action that you can reasonably undertake within the resources and authority you have
8. escalate concerns/risks and seek support if mitigating actions are out with your level of authority, or require more sustainable solutions or resources.

You may need to conduct an investigation. If possible, you should tell the staff member raising the concern about any outcomes or actions. You will need to consider whether any information is confidential and whether it can be shared or not.

If the individual is unhappy with the way their concern has been handled, you should tell them how to escalate their concern following your employer's raising concerns policy.

It is important to keep notes of conversations and actions taken throughout the process.

Appendix 1: Raising and escalating concerns flowchart



*Raising your concern externally without clear evidence of first raising the concern internally or with a regulatory organisation, would only be considered appropriate and give you protection under PIDA in the most extreme circumstances and if it could clearly be shown that you were acting in the public interest.

For help and advice on any aspect of raising and escalating a concern:
Royal College of Nursing (RCN)
0345 772 6100 **www.rcn.org.uk**

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

RCN Direct
rcn.org.uk/direct
0345 772 6100

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Northern Ireland Practice and Education Council for Nursing and Midwifery

Final Report

Developing Processes and Positive Cultures to Support Nurses and Midwives to Raise Concerns in HSC Trusts

Introduction

Nursing and midwifery leaders have an important role overseeing an effective culture that promotes raising concerns and are required to encourage and facilitate those delivering care and receiving care to also appropriately raise their concerns (NMC 2015). Ensuring an open and transparent culture in line with the Nursing and Midwifery Council's Code (NMC 2018) as well as our professional duty of candour requires appropriate systems to be in place to enable concerns to be raised, appropriate action to be taken in conjunction with feedback and monitoring to ensure learning takes place and that patients, families and carers are part of this process.

Background

In 2014 the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the Royal College of Nursing (RCN) were asked 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. A number of consistent messages emerged from this work which was presented through the Chief Nursing Officer (CNO) to the Central Nursing and Midwifery Advisory Committee (CNMAC). It was clear that the promotion of an open work environment in which staff are encouraged as well as accountable for raising concerns about the safety of people in their care is a key attribute of a healthy culture and an effective work environment that helps protect patients/clients as well as staff. Nurse/Midwife leaders are equally responsible for making sure appropriate systems for raising concerns are in place and that they take action to deal with concerns raised, record this appropriately and monitor any resulting actions.

From this, NIPEC was asked by the CNO in 2017, through CNMAC, to develop and agree standardised job roles for Agenda for Change (AfC) 8A Lead Nurses and Lead Midwives to focus on the professional governance, regulatory, safety and quality requirements of the role. The development of these roles should 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.

Project Aim and Objectives

Project Aim

To enable and support registrants to effectively raise concerns in accordance with the NMC Code (2018).

Project 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 Band 8A/8B Lead Nurse, Lead Midwife role.
4. Scope Health and Social Care (HSC) Trust wide processes for raising concerns, logging reported concerns and providing feedback on actions 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.

Project Findings

Questionnaires were distributed to a convenience sample of nurses and midwives undertaking study days at HSC Leadership Centre, HSC Clinical Education Centre and RCN; a total of 330 registrants were surveyed.

Most respondents are aware of the process to raise a concern. Approximately one third of respondents had occasion to raise concerns and the comments they provided indicated that in some cases they felt well supported in the process. However, the qualitative feedback supports the findings within the wider national literature that for a considerable number of nurses and midwives raising concerns remains a difficult process with a significant number expressing unease about how their concerns are received and dealt with.

Standardised Job Description Statements

Standardised job description statements were developed which aim 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 statements were shared with the Directors of Human Resources (HR) Forum by their representative on the Steering Group.

Whistleblowing Policies and Procedures

Whistleblowing policies and procedures for raising concerns at work have been developed by each of the five HSC Trusts which reflect the Department of Health (DoH) (2017) Framework and Model Policy. A variety of processes relating to the provision of training and ongoing education on raising concerns are identified which included engagement with HR. The main method of training is via induction programmes and the training of managers and key staff. A range of methods are identified, across the Trusts, to raise the profile of the Raising Concerns Policy, despite this some respondents to the survey reported that they would appreciate more information and training on the process to raise concerns and on who to contact if they have concerns.

Conclusions

Nurses and Midwives continue to have anxieties about how their concerns will be received by their managers and colleagues. They do not always believe that action will be taken on their concerns and have not always received feedback related to the concerns that they have raised.

There remains confusion as to how raising a concern differs from whistleblowing and it is important that registrants have clarity as to which mechanism is appropriate when they have concerns.

It is also clear that the findings of this project have relevance for all nurses and midwives regardless of whether they work in the HSC or the Independent Sector.

Recommendations

The following recommendations were agreed through the CNO Business meeting in February 2019: -

Recommendation 1
Following endorsement of the Job Description Statements HSC Bodies should ensure that they are incorporated into all Nursing and Midwifery Job Descriptions regardless of role. The third statement is specific to Band 8A (and above) roles.

Standardised Job Description Statements

- The post holder will promote and support effective team working, fostering a culture of openness and transparency.
- The post holder will ensure that they take all concerns raised with them seriously and act in accordance with: The Code (NMC 2018) particularly sections 16 and 17, as well as the Employer's Raising Concerns Policy.
- The post holder will, in the event of a concern being raised with them, ensure that feedback/learning is communicated at individual, team and organisational level (as per HSC Trust policy) regarding concerns and how they were resolved.

As a second phase of this project: -

Recommendation 2
Adapt and adopt the agreed Job Description Statements for inclusion in all nursing and midwifery job descriptions regardless of grade or role.

Recommendation 3
In the context of Enabling Professionalism, support the learning and development of nurses and midwives in raising concerns. Specifically resources should be identified which offer support to nurses and midwives involved in the management of concerns once they have been raised or escalated. This will include: -

- extant guidance from the NMC and policies and procedures within the HSC and will align with the outworking of the HSC Leadership Strategy (DoH, 2017) and the NI work on Duty of Candour
- case studies which support registrants to understand when and how to raise concerns.

References

Department of Health (2017) *HSC Collective Leadership Strategy*. Belfast: DoH.

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

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. London: NMC.

For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the NIPEC website
www.nipec.hscni.net

APRIL 2019

Guidance for doctors

Good Medical Practice

General Medical Council

Regulating doctors
Ensuring good medical practice

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Good Medical Practice

Good Medical Practice came into effect on 13 November 2006.

General Medical Council

Regulating doctors
Ensuring good medical practice

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About Good Medical Practice

Good Medical Practice sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors.

We have provided links* to other guidance and information which illustrate how the principles in *Good Medical Practice* apply in practice, and how they may be interpreted in other contexts; for example, in undergraduate education, in revalidation, or in our consideration of a doctor's conduct, performance or health through our fitness to practise procedures. There are links to:

- supplementary guidance and other information from the GMC
- cases heard by GMC fitness to practise panels, which provide examples of where a failure to follow the guidance in *Good Medical Practice* has put a doctor's registration at risk (available on-line only)
- external (non-GMC) sources of advice and information.

You can access all these documents on our website, or order printed versions of the GMC documents by contacting publications@gmc-uk.org (phone: 0161 923 6315).

*Please check the GMC website for the most up-to-date links: www.gmc-uk.org/guidance

How Good Medical Practice applies to you

The guidance that follows describes what is expected of all doctors registered with the GMC. It is your responsibility to be familiar with *Good Medical Practice* and to follow the guidance it contains. It is guidance, not a statutory code, so you must use your judgement to apply the principles to the various situations you will face as a doctor, whether or not you hold a licence to practise and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

In *Good Medical Practice* the terms 'you must' and 'you should' are used in the following ways:

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can comply with the guidance.

Serious or persistent failure to follow this guidance will put your registration at risk.

See GMC guidance on the meaning of fitness to practise

Good Doctors

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues*, are honest and trustworthy, and act with integrity.

* Those a doctor works with, whether or not they are also doctors.

Good clinical care

Providing good clinical care

2 Good clinical care must include:

(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient

(b) providing or arranging advice, investigations or treatment where necessary

(c) referring a patient to another practitioner, when this is in the patient's best interests.

2b. See paragraph 21b and GMC consent guidance

3 In providing care you must:

(a) recognise and work within the limits of your competence

(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs

3b. See GMC prescribing guidance paragraph 40

(c) provide effective treatments based on the best available evidence

(d) take steps to alleviate pain and distress whether or not a cure may be possible

3d. See paragraph 21b and GMC guidance on treatment and care towards the end of life

(e) respect the patient's right to seek a second opinion

(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment

(g) make records at the same time as the events you are recording or as soon as possible afterwards

(h) be readily accessible when you are on duty

(i) consult and take advice from colleagues, when appropriate

(j) make good use of the resources available to you.

3j. See GMC management guidance

Supporting self-care

4 You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.

4. See endnote 1

Avoid treating those close to you

5 Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship.

5. See paragraph 77 and GMC prescribing guidance paragraphs 4 and 13–16

Raising concerns about patient safety

6 If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further. You must record your concerns and the steps you have taken to try to resolve them.

6. See paragraphs 43–45, GMC management guidance, and GMC guidance on raising concerns

Decisions about access to medical care

7 The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.

7. See GMC guidance on personal beliefs and GMC guidance on valuing diversity

8 If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role.

8. See GMC guidance on personal beliefs

* This includes your views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

9 You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety is or may be seriously compromised, you must follow the guidance in paragraph 6.

9. See paragraph 6

10 All patients are entitled to care and treatment to meet their clinical needs. You must not refuse to treat a patient because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for treatment.

Treatment in emergencies

11 In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.

Maintaining good medical practice

Keeping up to date

12 You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.

12. See GMC guidance on continuing professional development and endnote 2

13 You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

Maintaining and improving your performance

14 You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must:

- **(a)** maintain a folder of information and evidence, drawn from your medical practice
- **(b)** reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation
- **(c)** take part in regular and systematic audit
- **(d)** take part in systems of quality assurance and quality improvement
- **(e)** respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary
- **(f)** help to resolve uncertainties about the effects of treatments
- **(g)** contribute to confidential inquiries and adverse event recognition and reporting, to help reduce risk to patients
- **(h)** report suspected adverse drug reactions in accordance with the relevant reporting scheme
- **(i)** co-operate with legitimate requests for information from organisations monitoring public health – when doing so you must follow the guidance in *Confidentiality*.

14a, b. See GMC GMP framework document.

14e. See endnote 3

14g. See endnote 4

14h. See GMC prescribing guidance and endnote 5

14i. See GMC confidentiality guidance

Teaching and training, appraising and assessing

15 Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.

16 If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.

17 You must make sure that all staff for whom you are responsible, including locums and students, are properly supervised.

18 You must be honest and objective when appraising or assessing the performance of colleagues, including locums and students. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

19 You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct.

19. See paragraph 63 and GMC guidance on writing references

Relationships with patients

The doctor-patient partnership

20 Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.

21 To fulfil your role in the doctor-patient partnership you must:

- **(a)** be polite, considerate and honest
- **(b)** treat patients with dignity
- **(c)** treat each patient as an individual
- **(d)** respect patients' privacy and right to confidentiality
- **(e)** support patients in caring for themselves to improve and maintain their health
- **(f)** encourage patients who have knowledge about their condition to use this when they are making decisions about their care.

21b. See GMC guidance on maintaining boundaries

21d. See GMC confidentiality guidance

21e. See endnote 1

Good communication

22 To communicate effectively you must:

(a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences

(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties

22b. See GMC consent guidance paragraphs 7-36

(c) respond to patients' questions and keep them informed about the progress of their care

(d) make sure that patients are informed about how information is shared within teams and among those who will be providing their care.

22d. See GMC confidentiality guidance paragraph 7, and 25-32

23 You must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs.

23. See GMC consent guidance paragraph 21

Children and young people

24 The guidance that follows in paragraphs 25–27 is relevant whether or not you routinely see children and young people as patients. You should be aware of the needs and welfare of children and young people when you see patients who are parents or carers, as well as any patients who may represent a danger to children or young people.

24. See GMC 0-18 guidance

See endnote 6

25 You must safeguard and protect the health and well-being of children and young people.

26 You should offer assistance to children and young people if you have reason to think that their rights have been abused or denied.

27 When communicating with a child or young person you must:

(a) treat them with respect and listen to their views
(b) answer their questions to the best of your ability
(c) provide information in a way they can understand.

28 The guidance in paragraphs 25–27 is about children and young people, but the principles also apply to other vulnerable groups.

Relatives, carers and partners

29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in *Confidentiality*.

29. See endnote 7 and GMC confidentiality guidance including paragraphs 64-66

Being open and honest with patients if things go wrong

30 If a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully and promptly to the patient what has happened, and the likely short-term and long-term effects.

30. See endnote 8

31 Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology. You must not allow a patient's complaint to affect adversely the care or treatment you provide or arrange.

Maintaining trust in the profession

32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.

32. See GMC guidance on maintaining boundaries

33 You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.

33. See GMC guidance on personal beliefs

34 You must take out adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme, in your patients' interests as well as your own.

35 You must be familiar with your GMC reference number. You must make sure you are identifiable to your patients and colleagues, for example by using your registered name when signing statutory documents, including prescriptions. You must make your registered name and GMC reference number available to anyone who asks for them.

35. See GMC guidance on reference numbers

Consent

36 You must be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. Usually this will involve providing information to patients in a way they can understand, before asking for their consent. You must follow the guidance in *Seeking patients' consent: The ethical considerations,* which includes advice on children and patients who are not able to give consent.

36. See GMC consent guidance, GMC consent to research guidance, and GMC good practice in research guidance paragraphs 28-30

Confidentiality

37 Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in *Confidentiality*.

37. See GMC confidentiality guidance

Ending your professional relationship with a patient

38 In rare circumstances, the trust between you and a patient may break down, and you may find it necessary to end the professional relationship. For example, this may occur if a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. You should not end a relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications* of the patient's care or treatment.

39 Before you end a professional relationship with a patient, you must be satisfied that your decision is fair and does not contravene the guidance in paragraph 7. You must be prepared to justify your decision. You should inform the patient of your decision and your reasons for ending the professional relationship, wherever practical in writing.

39. See paragraph 7

40 You must take steps to ensure that arrangements are made promptly for the continuing care of the patient, and you must pass on the patient's records without delay.

* If you charge fees, you may refuse further treatment for patients unable or unwilling to pay for services you have already provided. You must follow the guidance in paragraph 39.

Working with colleagues

Working in teams

41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:

41. See endnote 9

(a) respect the skills and contributions of your colleagues
(b) communicate effectively with colleagues within and outside the team
(c) make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
(d) participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies
(e) support colleagues who have problems with performance, conduct or health.

42 If you are responsible for leading a team, you must follow the guidance in *Management for doctors*.

42. See GMC management guidance

Conduct and performance of colleagues

43 You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.

43. See GMC confidentiality guidance paragraph 20 and *Confidentiality: Disclosing information about serious communicable diseases* paragraphs 4-5, and the following GMC guidance on: referring a doctor, raising concerns, and management

44 If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation, or the GMC for advice.

44. See GMC guidance on raising concerns

45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in *Management for doctors*.

45. See GMC management guidance

Respect for colleagues

46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.

46. See GMC guidance on valuing diversity

47 You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

Arranging cover

48 You must be satisfied that, when you are off duty, suitable arrangements have been made for your patients' medical care. These arrangements should include effective hand-over procedures, involving clear communication with healthcare colleagues. If you are concerned that the arrangements are not suitable, you should take steps to safeguard patient care and you must follow the guidance in paragraph 6.

48. See paragraph 6

* This includes your views about a colleague's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

Taking up and ending appointments

49 Patient care may be compromised if there is not sufficient medical cover. Therefore, you must take up any post, including a locum post, you have formally accepted, and you must work your contractual notice period, unless the employer has reasonable time to make other arrangements.

49. See GMC appointments guidance

Sharing information with colleagues

50 Sharing information with other healthcare professionals is important for safe and effective patient care.

50. See endnote 9 and GMC confidentiality guidance paragraphs 25-32

51 When you refer a patient, you should provide all relevant information about the patient, including their medical history and current condition.

52 If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.

53 If a patient has not been referred to you by a general practitioner, you should ask for the patient's consent to inform their general practitioner before starting treatment, except in emergencies or when it is impractical to do so. If you do not inform the patient's general practitioner, you will be responsible for providing or arranging all necessary after-care.

Delegation and referral

54 Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.

55 Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.

Probity

Being honest and trustworthy

56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.

57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.

58 You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.

58. See GMC guidance on reporting convictions

59 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

Providing and publishing information about your services

60 If you publish information about your medical services, you must make sure the information is factual and verifiable.

61 You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

62 You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.

Writing reports and CVs, giving evidence and signing documents

63 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

63. See endnote 11

64 You must always be honest about your experience, qualifications and position, particularly when applying for posts.

65 You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

65. See GMC guidance on writing references

66 If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

67 If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.

67. See paragraph 3a and GMC guidance on expert witnesses

68 You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in *Confidentiality*.

68. See GMC confidentiality guidance

69 You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

69. See GMC confidentiality guidance

Research

70 Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

71 If you are involved in designing, organising or carrying out research, you must:

(a) put the protection of the participants' interests first
(b) act with honesty and integrity
(c) follow the appropriate national research governance guidelines and the guidance in *Research: The role and responsibilities of doctors*.

71c. See GMC research guidance and endnote 12

Financial and commercial dealings

72 You must be honest and open in any financial arrangements with patients. In particular:

72. See GMC guidance on conflicts of interest

- **(a)** you must inform patients about your fees and charges, wherever possible before asking for their consent to treatment
- **(b)** you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
- **(c)** you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you
- **(d)** you must not put pressure on patients or their families to make donations to other people or organisations
- **(e)** you must not put pressure on patients to accept private treatment
- **(f)** if you charge fees, you must tell patients if any part of the fee goes to another healthcare professional.

73 You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

(a) before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction

(b) if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.

Conflicts of interest

74 You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.

74. See GMC guidance on conflicts of interest and endnote 13

75 If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.

75. See GMC prescribing guidance paragraphs 10–12

76 If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.

Health

77 You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.

77. See paragraph 5 and GMC prescribing guidance paragraphs 4 and 13–16

78 You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.

78. See endnote 14 and GMC management guidance paragraphs 58–59

79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

References

Further reading

For the most up-to-date guidance visit our website **www.gmc-uk.org/guidance**.

Supporting ethical guidance from the GMC

This guidance expands upon the principles in *Good Medical Practice* to show how the principles apply in practice:

0-18 years: guidance for all doctors (2007)

Accountability in multi-disciplinary and multi-agency mental health teams (2005)

Acting as an expert witness (2008)

Confidentiality (2009) including seven pieces of supplementary guidance

Conflicts of interest (2006)

Consent: patients and doctors making decisions together (2008)

Good practice in prescribing medicines (2008)

Good practice in research and *Consent to research* (2010)

Maintaining boundaries (2006)

Management for doctors (2006)

Personal beliefs and medical practice (2008)

Raising concerns about patient safety (2006)

Reporting criminal and regulatory proceedings within and outside the UK (2008)

Taking up and ending appointments (2008)

Treatment and care towards the end of life: good practice in decision making (2010)

Writing references (2007)

Other GMC publications

Guidance on continuing professional development (2004)

GMP – a working framework for appraisal and assessment (2008)

Guidance for doctors on using registered name and GMC reference number (2006)

Indicative Sanctions Guidance for the Fitness to Practice Panel (2009)

Referring a doctor to the GMC: A guide for individual doctors, medical directors and clinical governance managers **(see www.gmc-uk.org/concerns)**

The meaning of fitness to practise (2005)

Valuing diversity – resource guides (2006)

Royal College and other guidance

The following documents were written to contribute to the process of revalidation by describing what is expected of doctors in these specialties. Some of these documents are under review; you can check their current status with the colleges.

Good Practice: A Guide for Departments of Anaesthesia, Critical Care and Pain Management, Royal College of Anaesthetists, 3rd edition, October 2006

Good Medical Practice in Cosmetic Surgery/Procedures, Independent Healthcare Advisory Services, May 2006

Good Practice in Dental Specialties, Senate of Dental Specialties, 2004

Supplement to Good Medical Practice, Disability Rights Commission, 2007

Good Medical Practice for General Practitioners, Royal College of General Practitioners, July 2008

Revalidation in Obstetrics and Gynaecology: Criteria, Standards and Evidence, Royal College of Obstetricians and Gynaecologists, July 2002

Guidance for Revalidation and Appraisal in Ophthalmology – Criteria, Standards and Evidence, Royal College of Ophthalmologists, May 2003

Good Medical Practice in Paediatrics and Child Health: Duties and Responsibilities of Paediatricians, Royal College of Paediatrics and Child Health, May 2002

Good Medical Practice in Pathology, Royal College of Pathology, July 2002

Good Medical Practice for Physicians, Federation of Royal College of Physicians of the UK, 2004

Good Psychiatric Practice, Royal College of Psychiatrists, 2nd edition, November 2004

Individual Responsibilities – A Guide to Good Medical Practice for Radiologists, Royal College of Radiologists, May 2004

Good Surgical Practice, Royal College of Surgeons of England, February 2008

Good Medical Practice for Occupational Physicians, Faculty of Occupational Medicine, 2001

Good Public Health Practice: Standards for Public Health Physicians and Specialists in Training, Faculty of Public Health Medicine, April 2001

Good Pharmaceutical Medical Practice, Faculty of Pharmaceutical Medicine, 2003

Guidelines on Revalidation: Criteria, Standards and Evidence, College of Emergency Medicine, 2006

Endnotes

External guidance and information

You can access these documents when viewing *Good Medical Practice* on our website **(www.gmc-uk.org).**

1 Paragraph 4 and 21e
Supporting people with long term conditions to self care: A guide to developing local strategies and good practice, Department of Health (England), 24 February 2006 **(www.dh.gov.uk)**

Improved self care by people with long term conditions through self management education programmes, British Medical Association, September 2007 **(www.bma.org.uk)**

Enabling people with long term conditions to self manage their health: a resource for GPs, British Medical Association, September 2007 **(www.bma.org.uk)**

Health, Work and Well-being **(see www.workingforhealth.gov.uk)**

2 Paragraph 12
National Institute for Health and Clinical Excellence **(www.nice.org.uk)** and NHS Quality Improvement Scotland **(www.nhshealthquality.org)**

3 Paragraph 14e
See appraisal guidance and information:

Department of Health (England) appraisal information **(www.dh.gov.uk - see 'Policy and Guidance' section).**

Scottish Government: *Consultant Appraisal - A Brief Guide,* **(www.scotland.gov.uk)** and

Scottish Government: *Appraisal - A Brief Guide for Non-Consultant Career Grades* **(www.scotland.gov.uk)**

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

Wales appraisal information and guidance **(http://gp.cardiff.ac.uk)**

4 Paragraph 14g
National Patient Safety Agency **(www.npsa.nhs.uk)**

5 Paragraph 14h
Medicines and Healthcare products Regulatory Agency, Yellow Card Scheme **(www.mhra.gov.uk)** and British Medical Association *Reporting Adverse Drug Reactions: A Guide for healthcare professionals,* May 2006 **(www.bma.org.uk)**

6 Paragraph 24
The Children Act 2004 **(www.opsi.gov.uk)**

7 Paragraph 29
When a patient dies: Advice on developing bereavement services in the NHS, Department of Health (England), October 2005 **(www.dh.gov.uk)**

8 Paragraph 30
Apologies and Explanations, NHS Litigation Authority memo issued 1 May 2009 (**www.nhsla.com**) and *Being open: communicating patient safety incidents with patients, their families and carers,* National Patient Safety Agency, 2009 (**www.nrls.npsa.uk**)

9 Paragraph 41
Medical Leadership Competency Framework, NHS Institute, 2008 **(www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html)**

10 Paragraph 50
Confidentiality: NHS Code of Practice, Department of Health, November 2003 **(www.dh.gov.uk)**

11 Paragraph 63
Medical Certificates and Reports, British Medical Association, July 2004 **(www.bma.org.uk)**

12 Paragraph 71c

See research governance frameworks:

Research Governance Framework for Health and Social Care, Department of Health (England), 2005 **(www.dh.gov.uk)**

Research Governance Framework for Health and Social Care in Wales, WORD, Welsh Assembly Government, 2001 (new version due 2009) **(http://wales.gov.uk/topics/health/research/word/policyguidance/resgovernance/framework/)**

Research Governance Framework for Health and Social Care, R&D Office, Department of Health, Social Services and Public Safety **(www.centralservicesagency.com/display/rdo_research_governance)**

Research Governance Framework for Health and Community Care, Scottish Executive Health Department, 2006 **(www.show.scot.nhs.uk)**

13 Paragraph 74
The Blue Guide: Advertising and Promotion of Medicine in the UK, Medicines and Healthcare Products Regulatory Agency, 2005 **(www.mhra.gov.uk)**

14 Paragraph 78
Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis, UK Health Departments **(www.dh.gov.uk)**

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Good medical practice

General Medical Council

The duties of a doctor registered with the GMC

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.
  - Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Good medical practice

This guidance has been edited for plain English.

Published 25 March 2013
Comes into effect 22 April 2013.

This guidance was updated on 29 April 2014 to include paragraph 14.1 on doctors' knowledge of the English language. It was further updated on 29 April 2019 to remove the sub-heading 'honesty' from immediately before paragraph 65.

You can find the latest version of this guidance on our website at **www.gmc-uk.org/guidance**.

For the full website addresses of references in this guidance, please see the online version on our website.

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About this guidance

Good medical practice includes references to explanatory guidance. A complete list of explanatory guidance is at the end of the booklet.

All our guidance is available on our website, along with:

- learning materials, including interactive case studies which bring to life the principles in the guidance and show how they might apply in practice
- cases heard by medical practitioners tribunals, which provide examples of where a failure to follow the guidance has put a doctor's registration at risk.

Professionalism in action

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues,[1] are honest and trustworthy, and act with integrity and within the law.

2 Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

3 *Good medical practice* describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with *Good medical practice* and the explanatory guidance[2] which supports it, and to follow the guidance they contain.

4 You must use your judgement in applying the principles to the various situations you will face as a doctor, whether or not you hold a licence to practise, whatever field of medicine you work in, and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

5 In *Good medical practice*, we use the terms 'you must' and 'you should' in the following ways.

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

6 To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

7 You must be competent in all aspects of your work, including management, research and teaching.[3, 4, 5]

8 You must keep your professional knowledge and skills up to date.

9 You must regularly take part in activities that maintain and develop your competence and performance.[6]

10 You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.

11 You must be familiar with guidelines and developments that affect your work.

12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

13 You must take steps to monitor and improve the quality of your work.

Apply knowledge and experience to practice

14 You must recognise and work within the limits of your competence.

14.1 You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.[7]

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient

b promptly provide or arrange suitable advice, investigations or treatment where necessary

c refer a patient to another practitioner when this serves the patient's needs.[8]

16 In providing clinical care you must:

- **a** prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs[9]
- **b** provide effective treatments based on the best available evidence
- **c** take all possible steps to alleviate pain and distress whether or not a cure may be possible[10]
- **d** consult colleagues where appropriate
- **e** respect the patient's right to seek a second opinion
- **f** check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications
- **g** wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.[9]

17 You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.[4, 11, 12]

18 You must make good use of the resources available to you.[3]

Record your work clearly, accurately and legibly

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

20 You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements.[14]

21 Clinical records should include:

- **a** relevant clinical findings
- **b** the decisions made and actions agreed, and who is making the decisions and agreeing the actions
- **c** the information given to patients
- **d** any drugs prescribed or other investigation or treatment
- **e** who is making the record and when.

Domain 2: Safety and quality

Contribute to and comply with systems to protect patients

22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

- **a** taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
- **b** regularly reflecting on your standards of practice and the care you provide
- **c** reviewing patient feedback where it is available.

23 To help keep patients safe you must:

- **a** contribute to confidential inquiries
- **b** contribute to adverse event recognition
- **c** report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
- **d** report suspected adverse drug reactions
- **e** respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patients' confidentiality.[14]

Respond to risks to safety

24 You must promote and encourage a culture that allows all staff to raise concerns openly and safely.[3, 15]

25 You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.

a If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.

b If patients are at risk because of inadequate premises, equipment[13] or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance[15] and your workplace policy. You should also make a record of the steps you have taken.

c If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.[14, 16]

26 You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

27 Whether or not you have vulnerable[17] adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.[18, 19]

Risks posed by your health

28 If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

29 You should be immunised against common serious communicable diseases (unless otherwise contraindicated).

30 You should be registered with a general practitioner outside your family.

Domain 3: Communication, partnership and teamwork

Communicate effectively

31 You must listen to patients, take account of their views, and respond honestly to their questions.

32 You must give patients[20] the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.[21]

33 You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.

34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

Working collaboratively with colleagues

35 You must work collaboratively with colleagues, respecting their skills and contributions.[3]

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

38 Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

Teaching, training, supporting and assessing

39 You should be prepared to contribute to teaching and training doctors and students.

40 You must make sure that all staff you manage have appropriate supervision.

41 You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct.[22]

42 You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.[3]

43 You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.[3]

Continuity and coordination of care

44 You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:

a share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers[8, 14]

b check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

45 When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.[8]

Establish and maintain partnerships with patients

46 You must be polite and considerate.

47 You must treat patients as individuals and respect their dignity and privacy.[16]

48 You must treat patients fairly and with respect whatever their life choices and beliefs.

49 You must work in partnership with patients, sharing with them the information they will need to make decisions about their care,[21] including:

- **a** their condition, its likely progression and the options for treatment, including associated risks and uncertainties
- **b** the progress of their care, and your role and responsibilities in the team
- **c** who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care

d any other information patients need if they are asked to agree to be involved in teaching or research.[12]

50 You must treat information about patients as confidential. This includes after a patient has died.[14]

51 You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:

a advising patients on the effects of their life choices and lifestyle on their health and well-being

b supporting patients to make lifestyle changes where appropriate.

52 You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.[23]

Domain 4: Maintaining trust

Show respect for patients

53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.[16]

54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.[23]

55 You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:

- **a** put matters right (if that is possible)
- **b** offer an apology
- **c** explain fully and promptly what has happened and the likely short-term and long-term effects.

Treat patients and colleagues fairly and without discrimination

56 You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 25b (see section *Domain 2: Safety and quality*).

57 The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.

58 You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment.

59 You must not unfairly discriminate against patients or colleagues by allowing your personal views[24] to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 25c (see section *Domain 2: Safety and quality*) if the behaviour amounts to abuse or denial of a patient's or colleague's rights.

60 You must consider and respond to the needs of disabled patients and should make reasonable adjustments[25] to your practice so they can receive care to meet their needs.

61 You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.

62 You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.[26]

63 You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.

64 If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.

Act with honesty and integrity

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

67 You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.[4]

Communicating information

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.[14, 27]

70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.[22] You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.

Openness and legal or disciplinary proceedings

72 You must be honest and trustworthy when giving evidence to courts or tribunals.[28] You must make sure that any evidence you give or documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.

73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.

74 You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.[28]

75 You must tell us without delay if, anywhere in the world:

a you have accepted a caution from the police or been criticised by an official inquiry

b you have been charged with or found guilty of a criminal offence

c another professional body has made a finding against your registration as a result of fitness to practise procedures.[29]

76 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.

Honesty in financial dealings

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.[30]

78 You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

79 If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

80 You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

Endnotes

1 Colleagues include anyone a doctor works with, whether or not they are also doctors.

2 You can find all the explanatory guidance on our website.

3 *Leadership and management for all doctors* (2012) GMC, London

4 *Good practice in research* (2010) GMC, London

5 *Developing teachers and trainers in undergraduate medical education* (2011) GMC, London

6 *Continuing professional development: guidance for all doctors* (2012) GMC, London

7 This paragraph was added on 29 April 2014. Section 35C(2)(da) of the *Medical Act 1983*, inserted by the *Medical Act 1983 (Amendment) (Knowledge of English) Order 2014*.

8 *Delegation and referral* (2013) GMC, London

9 *Good practice in prescribing and managing medicines and devices* (2013) GMC, London

10 *Treatment and care towards the end of life: good practice in decision-making* (2010), GMC, London

11 *Making and using visual and audio recordings of patients* (2011) GMC, London

12 *Consent to research* (2013) GMC, London

13 Follow the guidance in paragraph 23c if the risk arises from an adverse incident involving a medical device.

14 *Confidentiality: good practice in handling patient information* (2017) GMC, London

15 *Raising and acting on concerns about patient safety* (2012) GMC, London

16 Maintaining boundaries (2013) GMC, London

- *Intimate examinations and chaperones* (paragraphs 47, 25c)
- *Maintaining a professional boundary between you and your patient* (paragraph 53)
- *Sexual behaviour and your duty to report* (paragraphs 53, 25c)

17 Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable. Vulnerability can be temporary or permanent.

18 *0–18 years: guidance for all doctors* (2007) GMC, London

19 *Protecting children and young people: the responsibilities of all doctors* (2012) GMC, London

20 Patients here includes those people with the legal authority to make healthcare decisions on a patient's behalf.

21 *Decision making and consent* (2020) GMC, London

22 *Writing references* (2012) GMC, London

23 *Personal beliefs and medical practice* (2013) GMC, London

24 This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

25 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example. Being flexible about appointment time or length, and making arrangements for those with communication difficulties such as impaired hearing. For more information see the EHRC website.

26 *Ending your professional relationship with a patient* (2013) GMC, London

27 *Doctors' use of social media* (2013) GMC, London

28 *Acting as a witness in legal proceedings* (2013) GMC, London

29 *Reporting criminal and regulatory proceedings within and outside the UK* (2013) GMC, London

30 *Financial and commercial arrangements and conflicts of interest* (2013) GMC, London

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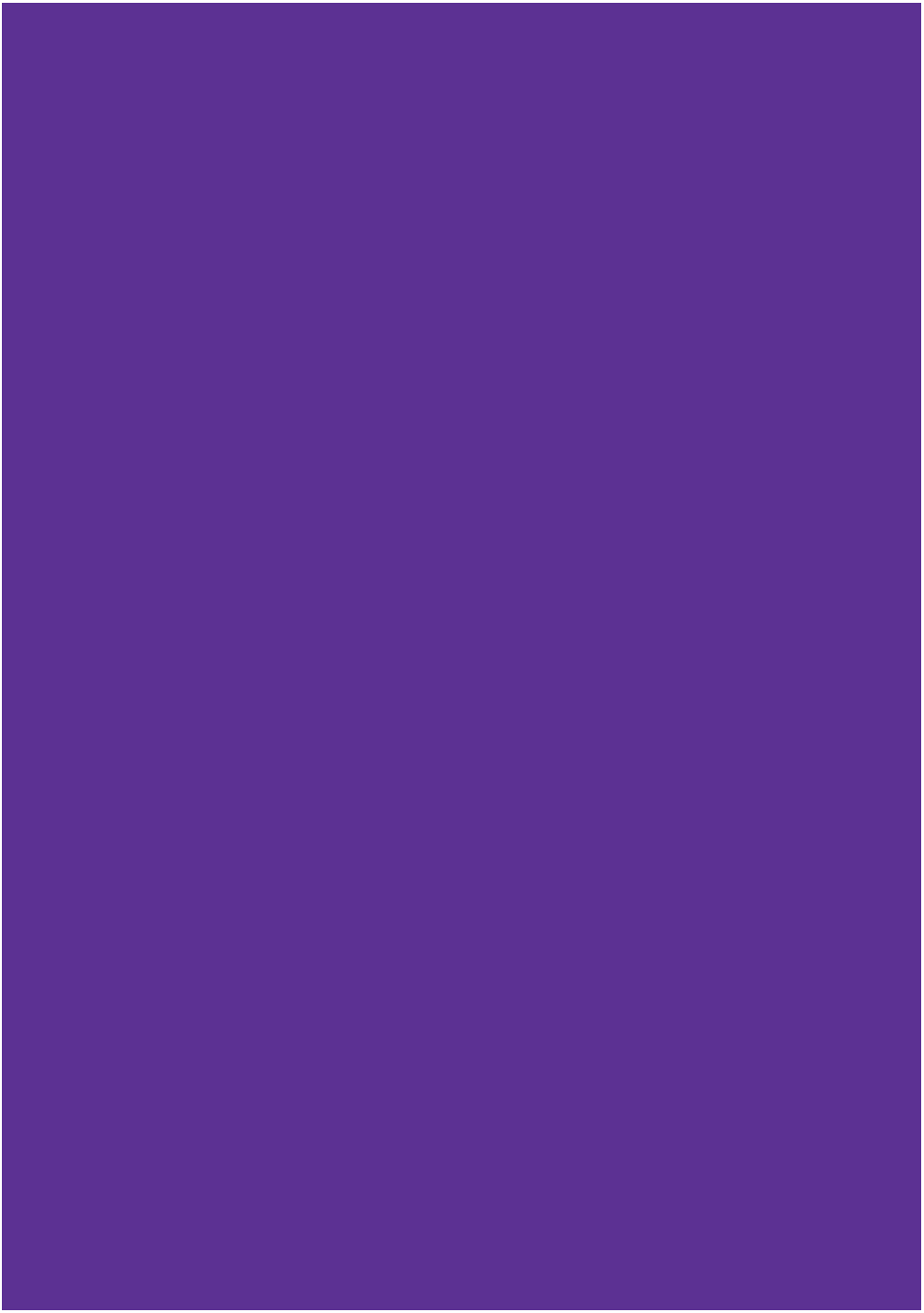

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General Medical Council

Raising and acting on concerns about patient safety

Working with doctors Working for patients

General Medical Council

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.
  - Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Raising and acting on concerns about patient safety

This guidance has been edited for plain English.

Published January 2012.
Comes into effect 12 March 2012.

You can find the latest version of this guidance on our website at **www.gmc-uk.org/guidance.**

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About this guidance

1 This guidance sets out our expectation that all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety.

2 *Good medical practice* (2013) says:

> **24** You must promote and encourage a culture that allows all staff to raise concerns openly and safely.
>
> **25** You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.
>
> **a** If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
>
> **b** If patients are at risk because of inadequate premises, equipment[1] or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken.

c If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.

3 This guidance explains how to apply the principles in *Good medical practice*. It is separated into two parts.

- **Part 1: Raising a concern** gives advice on raising a concern that patients might be at risk of serious harm, and on the help and support available to you.
- **Part 2: Acting on a concern** explains your responsibilities when colleagues or others raise concerns with you and how those concerns should be handled.[2]

How this guidance applies to you

4 In this guidance, the terms 'you must' and 'you should' are used in the following ways.

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

5 While this guidance provides suggestions about what to do and who to approach, it cannot be exhaustive. As a result, you will need to use your judgement to apply the principles to your particular circumstances. If you are not sure how this guidance applies to your situation, you should get advice from the individuals and bodies suggested in this guidance.

6 You must be prepared to explain and justify your decisions and actions. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

Part 1: Raising a concern

Duty to raise concerns

7 All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work. They must also encourage and support a culture in which staff can raise concerns openly and safely.

8 You must not enter into contracts or agreements with your employing or contracting body that seek to prevent you from or restrict you in raising concerns about patient safety. Contracts or agreements are void if they intend to stop an employee from making a protected disclosure.[3]

Overcoming obstacles to reporting

9 You may be reluctant to report a concern for a number of reasons. For example, because you fear that nothing will be done or that raising your concern may cause problems for colleagues; have a negative effect on working relationships; have a negative effect on your career; or result in a complaint about you.

10 If you are hesitating about reporting a concern for these reasons, you should bear the following in mind.

a You have a duty to put patients' interests first and act to protect them, which overrides personal and professional loyalties.

b The law provides legal protection against victimisation or dismissal for individuals who reveal information to raise genuine concerns and expose malpractice in the workplace.[4]

c You do not need to wait for proof – you will be able to justify raising a concern if you do so honestly, on the basis of reasonable belief and through appropriate channels, even if you are mistaken.

Steps to raise a concern

11 You must follow the procedure where you work for reporting adverse incidents and near misses. This is because routinely identifying adverse incidents or near misses at an early stage, can allow issues to be tackled, problems to be put right and lessons to be learnt.

12 If you have reason to believe that patients are, or may be, at risk of death or serious harm for any reason, you should report your concern to the appropriate person or organisation immediately. Do not delay doing so because you yourself are not in a position to put the matter right.

13 Wherever possible, you should first raise your concern with your manager or an appropriate officer of the organisation you have a contract with or which employs you – such as the consultant in charge of the team, the clinical or medical director or a practice partner. If your concern is about a partner, it may be appropriate to raise it outside the practice – for example, with the medical director or clinical governance lead responsible for your organisation. If you are a doctor in training, it may be appropriate to raise your concerns with a named person in the deanery – for example, the postgraduate dean or director of postgraduate general practice education.

14 You must be clear, honest and objective about the reason for your concern. You should acknowledge any personal grievance that may arise from the situation, but focus on the issue of patient safety.

15 You should also keep a record of your concern and any steps that you have taken to deal with it.

Raising a concern with a regulator

16 You should contact a regulatory body such as the General Medical Council (GMC)[5] or another body with authority to investigate the issue (such as those listed at the end of this guidance) in the following circumstances.

a If you cannot raise the issue with the responsible person or body locally because you believe them to be part of the problem.

b If you have raised your concern through local channels but are not satisfied that the responsible person or body has taken adequate action.

c If there is an immediate serious risk to patients, and a regulator or other external body has responsibility to act or intervene.

Making a concern public

17 You can consider making your concerns public if you:

a have done all you can to deal with any concern by raising it within the organisation in which you work or which you have a contract with, or with the appropriate external body, and

b have good reason to believe that patients are still at risk of harm, and

c do not breach patient confidentiality.

But, you should get advice (see page 11) before making a decision of this kind.

Help and advice

18 If you are not sure whether, or how, to raise your concern, you should get advice from:

a a senior member of staff or other impartial colleague

b the GMC's Confidential Helpline[6]

c your medical defence body, your royal college or a professional association such as the British Medical Association (BMA)

d the appropriate regulatory body listed at the end of this guidance if your concern relates to a colleague in another profession, or other relevant systems regulators if your concern relates to systems or organisations rather than individuals

e Public Concern at Work – a charity which provides free, confidential legal advice to people who are concerned about wrongdoing at work and are not sure whether, or how, to raise their concern.

Part 2: Acting on a concern

All doctors

19 All doctors have a responsibility to encourage and support a culture in which staff can raise concerns openly and safely.

20 Concerns about patient safety can come from a number of sources, such as patients' complaints, colleagues' concerns, critical incident reports and clinical audit. Concerns may be about inadequate premises, equipment, other resources, policies or systems, or the conduct, health or performance of staff or multidisciplinary teams. If you receive this information, you have a responsibility to act on it promptly and professionally. You can do this by putting the matter right (if that is possible), investigating and dealing with the concern locally, or referring serious or repeated incidents or complaints to senior management or the relevant regulatory authority.

Doctors with extra responsibilities

21 If you are responsible for clinical governance or have wider management responsibilities in your organisation, you have a duty to help people report their concerns and to enable people to act on concerns that are raised with them.

22 If you have a management role or responsibility, you must make sure that:

a there are systems and policies in place to allow concerns to be raised and for incidents, concerns and complaints to be investigated promptly and fully[7]

b you do not try to prevent employees or former employees raising concerns about patient safety – for example, you must not propose or condone contracts or agreements that seek to restrict or remove the contractor's freedom to disclose information relevant to their concerns

c clinical staff understand their duty to be open and honest about incidents or complaints with both patients and managers

d all other staff are encouraged to raise concerns they may have about the safety of patients, including any risks that may be posed by colleagues or teams

e staff who raise a concern are protected from unfair criticism or action, including any detriment or dismissal.

Investigating concerns

23 If you are responsible for investigating incidents or complaints, you have a responsibility towards those who raise a concern. You must:

a protect them from unfair criticism or action, including any detriment or dismissal

b tell them what action has been or will be taken to prevent a recurrence of the problem (if this applies)

c outline the process if they are still not satisfied with the response – for example, if complaints are considered within the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the process for escalating the concern to the Health Service Ombudsman.

24 If you are responsible for investigating incidents or complaints, you should also make sure that:

a any investigations or resulting actions are carried out in a way which is consistent with the law, including, for example, the *Public Interest Disclosure Act 1998* [8]

b you have a working knowledge of the relevant law and procedures under which investigations and related proceedings are carried out

c those being investigated are treated fairly

d appropriate adverse event and critical incident reports are made within the organisation and to other relevant external bodies

e recommendations that arise from investigations are put into practice or referred to senior management

f patients who make a complaint receive a prompt, open, constructive and honest response.

25 You must also make sure that patients who suffer harm receive an explanation and, where appropriate, an apology.[9]

Help and advice

26 If you are not sure how to act on a concern, you should get advice from:

a a more senior member of staff, your organisation's management team or other impartial colleague

b your responsible officer or, if you are a responsible officer or medical director, a GMC employer liaison adviser [10]

c your medical defence body, royal college or a professional association such as the BMA

d the relevant regulatory authorities (such as the Care Quality Commission, the GMC, or other professional regulators)

e Public Concern at Work.

Useful contacts

Advice and help

Public Concern at Work
Website: www.pcaw.co.uk
Phone: 020 7404 6609

British Medical Association
Website: www.bma.org.uk
Phone: 020 7387 4499

Medical and Dental Defence Union of Scotland
Website: www.mddus.com
Phone: 0845 270 2034

Medical Defence Union
Website: www.the-mdu.com
Phone: 020 7202 1500

Medical Protection Society
Website: www.medicalprotection.org
Phone: 0113 243 6436

NHS Whistleblowing Helpline
Website: www.wbhelpline.org.uk
Phone: 08000 724 725

Regulatory and investigatory bodies

Professional regulatory bodies

General Chiropractic Council
Website: www.gcc-uk.org
Phone: 020 7713 5155

General Dental Council
Website: www.gdc-uk.org
Phone: 020 7167 6000

General Medical Council
Website: www.gmc-uk.org
Phone: 0161 923 6602
Confidential Helpline: 0161 923 6399

General Optical Council
Website: www.optical.org
Phone: 020 7580 3898

General Osteopathic Council
Website: www.osteopathy.org.uk
Phone: 020 7357 6655

General Pharmaceutical Council
Website:
www.pharmacyregulation.org
Phone: 020 3713 8000

Pharmaceutical Society of Northern Ireland
Website: www.psni.org.uk
Phone: 028 9032 6927

Health and Care Professions Council
Website: www.hpc-uk.org
Phone: 0845 300 6184

Nursing and Midwifery Council
Website: www.nmc-uk.org
Phone: 020 7637 7181

Other regulatory and investigatory bodies

Care Quality Commission
Website: www.cqc.org.uk
Phone: 03000 616161
See also *Raising a concern with CQC: A quick guide for health and care staff about whistleblowing* (2011)

Monitor
Website: www.gov.uk/monitor
Phone: 020 3747 0000

NHS England (National Patient Safety Agency)
Website: www.england.nhs.uk
Phone: 0300 311 22 33

Professional Standards Authority
Website: www.professionalstandards.org.uk
Phone: 020 7389 8030

Northern Ireland

Regulation and Quality Improvement Authority in Northern Ireland
Website: www.rqia.org.uk
Phone: 028 9051 7500

Scotland

The Care Inspectorate
Website: www.scswis.com
Phone: 0345 600 9527

Healthcare Improvement Scotland
Website: www.healthcare improvementscotland.org
Phone: 0131 623 4300

Wales

Healthcare Inspectorate Wales

Website: www.hiw.org.uk

Phone: 0300 062 8163

Endnotes

1 Follow the guidance in paragraph 23c (page 10 of *Good medical practice*) if the risk arises from an adverse incident involving a medical device.

2 General Medical Council (2012) *Leadership and management for all doctors.*

3 The *Public Interest Disclosure Act 1998* (www.legislation.gov.uk/ukpga/1998 /23 protects individuals making disclosures that 'tend to show' that the health or safety of a person is or may be endangered. These are 'protected disclosures'.

4 For further information see the *Public Interest Disclosure Act 1998* (www.legislation.gov.uk/ukpga/1998/23), the NHS Constitution (www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/nhs-constitutioninteractive-version-march-2010.pdf) or Public Concern at Work (www.pcaw.org.uk).

5 For more information on how we respond to concerns, see www.gmc-uk.org/concerns/index.asp.

6 Updated in June 2013 to refer to the GMC's confidential helpline. Further information can be found at www.gmc-uk.org/concerns/making_a_complaint/14027.asp. You can contact the Helpline on 0161 923 6399.

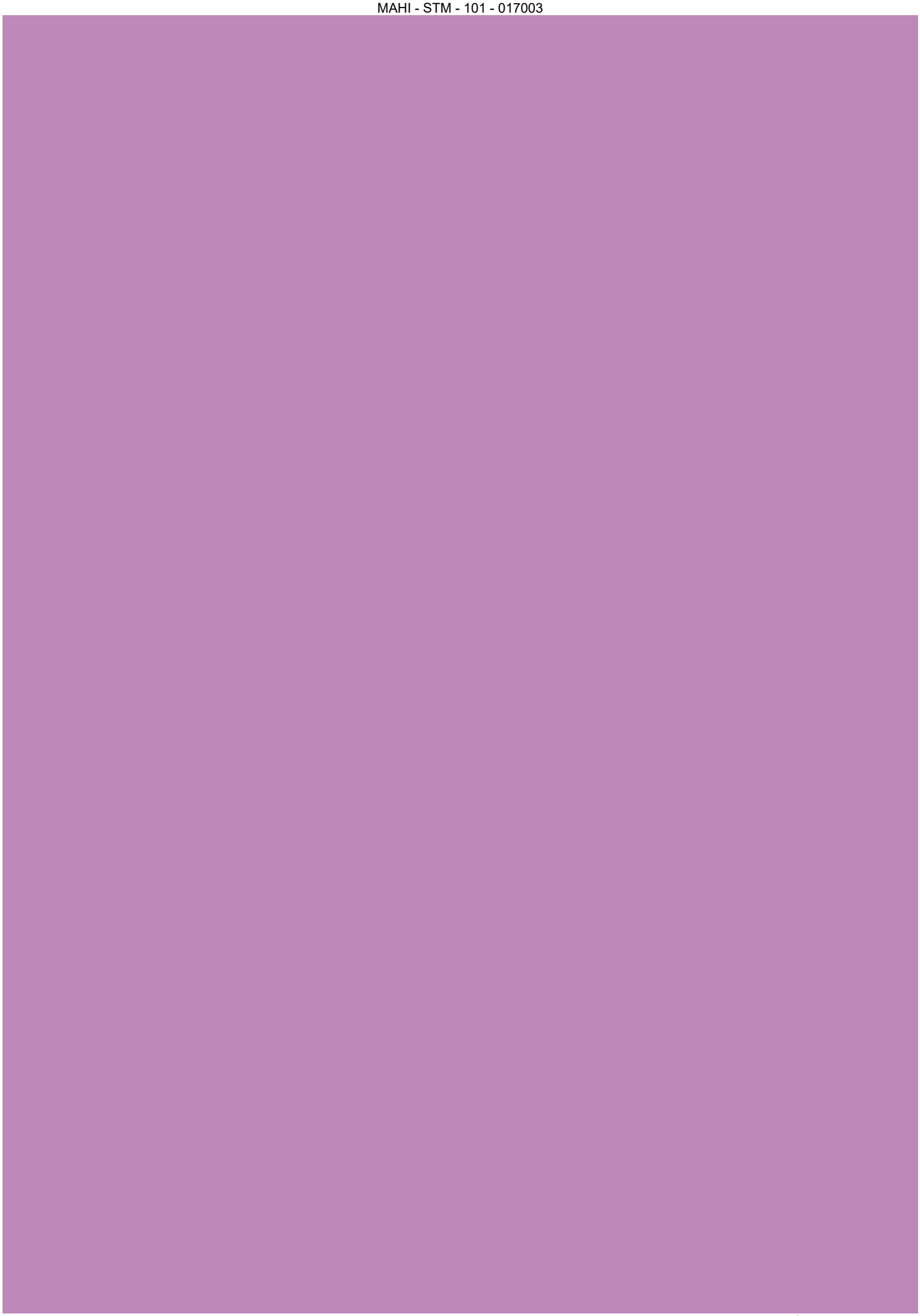
7 For guidance in establishing systems and policies in England see *Speak up for a Healthy NHS: How to implement and review whistleblowing arrangements in your organisation* – www.pcaw.co.uk/policy/policy_pdfs/SpeakupNHS.pdf.

In Scotland see *NHS Scotland, Implementing & Reviewing Whistleblowing Arrangements in NHSScotland PIN Policy* (May 2011) www.scotland.gov.uk/Resource/Doc/364407/0123806.pdf.

8 For information about the *Public Interest Disclosure Act 1998* see www.pcaw.co.uk/law/pida.htm and www.legislation.gov.uk/ukpga/1998/23.

9 For more information, see *Good medical practice*, paragraph 55, available at www.gmc-uk.org/guidance.

10 Updated in June 2013 to reflect the most appropriate avenues for seeking advice following the introduction of revalidation.



Email: **gmc@gmc-uk.org**

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General Medical Council

WHISTLE BLOWING POLICY

NI Medical and Dental Training Agency

CONFIDENTIAL REPORTING POLICY (WHISTLE BLOWING)

Introduction

The Northern Ireland Medical and Dental Training Agency has a commitment to openness in its activities and decision-making processes and encourages employees of the Agency to raise any issues of concern, which may be considered to be contrary to the public interest.

This policy has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order (PIDO) 1998 which provides employment protection for employees who believe it its necessary to raise issues of public interest either internally or externally.

These guidelines set out the process by which staff can voice their concerns without fear of recrimination and provides an effective confidential (whistle blowing) channel and system of support.

The procedures are not for use in individual grievances, which should be dealt with under existing procedures.

Influences

This policy is influenced by:

Public Interest Disclosure (NI) Order (PIDO) 1998
DFP Guidance on Public Interest Disclosure (Whistleblowing) 2003
DFP Guidance DAO (DFP) 11/08

Policies Impacted

Fraud Policy
Fraud Response Plan
Code of Conduct for Staff Members
Code of Practice for Board Members

The Public Interest

It is the interests of all concerned that disclosures of wrongdoing or irregularity are dealt with promptly and discreetly. This includes the interests of the Agency, its staff and any persons who are subject to such disclosures, as well as the person making the disclosure. The overriding concern for both the employer and the employee should be that it would be in the public interest for the concern to be corrected and, if appropriate, sanctions applied.

The nature of the information which may be considered a major concern and is disclosed by a person in the reasonable belief that making a disclosure would show one or more of the following:

- A criminal offence
- Failure to comply with any legal obligation to which the individual is subject
- A miscarriage of justice
- The endangerment of the health and safety of any individual
- Damage to the environment
- Concealment of information relating to any of the above

The Policy Statement

The Agency is committed to the highest possible standards of openness, probity and accountability. In line with that commitment the Agency

encourages employees and those acting on behalf of the Agency, who have serious concerns about how the Agency conducts its business, to voice those concerns. It is our policy that in coming forward no one should be disadvantaged, lose their job or suffer any form of retribution for raising issues in good faith. Such commitments will not be extended to anyone who raises, in a vexatious or mischievous way, issues which they know to be untrue.

Harassment or Victimisation

The Agency will not tolerate any harassment or victimisation and will take appropriate action to protect an employee if a concern is raised in good faith. The Agency has a separate Harassment Policy in place which can be deployed as necessary.

Confidentiality

All concerns will be treated in confidence and every effort will be made not to reveal the identity of the member of staff raising the concerns. However if a situation arises where an issue can not be resolved without revealing the identity of an individual eg because the evidence is needed in court or in a disciplinary hearing it will be discussed with the member of staff concerned whether and how the investigation can proceed.

Anonymous Allegations

This policy encourages the employee to put his/her name to the allegation whenever possible. Although the Agency will consider anonymous allegations it may be more difficult to investigate the matter or protect the whistleblower.

How to Raise a Concern

Any member of staff who has a concern that anyone in the Agency is acting in a manner which may be contrary to the public interest should proceed as follows:

Step 1

The disclosure should be raised with the line manager in the first instance either orally or in writing. He/she should be able to deal with the issue or refer it to a more senior manager. If this is inappropriate it should be brought to the attention of the Administrative Director or the Chief Executive.

Step 2

In circumstances where it is considered inappropriate to approach any level of management within the Agency, the Chairman or Chairman of the Audit Committee may be consulted.

Step 3

If all previous channels have been followed and there are grounds for believing that the disclosure has been insufficiently addressed the matter may be raised with the Director of Human Resources, DHSSPS.

The Investigation

At the outset it is important to clarify if the employee wishes to have their identity protected and how the matter will be investigated. This may involve an informal review, an internal inquiry or a more formal investigation. Where it is decided that a formal investigation is necessary the overall responsibility for the investigation will lie with a nominated “investigation officer”. The member of staff will be advised of the contact details of the investigation officer and a mechanism for communication will be agreed.If it is felt that that the concerns expressed should be dealt with in a more appropriate context such as under the grievance or harassment policy, the member of staff will be advised accordingly. The person making the disclosure will also be advised in writing at regular and appropriate intervals.

Independent Advice

Free confidential advice is available from the independent charity Public Concern at Work. Their helpline can be contacted on 02074046609 or by e-mailing helpline@pcaw.co.uk. The helpline provides practical advice on whether or how to raise a concern about a danger or illegality that has been witnessed at work. It will help identify how best the concern can be raised while minimising the risk to the individual and maximising the opportunity for any wrongdoing to be addressed. Information is also available on their website www.pcaw.co.uk.

The whistleblower may wish to discuss or seek advice from an independent source such as a professional body or trade union and may wish to have a trade union representative or colleague present during any meetings or interviews held in connection with the concerns raised.

Where appropriate the concerns raised will be

- Investigated by senior management; internal audit or through the disciplinary process
- Referred to the Chairman or Chairman of the Audit Committee
- Referred to the PSNI
- Referred to the external auditor
- Referred to the Director of Human Resources, DHSSPS for an independent enquiry

External Disclosures

In most circumstances staff will be expected to raise matters of concern internally before involving external bodies. However, there may be circumstances when it may be appropriate to raise concerns initially with external bodies such as the Department of Health, Social Services and Public Safety, the Northern Ireland Audit Office, the Commissioner of Complaints, or

the Police Service for Northern Ireland. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

How NIMDTA will respond

In order to protect individuals and those against whom an allegation of misdeeds or malpractice has been made, initial enquiries will be made to determine whether an investigation is appropriate and if so what form it should take. Concerns or allegations which fall within the scope of existing procedures will normally be referred for consideration under those procedures.

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- Indicate whether any initial enquiries have been made
- Provide information on staff support mechanisms
- Advise on whether further investigations will take place and if not why not

The Agency will take steps to minimize any difficulties which an individual may experience as a result of raising a concern. For example if there is a requirement to provide evidence in a criminal or disciplinary hearing, the Agency will arrange for the individual to receive advice about the procedure.

Subject to legal constraints, the Agency will inform the individual of the outcome of the investigation.

The Responsible Officer

The Chief Executive has the overall responsibility for the operation and maintenance of this policy and will assign a “named responsible person” to carry forward or assist with the investigation. The Chief Executive will report as necessary to the Agency Board.

Policy Proforma

Subject of Document: Whistleblowing Policy

Producer: Margot Roberts

Date Agreed: 24.11.05

Approved by the Board: 24.11.05

Date of Next Review: February 2011

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Amendment Form

Version	**Date**	**Pages**	**Comments**	**Actioned**
1.0 (draft)	31/10/2005		Approved by Senior Management	
1.0	24/11/2005		Ratified by Agency Board	Margot Roberts
2.0 (draft)	25/2/2009		Policy revised following further DFP DAO (DFP) 11/08 and presented to the Board for ratification	
2.0			Issued to Staff	

Northern Ireland
Medical & Dental Training Agency

POLICY DOCUMENT

Whistle Blowing Policy

2012 – (Version 3.1)
CS>SMT>G&R>Board

Policy Review Schedule

Date first Approved by the Board: 24th November 2005

Last Approved by the Board: February 2009

Date of Next Review: April 2014

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 -1.0 (draft)	31/10/2005		Approved by Senior Management	
2005 - 1.0	24/11/2005		Ratified by Agency Board	Margot Roberts
2009 - 2.0 (draft)	25/2/2009		Policy revised following further DFP DAO (DFP) 11/08 and presented to the Board for ratification	
2009 - 2.0	2009		Issued to Staff	
2012 - 3.0 (draft)	24/04/12		Presented to the Governance Committee for review and ratification	Mark McCarey
2012 - 3.0 (draft)	26/04/12		Presented to the Board for review and ratification	Mark McCarey
2012 - 3.0	26/04/12	13	Approved	
2012 – 3.1	15 August 2013		Updated to include 'The Role of NIMDTA', NIMDTA mission statement, impact and influences on this policy	

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10. External Disclosures 12
11. How NIMDTA will respond 12
12. The Responsible Officer 13

Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a very competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses the performance of trainees through annual review and appraisal. It works in close partnership with local education providers to ensure that the training and supervision of trainees supports the delivery of high quality safe patient care.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practise. NIMDTA also

works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued continuing education courses for general medical and dental practitioners and dental care professionals. It also supports the continuing professional development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA's approach to training is that trainees, trainers and educators should put patients first, strive for excellence and be strongly supported in their roles and that NIMDTA should use the resources provided to deliver these goals efficiently, effectively and innovatively.

Policy Impact or Influence

Changes to this policy may have an impact or an influence on the following:

- Code of Conduct for Staff Members
- Code of Practice for Board Members
- Fraud Policy

Legislative Influence

This policy has been influenced by:

- Public Interest Disclosure (NI) Order (PIDO) 1998 (revised 2004)
- DFP Guidance on Public Interest Disclosure (Whistleblowing) 2003
- DFP Guidance DAO (DFP) 11/08
- Letter from Minister for Health, Social Services and Public Safety (E Poots MLA) 22/03/12

1. Introduction

The Northern Ireland Medical and Dental Training Agency has a commitment to openness in its activities and decision-making processes and encourages employees of the Agency to raise any issues of concern, which may be considered to be contrary to the public interest.

This policy has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order (PIDO) 1998 which provides employment protection for employees who believe it its necessary to raise issues of public interest either internally or externally.

These guidelines set out the process by which staff can voice their concerns without fear of recrimination and provides an effective confidential (whistle blowing) channel and system of support.

The procedures are not for use in individual grievances, which should be dealt with under existing procedures.

2. The Public Interest

It is the interests of all concerned that disclosures of wrongdoing or irregularity are dealt with promptly and discreetly. This includes the interests of the Agency, its staff and any persons who are subject to such disclosures, as well as the person making the disclosure. The overriding concern for both the employer and the employee should be that it would be in the public interest for the concern to be corrected and, if appropriate, sanctions applied.

The nature of the information which may be considered a major concern and is disclosed by a person in the reasonable belief that making a disclosure would show one or more of the following:

- Unlawful conduct
- Financial malpractice
- A criminal offence
- Failure to comply with any legal obligation to which the individual is subject
- A miscarriage of justice
- The endangerment of the health and safety of any individual
- Damage to the environment
- Concealment of information relating to any of the above

Staff should be mindful, when making a disclosure in the public interest, of the need to avoid a breach of the privacy and confidentiality of personal information. It is wrong to give details of the condition or treatment of an individual without their explicit consent. Personal records are protected by Data Protection legislation.

3. The Policy Statement

The Agency is committed to the highest possible standards of openness, probity and accountability. In line with that commitment the Agency encourages employees and those acting on behalf of the Agency, who have serious concerns about how the Agency conducts its business, to voice those concerns. It is our policy that in coming forward no one should be disadvantaged, lose their job or suffer any form of retribution for raising issues in good faith. Staff reporting concerns in good faith are formally protected against victimisation under the Public Interest Disclosure (Northern Ireland) Order 1998 (revised 2004). Such commitments will not be extended to anyone who raises, in a vexatious or mischievous way, issues which they know to be untrue.

4. Harassment or Victimisation

The Agency will not tolerate any harassment or victimisation and will take appropriate action to protect an employee if a concern is raised in good faith. The Agency has a separate Harassment Policy in place which can be deployed as necessary.

5. Confidentiality

All concerns will be treated in confidence and every effort will be made not to reveal the identity of the member of staff raising the concerns. However if a situation arises where an issue can not be resolved without revealing the identity of an individual eg because the evidence is needed in court or in a disciplinary hearing it will be discussed with the member of staff concerned whether and how the investigation can proceed.

6. Anonymous Allegations

This policy encourages the employee to put his/her name to the allegation whenever possible. Although the Agency will consider anonymous allegations it may be more difficult to investigate the matter or protect the whistleblower.

7. How to Raise a Concern

Any member of staff who has a concern that anyone in the Agency is acting in a manner which may be contrary to the public interest should proceed as follows:

Step 1

The disclosure should be raised with the line manager in the first instance either orally or in writing. He/she should be able to deal with the issue or refer it to a more senior manager. If this is inappropriate it should be brought to the attention of the Administrative Director or the Chief Executive.

Step 2

In circumstances where it is considered inappropriate to approach any level of management within the Agency, the Chairman or Chairman of the Audit Committee may be consulted.

Chairman: [redacted]

Chairman of the Audit Committee: [redacted]

Step 3

If all previous channels have been followed and there are grounds for believing that the disclosure has been insufficiently addressed the matter may be raised with the Director of Human Resources, DHSSPS or directly with the Minister for Health, Social Services and Public Safety (private.official@dhsspsni.gov.uk).

8. The Investigation

At the outset it is important to clarify if the employee wishes to have their identity protected and how the matter will be investigated. This may involve an informal review, an internal inquiry or a more formal investigation. Where it is decided that a formal investigation is necessary the overall responsibility for the investigation will lie with a nominated "investigation officer". The member of staff will be advised of the contact details of the investigation officer and a mechanism for communication will be agreed. If it is felt that that the concerns expressed should be dealt with in a more appropriate context such as under the grievance or harassment policy, the member of staff will be advised accordingly. The person making the disclosure will also be advised in writing at regular and appropriate intervals.

9. Independent Advice

Free confidential advice is available from the independent charity Public Concern at Work. Their helpline can be contacted on 02074046609 or by e-mailing helpline@pcaw.co.uk. The helpline provides practical advice on whether or how to raise a concern about a danger or illegality that has been witnessed at work. It will help identify how best the concern can be raised while minimising the risk to the individual and maximising the opportunity for any wrongdoing to be addressed. Information is also available on their website www.pcaw.co.uk.

The whistleblower may wish to discuss or seek advice from an independent source such as a professional body or trade union and may wish to have a trade union representative or colleague present during any meetings or interviews held in connection with the concerns raised.

Where appropriate the concerns raised will be

- Investigated by senior management; internal audit or through the disciplinary process
- Referred to the Chairman or Chairman of the Audit Committee
- Referred to the PSNI
- Referred to the external auditor
- Referred to the Director of Human Resources, DHSSPS for an independent enquiry

10. External Disclosures

In most circumstances staff will be expected to raise matters of concern internally before involving external bodies. However, there may be circumstances when it may be appropriate to raise concerns initially with external bodies such as the Department of Health, Social Services and Public Safety, the Northern Ireland Audit Office, the Commissioner of Complaints, or the Police Service for Northern Ireland. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

11. How NIMDTA will respond

In order to protect individuals and those against whom an allegation of misdeeds or malpractice has been made, initial enquiries will be made to determine whether an investigation is appropriate and if so what form it should take. Concerns or allegations which fall within the scope of existing procedures will normally be referred for consideration under those procedures.

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Subject to legal constraints, the Agency will inform the individual of the outcome of the investigation.

12. <u>The Responsible Officer</u>

The Chief Executive has the overall responsibility for the operation and maintenance of this policy and will assign a “named responsible person” to carry forward or assist with the investigation. The Chief Executive will report as necessary to the Agency Board.

POLICY DOCUMENT

Whistle Blowing Policy

2014 – (Version 4.0)
CS>SMT>G&R>Board

Policy Review Schedule

Date first Approved by the Board: 24th November 2005

Last Approved by the Board: September 2014

Date of Next Review: September 2016

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 -1.0 (draft)	31/10/2005		Approved by Senior Management	
2005 - 1.0	24/11/2005		Ratified by Agency Board	Margot Roberts
2009 - 2.0 (draft)	25/2/2009		Policy revised following further DFP DAO (DFP) 11/08 and presented to the Board for ratification	
2009 - 2.0	2009		Issued to Staff	
2012 - 3.0 (draft)	24/04/12		Presented to the Governance Committee for review and ratification	Mark McCarey
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2012 - 3.0	26/04/12	13	Approved	
2012 – 3.1	15/08/2013		Updated to include 'The Role of NIMDTA', NIMDTA mission statement, impact and influences on this policy	
2014 – 4.0	16/09/2014	13	Presented to G&R Committee for approval. **Approved.**	
2014 – 4.0	18/09/2014	13	Presented to NIMDTA Board for approval. **Approved.**	

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Chairman: [redacted]

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12. The Responsible Officer

The Chief Executive has the overall responsibility for the operation and maintenance of this policy and will assign a “named responsible person” to carry forward or assist with the investigation. The Chief Executive will report as necessary to the Board.

Northern Ireland
Medical & Dental Training Agency

POLICY DOCUMENT

Whistleblowing Policy

2015 – (Version 5.0)
CS>SMT>G&R>Board

Policy Review Schedule

Date first Approved by the Board: 24th November 2005

Last Approved by the Board: 1 December 2015

Date of Next Review: 1 December 2017

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 -1.0 (draft)	31/10/2005		Approved by Senior Management	
2005 - 1.0	24/11/2005		Ratified by Agency Board	Margot Roberts
2009 - 2.0 (draft)	25/2/2009		Policy revised following further DFP DAO (DFP) 11/08 and presented to the Board for ratification	
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2012 - 3.0 (draft)	24/04/12		Presented to the Governance Committee for review and ratification	Mark McCarey
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2012 - 3.0	26/04/12	13	Approved	
2012 – 3.1	15/08/2013		Updated to include 'The Role of NIMDTA', NIMDTA mission statement, impact and influences on this policy	
2014 – 4.0	16/09/2014	13	Presented to G&R Committee for approval. **Approved.**	
2014 – 4.0	18/09/2014	13	Presented to NIMDTA Board for approval. **Approved.**	
2015 – 5.0	23/11/15	13	Policy reviewed in line with new guidance and submitted to NIMDTA Board for approval	Mark McCarey
2015 – 5.0	1/12/15	13	Approved by NIMDTA Board. Screening Template also approved.	Mark McCarey

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8. How will an investigation be conducted? 13
9. How can I find out more? 14

Role of the Northern Ireland Medical and Dental Training Agency

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- DFP Guidance DAO (DFP) 11/08
- Letter from Minister for Health, Social Services and Public Safety (E Poots MLA) 22/03/12
- Whistleblowing in the Public Sector - A good practice guide for workers and employers (Public Concern at Work)

Policy Impact

This policy may have an impact on the following:

- Code of Conduct for Staff Members
- Code of Practice for Board Members
- Fraud Policy
- Reporting of Incidents Policy
- Health & Safety Policy

Executive Summary

NIMDTA has a commitment to openness in its activities and decision-making processes and encourages employees of NIMDTA to raise any issues of concern, which may be considered to be contrary to the public interest.

NIMDTA recognises that its staff are its most valuable resource both in terms of what they do, and the information that they hold about how things are done. It is therefore of vital importance that if staff have concerns that they wish to raise, that a transparent and accountable structure is promoted that encourages staff to do so.

> 'Whistleblowers have an important role to play in bringing information to departments about matters that are troubling them in relation to the proper conduct of public business'
>
> **Northern Ireland Audit Office**

This policy provides guidance on how such concerns (whistleblowing) can be raised.

Questions that you should be able to answer after reading this policy

1. What is the definition of whistleblowing?

2. How should you raise a concern?

3. Where should I go for further guidance?

1. Introduction

NIMDTA has a commitment to openness in its activities and decision-making processes and encourages employees to raise any issues of concern, which may be considered to be contrary to the public interest.

This policy has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order (PIDO) 1998 which provides employment protection for employees who believe it its necessary to raise issues of public interest either internally or externally.

These guidelines set out the process by which staff can voice their concerns without fear of recrimination and seeks to provide an effective confidential (whistle blowing) channel and system of support.

Whistleblowing can be defined as:

> 'A worker raising a concern about wrongdoing, risk or malpractice with someone in authority either internally and/or externally'
>
> **Public Concern at Work**

The difference between a Whistleblower and a Complainant can be established by considering the answers to the following questions:

> Does the concern refer to 'others' for example the organisation, other staff, clients, the wider public?
>
> If yes = Whistleblower
>
> Does the concern refer to the individual ('self') for example a personal grievance about terms of employment, pay, unfair treatment?
>
> If yes = Complainant
>
> **Public Concern at Work**

The procedures in this document are for use in relation to Whistleblowing. They are not for use in relation to individual complaints, which are dealt with under separate policies.

2. Why should I raise a concern?

It is in the interests of all concerned that disclosures of wrongdoing or irregularity are dealt with promptly and discreetly. This includes the interests of NIMDTA, its staff and any persons who are subject to such disclosures, as well as the person making the disclosure. The overriding concern for both the employer and the employee should be that it would be in the public interest for the concern to be corrected and, if appropriate, sanctions applied.

Staff should be mindful, when making a disclosure in the public interest, of the need to avoid a breach of the privacy and confidentiality of personal information. It is wrong to give details of the condition or treatment of an individual without their explicit consent. Personal records are protected by Data Protection legislation.

NIMDTA is committed to the highest possible standards of openness, probity and accountability. In line with this commitment NIMDTA encourages employees and those acting on behalf of NIMDTA, who have serious concerns about how NIMDTA conducts its business, to voice those concerns. It is our policy that in coming forward no one should be disadvantaged, lose their job or suffer any form of retribution for raising issues in good faith. Staff reporting concerns in good faith are formally protected against victimisation under the Public Interest Disclosure (Northern Ireland) Order 1998 (revised 2004). It is an offence for management and staff to victimise employees who are either thinking of or have raised a concern. NIMDTA will seek to take all possible steps to protect those who raise concerns, as well as take disciplinary action against those who seek to victimise.

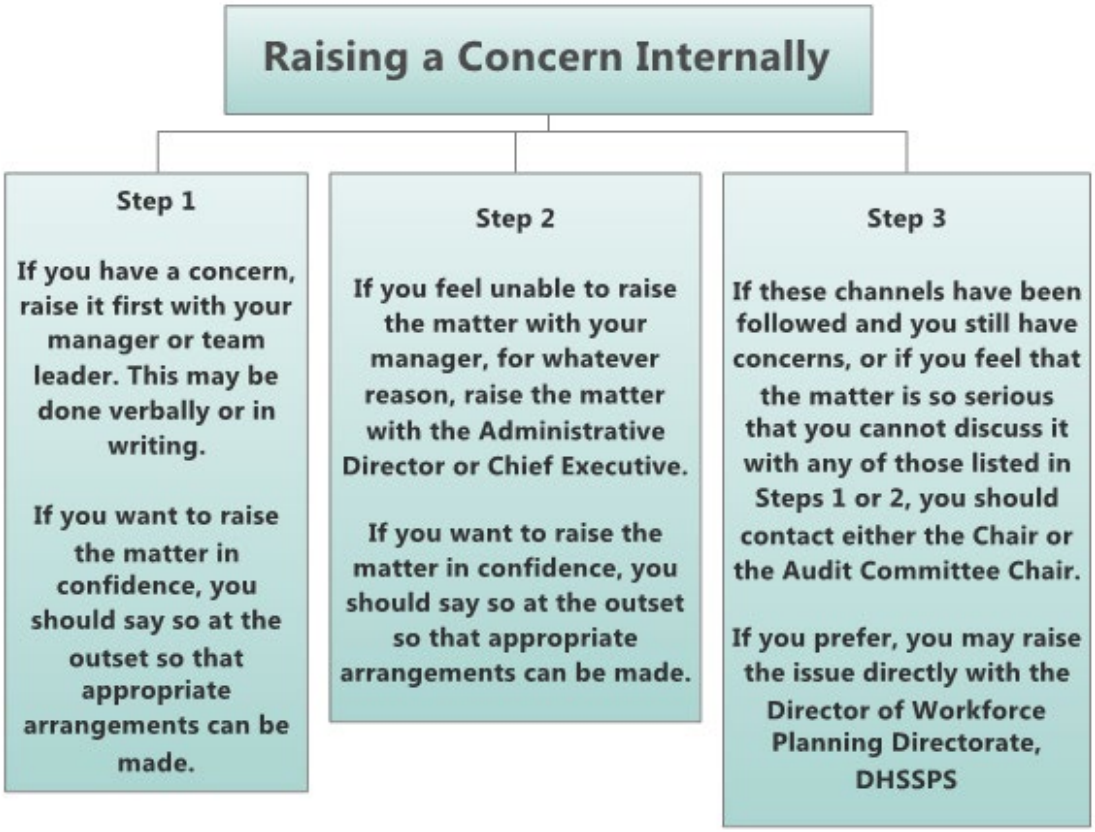
Similarly, employees who seek to raise concerns in a mischievous or vexatious manner will be subject to disciplinary action.

3. What types of concern can I raise?

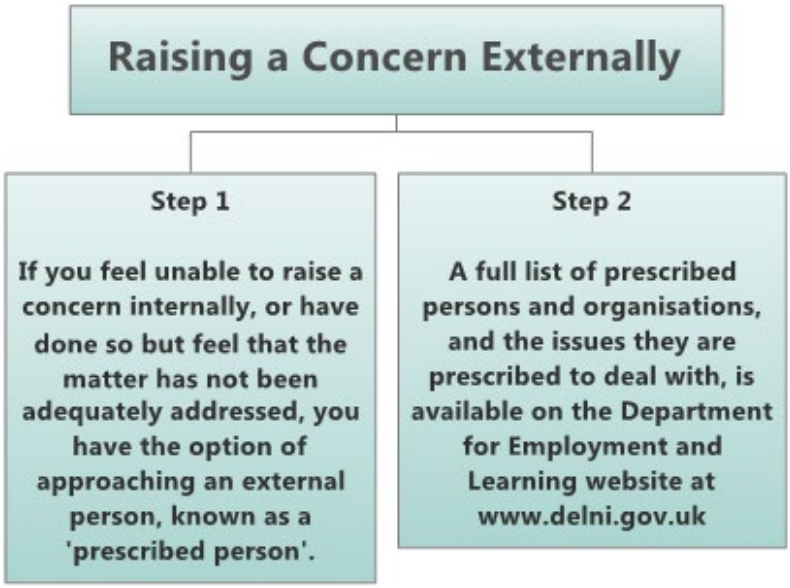
If you have an honest belief that any of the following may be occurring, you should raise a concern:

- health and safety risks, either to the public or other employees;
- any unlawful act (e.g. theft);
- the unauthorised use of public funds (e.g. expenditure for improper purpose);
- a breach of the Employee Code of Conduct;
- maladministration (e.g. not adhering to procedures, negligence);
- failing to safeguard personal and/or sensitive information (data protection);
- damage to the environment (e.g. pollution);
- fraud and corruption (e.g. to give or receive any gift/reward as a bribe);
- abuse of power;
- the abuse of children and /or vulnerable adults (physical or psychological);
- poor value for money;
- other unethical conduct; and
- any deliberate concealment of information tending to show any of the above.

4. How do I raise a concern?



NIMDTA would hope that all concerns can be raised internally in the first instance. If an employee does not believe that this is possible the following steps may be taken:



5. Will my confidentiality be assured?

Concerns can be raised openly, confidentially, or anonymously.

It is not a requirement of the Public Interest Disclosure legislation to provide confidentiality, as it encourages employees to raise concerns openly, and NIMDTA has a process for ensuring that they do not suffer a detriment or harassment as a result.

NIMDTA will consider concerns that are raised in confidence and will seek to protect any assurances that are provided in relation to confidentiality as far as possible. Confidentiality may impede an investigation, and in such circumstances the investigating officer will consult with you, and if possible, obtain your informed consent. Therefore, all concerns raised in confidence will be treated in confidence and every effort will be made not to reveal the identity of the member of staff raising the concerns. However if a situation arises where an issue cannot be resolved without revealing the identity of an individual eg because the evidence is needed in court or in a disciplinary hearing it will be discussed with the member of staff concerned whether and how the investigation can proceed.

6. Can I make an anonymous disclosure?

The purpose of the Public Interest Disclosure legislation, and this policy, is to encourage employees to raise concerns openly, however, you can make an anonymous disclosure. NIMDTA will accept concerns raised anonymously, and will seek to act upon them. However the following characteristics of an anonymous disclosure are likely to limit its effect:

- Detailed investigations may be more difficult, or even impossible, to progress if you choose to remain anonymous and cannot be contacted for further information.
- The information and documentation you provide may not easily be understood and may need clarification or further explanation.
- There is a chance that the documents you provide might reveal your identity.
- It may not be possible to remain anonymous throughout an in-depth investigation.
- It may be difficult to demonstrate to a tribunal that any detriment you have suffered is as a result of raising a concern.

7. What should I expect if I raise a concern?

Where a concern is raised openly or confidentiality NIMDTA will provide you with an outline of the process of any investigation, including timescales and the nature of the feedback that you can expect. NIMDTA will also appoint an investigating officer in relation to the investigation, who will provide updates and any further advice that may be needed. Where concerns are raised anonymously, it will not be possible to provide this information and support.

In particular, NIMDTA will:

- formally acknowledge receipt of your concern;
- formally notify you who will be investigating your concern;
- formally notify you who you should speak to for updates and reports;
- offer you the opportunity of a meeting to fully discuss the issue, so long as you have not submitted your concern in writing anonymously;
- respect your confidentiality where this has been requested. Confidentiality should not be breached unless required by law;
- take steps to ensure that you have appropriate support and advice;
- agree a timetable for feedback. If this cannot be adhered to, NIMDTA will advise you;
- provide you with as much feedback as it properly can; and
- take appropriate and timely action against anyone who victimises you.

8. How will an investigation be conducted?

At the outset the nature of the investigation will be informed by the manner in which the concern was raised, whether openly, confidentially, or anonymously. Each of these methods of raising a concern will set a different tone and priorities to the type of investigation required for example:

Open Concern

How best can the investigation protect the whistleblower from potential victimisation?

Confidential Concern

How best can the investigation protect the whistleblower's identity? Is it possible to conduct a confidential investigation in the context of the raised concern?

Anonymous Concern

Can the concern be investigated in light of the quality of information raised? Is it likely an investigation will reveal the identity of the whistleblower?

The nature or subject matter of the concern will also require consideration at the outset of the investigation. For example, if the concern is in relation to an actual or perceived fraud, it will be necessary to involve the Counter Fraud and Probity Service of the Business Services Organisation.

The manner in which the concern is raised will also be considered for example, is this raised in good faith based on honest belief? Or is this concern potentially mischievous or vexatious?

Subject to the above NIMDTA will therefore ensure the key considerations for any investigative process include:

- appointing an investigator(s) with the necessary skills;
- ensuring no conflict of interest between the investigator and the issue being investigated;
- having clear terms of reference (that, were possible, include how outcomes may be communicated);
- setting a clear scope for the investigation and drawing up a detailed investigation plan;
- clarifying what evidence needs to be gathered and how it will be gathered (document search, interviews etc.);

- deciding how best to engage with the whistleblower and manage their expectations; and

- ensuring that all investigative work is clearly documented, and completed in line with the terms of reference.

9. How can I find out more?

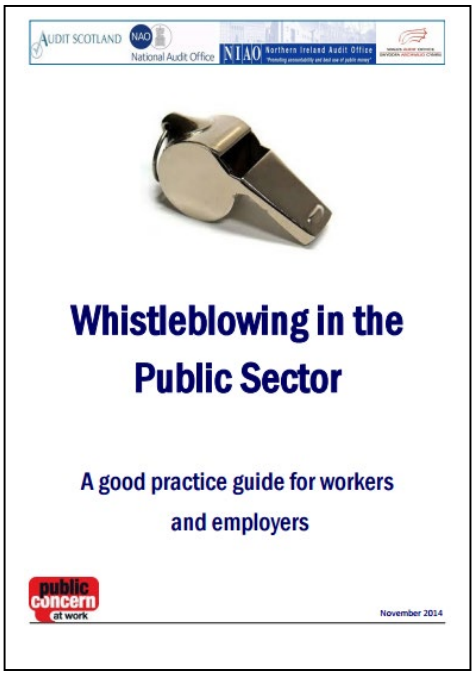
Free confidential advice is available from the independent charity Public Concern at Work. Their details are as follows:

http://www.pcaw.org.uk/contact-us

General enquiries: 020 3117 2520

Whistleblowing Advice Line: 020 7404 6609

Public Concern at Work have also produced a document, in partnership with the Northern Ireland Audit Office (NIAO) entitled 'Whistleblowing in the Public Sector'. This document contains information for both employees and managers. It is available on the Public Concern at Work and NIAO websites.



Whistleblower's may wish to discuss or seek advice from further independent sources such as a professional body or trade union and may wish to have a trade union representative or colleague present during any meetings or interviews held in connection with the concerns raised.

Northern Ireland
mdta
Medical & Dental Training Agency

POLICY DOCUMENT

Whistleblowing Policy

2018 – (Version 6.2)
BS>SMC>G&R>Board

Policy Review Schedule

Date first Approved by the Board: 24 November 2005

Last Approved by the Board: 22 March 2018

Date of Next Review: 22 March 2020

Policy Owner: Governance, IT & Facilities Manager

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 -1.0 (draft)	31/10/2005		Approved by Senior Management	
2005 - 1.0	24/11/2005		Ratified by Agency Board	Margot Roberts
2009 - 2.0 (draft)	25/2/2009		Policy revised following further DFP DAO (DFP) 11/08 and presented to the Board for ratification	
2009 - 2.0	2009		Issued to Staff	
2012 - 3.0 (draft)	24/04/12		Presented to the Governance Committee for review and ratification	Mark McCarey
2012 - 3.0 (draft)	26/04/12		Presented to the Board for review and ratification	Mark McCarey
2012 - 3.0	26/04/12	13	Approved	
2012 – 3.1	15/08/2013		Updated to include 'The Role of NIMDTA', NIMDTA mission statement, impact and influences on this policy	
2014 – 4.0	16/09/2014	13	Presented to G&R Committee for approval. **Approved.**	
2014 – 4.0	18/09/2014	13	Presented to NIMDTA Board for approval. **Approved.**	
2015 – 5.0	23/11/15	13	Policy reviewed in line with new guidance and submitted to NIMDTA Board for approval	Mark McCarey
2015 – 5.0	1/12/15	13	Approved by NIMDTA Board. Screening Template also approved.	Mark McCarey
2018 – 6.0	22/02/2018		Policy reviewed in line with new DoH guidance & template.	Gillian Kerr
2018 – 6.1	8/3/18	32	Policy reviewed and localised for NIMDTA. Prepared for submission to SMC, G&R and Board	Mark McCarey
	22/03/18		Presented to NIMDTA Board. **Approved.**	Mark McCarey
2018 – 6.2	10/10/18			

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Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to use the resources provided to it efficiently, effectively and innovatively. NIMDTA's approach to training is that trainees, trainers and educators should put patients first, should strive for excellence and should be strongly supported in their roles.

Policy Influence

This policy has been influenced by the following:

- RQIA Review into Whistleblowing in the HSC
- HSC Whistleblowing Framework & Model Policy [Letter from Andrew Dawson dated 3 November 2017]

Policy Impact

This policy may have an impact on the following:

- Code of Practice for Board Members
- Code of Conduct for Staff Members
- Fraud Policy
- Reporting of Incidents Policy
- Health & Safety Policy
- Complaints Policy

Executive Summary

NIMDTA has a commitment to openness in its activities and decision-making processes and encourages employees of NIMDTA to raise any issues of concern, which may be considered to be contrary to the public interest.

NIMDTA recognises that its staff are its most valuable resource both in terms of what they do, and the information that they hold about how things are done. It is therefore of vital importance that if staff have concerns that they wish to raise, that a transparent and accountable structure is promoted that encourages staff to do so.

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>
> **Northern Ireland Audit Office**

This policy provides guidance on how such concerns (whistleblowing) can be raised.

Questions that you should be able to answer after reading this policy

1. What is the definition of whistleblowing?
2. How should you raise a concern?
3. Where should I go for further guidance?

1. Introduction

All of us at one time or another may have concerns about what is happening at work. NIMDTA wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or NIMDTA itself, it can be difficult to know what to do.

NIMDTA recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know by raising it initially with your line manager. NIMDTA has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2. Aims and Objectives

NIMDTA is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by NIMDTA;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that NIMDTA is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

NIMDTA roles and responsibilities in the implementation of this policy are set out at **Appendix A.**

3. Scope

NIMDTA recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of NIMDTA, including permanent, temporary and educator staff, staff in training working within NIMDTA, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think NIMDTA should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the NIMDTA local grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery NIMDTA has a number of avenues available to report your concern. These are included in more detail in the NIMDTA Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Business Manager in their role as Fraud Liaison Officer

Employees can also contact the regional HSC fraud reporting hotline on

0800 096 33 96 or report their suspicions online to www.repporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The NIMDTA Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for NIMDTA or under its control. NIMDTA expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5. NIMDTA's commitment to you

5.1 Your safety

NIMDTA, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). NIMDTA will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

NIMDTA expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and NIMDTA reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, NIMDTA hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a senior manager in Professional Support, Corporate Services, or Business Management.

NIMDTA is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager. But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact a senior manager in Professional Support, Corporate Services, or Business Management.

If you still remain concerned after this, you can contact the Chief Executive.

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

NIMDTA hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, NIMDTA would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, NIMDTA recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
    - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
    - The Regulation and Quality Improvement Authority;
    - The Health and Safety Executive;
    - Serious Fraud Office,
    - Her Majesty's Revenue and Customs,
    - Comptroller and Auditor General;
    - Information Commissioner
    - Northern Ireland Commissioner for Children and Young People
    - Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The Media

You may consider going to the media in respect of their concerns if you feel NIMDTA has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. NIMDTA reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are co-ordinated by the Department of Health on behalf of NIMDTA. Staff approached by the media should direct the media to this department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to NIMDTA listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

10. Appendices

Appendix A – Roles and Responsibilities

Appendix B – Procedure

Appendix C – Advice for Managers

11. Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires NIMDTA to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

The policy has been **screened out** without mitigation or an alternative policy proposed to be adopted.

12. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audiocassette and in other minority languages to meet the needs of those who are not fluent in English.

13. Sources of advice in relation to this document

The Governance, IT & Facilities Manager should be contacted with regard to any queries on the content of this policy.

13. Policy sign off

Lead Policy Author Date

Professional Support Manager Date

APPENDIX A

Roles and Responsibilities

NIMDTA

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via organisations shared learning procedures

The Non-Executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation
- NIMDTA has identified a need for a Non-Executive Director Whistleblowing Champion. At the time of this policy review this is the Dental member of the Board.

Senior Manager

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within NIMDTA where appropriate

- To invoke the formal procedure and ensure the Governance, IT & Facilities Manager is informed, if the issue is appropriate

- To ensure feedback, learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels

- To intervene if there are any indications that the person who raised a concern is suffering any recriminations

- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to NIMDTA's attention any matter of concern

- To adhere to the procedures set out in this policy

- To maintain the duty of confidentiality to patients and NIMDTA and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical or Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

APPENDIX B

EXAMPLE PROCEDURE FOR RAISING A CONCERN

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager (lead clinician or tutor). This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager, for whatever reason, please raise the matter with our designated adviser/ advocate.

Governance, IT & Facilities Manager

[redacted]

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Chief Executive/Postgraduate Dean

[redacted]

Step four (formal)

You can raise your concerns formally with the external bodies listed at paragraph 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of NIMDTA to take forward the investigation in conjunction with the Agency if appropriate

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the NIMDTA Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and ‘lessons learned’ will be documented and approved as final by the responsible Senior Manager. In addition the relevant Senior Manager will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The NIMDTA Board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation’s culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate. We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

APPENDIX C

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties.
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and
11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

Belfast Health and Social Care Trust

TYPE OF DOCUMENT Trust Policy for approval by **Trust Policy Committee**

REFERENCE NUMBER	TP056/08
TITLE	Belfast Health and Social Care Trust Capability Procedure
Summary .	This procedure sets out the principles of the capability procedure applying to Trust employees and guidance in the informal and formal stages of the capability process
Supercedes	All Legacy Trust policies relating to capability procedures
Operational date	1 August 2008
Review date	1 August 2011
Version Number	V1
Director Responsible	Mrs Marie Mallon, Director of Human Resources
Lead Author	Mr Damien McAlister
Lead Author, Position	Co Director Employee Relations, Resourcing and Pay Partnership
Department / Service Group	Human Resources
Contact details	Damien McAlister, [redacted] mailto:[redacted]
Additional Author(s)	Cynthia Crutchley, Senior Human Resources Manager, tel: [redacted] mailto[redacted]

Version Record

Date	Version	Author	Comments
1/8/08	1	D McAlister	

Approval Process – Trust Policies

Policy Committee	Approval	09.11.09	V1
Executive Team	Authorise	11.11.09	V1
Chief Executive	Sign Off	11.11.09	V1

Director Human Resources
11 November 2009

Chief Executive
11 November 2009

Capability Procedure

1. INTRODUCTION

It is the Trust's aim to help and encourage all staff to achieve high standards of performance. This procedure is designed to deal with those cases where an employee is lacking in some area of knowledge, skill or ability, and is consequently unable to carry out some, or all of the duties required of them to an acceptable standard. Ignoring unsatisfactory performance can have an impact on the quality of service provided, the employees own sense of satisfaction and enjoyment in their work and that of the team in which they work.

The procedure is to be used where there is evidence of a genuine lack of capability rather than a deliberate failure on the part of the employee to perform to the standards of which he/she is capable. Where the unsatisfactory performance is attributable to the employee's incapacity on the grounds of ill health, this will be dealt with under the Trust's Sickness & Absenteeism/Attendance Management Policy and Procedure.

This procedure applies to all Trust staff (excluding Medical & Dental Staff who are the subject of separate agreed procedures).

2. DEFINITION

Capability in relation to this policy is defined by the Employment Rights Act 1996 as *'capability assessed by reference to skill, aptitude, health or any other physical or mental quality'.* The Trust is also aware of its obligations under the Disability Discrimination Act 1995 as amended in the implementation of this procedure.

Concerns about capability may arise from a number of factors, including:

- lack of competence, proficiency, poor organisation
- lack of aptitude, skill or experience
- the re-organisation or redefinition of the person's role, which causes performance / problems e.g. organisational change or technology changes
- changes in the nature or allocation of work, including changes to employment such as promotional position which the individual may not able to undertake to standards required
- an individual being unable to satisfactorily complete their probationary period
- external factors such as personal/family difficulties, work life balance

3. AIM

The aim of the procedure is to ensure that:

- the Trust operates effectively as an organisation.
- there is guidance and a protocol through which managers can address employee's capability
- capability issues are dealt with fairly, appropriately and consistently and all who are involved in the process are treated with dignity and respect
- managers, employees and their representatives are aware of their rights and obligations in dealing with matters of capability under this procedure.

4. PRINCIPLES

The following general principles are applicable to all capability cases:

a. Managers should raise issues of capability concerns with employees as soon as they become aware of them. The employee should be issued with a copy of the Capability Procedure at this time. It is expected that in the first instance issues are dealt with between the line manager and the individual
b. The same principles of natural justice inherent in the Trust's Disciplinary Procedure should be demonstrated when dealing with an individual's capability.
c. It is expected that in many cases, informal discussions will resolve most difficulties.
d. If necessary the Trust will enable an individual to avail of additional training to assist in meeting the required standards.
e. At all formal stages during this process the employee will have the right to be accompanied and/or represented by an employee representative.
f. Accurate records should be kept of all meetings.

5. PROCESS FOR ADDRESSING CAPABILITY ISSUES

This process consists of three steps:

5.1 Informal Process
5.2 Formal Process – Step One and Two Meetings with Employee
5.3 Appeal

5.1 INFORMAL PROCESS

- Unsatisfactory performance should be discussed with the individual and line manager in an informal advisory session. The line manager will remind the employee of the expected standards of performance required.

- It should be outlined by the line manager how the individuals performance is unsatisfactory and unacceptable in view of that standard. The problems being caused by the unacceptable performance should be referred to.

- At this session the line manager will try to identify any factors contributing to the poor performance and will identify assistance that may lead to improved performance including the provision of additional training or mentoring.

- During the discussion an agreed action plan should be drawn up to include details of the improvements expected, with timescales and any support that is to be provided and to also include review periods to assess performance. The individual should be informed that their performance will continue to be monitored over a review period – normally one to three months.

- Where an improvement is achieved the individual should be advised in writing by the line manager that required standards have now been met and should continue to be met. In cases of performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process. The line manager should inform the employee that any lapse to previous unacceptable levels within six months from the date of the first informal meeting may result in further steps being taken in accordance with this procedure.

- In the event that there has been insufficient improvement and there is evidence to support this then the employee should be advised in writing that the formal procedure will be used.

5.2 FORMAL PROCESS – STEP 1

In cases where capability issues have not been resolved through the informal procedure, the line manager, following a discussion with an HR representative, will write to the employee inviting the employee to attend a formal meeting. This notification should include:

- Date, time and venue,
- Confirmation that this is a formal meeting in accordance with the formal steps within the capability procedure
- An outline of the issues to be discussed
- Advice that the employee has the right to be accompanied and / or represented by an employee representative and
- Who will be in attendance

This letter should give the employee at least seven days notice of the meeting and should be sent to the employee as soon as practicable after the conclusion of the informal stage. The employee should be issued with a copy of the Capability Procedure with this letter.

5.2.1 FORMAL MEETING

- The continued unacceptable performance should be discussed with the individual by the line manager, in a formal meeting. , it should be made clear it is not a disciplinary interview. The individual should be informed that despite his/her ability for the work to be done to a satisfactory standard, the continuation of unacceptable performance can not be tolerated.

- Reference should be made to the fact that there has been a failure to improve despite a previous informal meeting.

- The reasons attributing to the continued unacceptable performance along with any associated difficulties the individual may be experiencing should be discussed. The problems being caused by the unacceptable performance should be referred to.

- An indication of the improvement required should be given with an agreed action plan. This action plan should contain objectives, change of behaviour/agreed ways of working that is required, with timescales and clear measurable tasks that can be monitored against the action plan. The individual will also be informed of when this will be reviewed, how often and what the criteria for improvement are within the agreed timescales. Any additional support needed, such as further training or mentoring should be agreed.

- An indication should be given that further action will be taken if the improvement required is not forthcoming within the agreed timescales.

- A formal record will be made of the meeting. A copy of the record should also be issued to the employee.

- Timescales will be agreed by all parties and they will not be longer than 3 months.

Review meeting:- The purpose of this will be to have a formal review meeting between manager and the employee to discuss progress and determine if the requirements and objectives have been fully achieved

a) If after review and discussion the capability improves and is maintained this will be confirmed in writing to the employee, with no further requirements In cases of performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process If there is a relapse within 6 months the matter will be dealt with at the appropriate point within the formal process.

b) If after a review and discussion the capability concern remains and the objectives have not been achieved the employee would be informed of this and the need for the matter to be referred to stage 2 in the process.

The outcome of the review meeting should be notified in writing to the employee.

5.2.2 STEP 2

A formal meeting should be arranged with the next level manager as set out in Appendix 1 and in accordance with the guidance in 5.2 above. A member of HR staff may be in attendance. Furthermore the employee must be informed of the capability issues to be discussed, and informed of the possible outcomes of the meeting, e.g. redeployment/alternative employment, downgrading or termination of employment.

The purpose of this meeting will be to

a) Discuss the continuing capability concern and the failure to achieve agreed objectives.

b) Consider the employee's response to the capability concerns. (The individual's line manager may attend if required).

c) Reach a decision on appropriate action.

The employee will be advised of the decision in writing within 7 days and their entitlement to seek an appeal.

5.3 STEP 3 - APPEAL

If dissatisfied with the outcome the employee will be entitled to appeal against the decision. The purpose of any appeal would be to consider whether the decision reached was fair and reasonable under the circumstances.

The employee who wishes to lodge an appeal should write to Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter informing them of the decision.
The Appeals Panel, set up in accordance with Appendix 1, will comprise 2 members from the Trust who have had no previous involvement in the case. The employee will have the entitlement to be represented at this appeal.

The decision the appeal panel will be confirmed in writing to the individual within seven days of the decision being taken.

5.4 REFERRAL TO PROFESSIONAL BODY

Where deemed appropriate a referral should be made by the relevant Director to the relevant professional body for consideration in accordance with their Professional Code of Conduct.

6. EQUALITY AND HUMAN RIGHTS

Belfast Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy.

7. REVIEW OF THE POLICY

This policy is effective from 1 August 2008 and should be reviewed periodically in consultation and negotiation with recognised staff side representatives.

Signed on behalf of Staff Side: Signed of behalf of Management:

_____ _____

Date: Date:

_____ _____

MANAGEMENT LEVELS FOR STEPS 2 AND 3

	Step 2	**Step 3**
Staff at below 4th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1/ Level 2	Chair/ Level 1/ Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant/Co-Director
Level 4 – Senior Manager

Belfast Health and Social Care Trust
caring supporting improving together

Reference No: TP 56/08

Title:	**Capability Procedure**		
Author(s)	Damian McAlister Cynthia Crutchley Regional HR Policy Group		
Ownership:	Human Resources & Organisational Development Directorate		
Approval by:	Regional Joint Negotiating Forum Workforce Governance and Policy Review Sub-Committee Trust Policy Committee Executive Team Meeting	**Approval date:**	09/03/2015 01/07/2015 5/08/2015 19/08/2015
Operational Date:	August 2015	**Next Review:**	~~August 2017~~ ~~September 2020~~ March 2022
Version No.	V2	**Supercedes**	V1 – August 2008-2011
Key words:	Capability		
Links to other policies			

Date	Version	Author	Comments
01/04/2015	1.1	D McAlister C Crutchley Regional Employment Law Team	Appendix 1 - Change in relation to level of panels for step 2 and 3. Other minor changes which were agreed regionally.
20/09/2019	2.1		Awaiting regional input – review extended 1 year
01/03/2021	2.2		Awaiting regional input – review extended 1 year

Director of Human Resources & OD

Chief Executive

CAPABILITY PROCEDURE

Author	Regional HR Policy Group
Directorate responsible	Human Resources & Organisational Development
Date	1st April 2015
Review date	1st April 2017

CAPABILITY PROCEDURE

1. INTRODUCTION

In order to deliver a high quality service, all employees are expected to perform the duties of their post to an acceptable standard in accordance with the nature and banding of their role. These standards may be laid down in the Job Description for the post and/or are determined in accordance with the employee's contractual obligations.

It is the aim of the <HSC Employer> to ensure that all employees are treated in a fair and equitable manner.

Capability in relation to this Procedure is defined by the Employment Rights (NI) Order 1996 as *'capability assessed by reference to skill, aptitude, health or any other physical or mental quality'.* Ignoring unsatisfactory performance can have an impact on the quality of service provided, the employee's own sense of satisfaction and enjoyment in their work and that of the team in which they work.

Where an employee is not performing in accordance with the required standards, they will be offered support, encouragement, guidance and, if necessary, training to improve their work performance.

The Procedure applies where there is a genuine lack of capability, rather than a deliberate failure on the part of the employee to perform to the required standard. In the event of deliberate failure by the employee to perform to the required standard the matter will be dealt with as a conduct matter under the <HSC Employer's> Disciplinary Procedure.

Nothing in this procedure is intended to prevent the normal process of supervision, allocation of work by management, monitoring of performance, drawing attention to errors and, as importantly, highlighting work done well.

This policy is not intended to cover concerns that arise in connection with an employee's ill health, which are addressed under the <HSC Employer's> <Sickness Absence Procedures>.

The Trust is also aware of its obligations under the Disability Discrimination Act 1995 (as amended) in the implementation of this procedure.

2. PURPOSE AND AIMS

This Procedure is intended to underpin the normal process of supervision, support and control where managers allocate work, monitor performance, draw attention to errors and poor quality and, as importantly, highlight work well done. This

continuing day-to-day process may include informal assistance in achieving improvement to the required standard, in addition to regular KSF development reviews.

This Procedure is designed to deal with those cases where the employee is lacking in some area of knowledge, skill or ability, resulting in a failure to be able to carry out the required duties of their role to an acceptable standard.

The aims of the procedure are to ensure that:

- the employee is assisted to improve their performance and that there is on-going monitoring and assistance afforded to them to support them to reach the expected performance standard
- the Trust operates effectively as an organisation
- there is guidance and a protocol through which managers can address employee capability concerns
- capability concerns are dealt with fairly, appropriately and consistently and all who are involved in the process are treated with dignity and respect
- managers, employees and their representatives are aware of their rights and obligations in dealing with matters of capability under this procedure.

3. SCOPE

This procedure applies to all Trust staff (excluding Medical & Dental Staff who are the subject of separate agreed procedures).

4. DEFINING CAPABILITY CONCERNS

Concerns about an employee's capability may arise from a number of factors, including:

- lack of competence, proficiency, poor organisation
- lack of aptitude, skill or experience
- the re-organisation or redefinition of the person's role, which causes performance / problems e.g. organisational change or technology changes
- changes in the nature or allocation of work, including changes to employment such as promotional position which the individual may not able to undertake to standards required
- an individual being unable to satisfactorily complete their probationary period
- external factors such as personal/family difficulties, work life balance

5. PRINCIPLES

- It is expected that if issues arise around an employee's performance, these should be addressed at the earliest opportunity by the employee's direct line manager. The employee should be issued with a copy of this Procedure at the time. Early intervention when poor performance is identified should be

encouraged enabling a supportive approach to be taken. In cases such as these the employee needs to be fully aware of the performance issues and the standards that need to be met. Line managers should seek to establish the type of support that can be offered to assist the employee in reaching the desired performance level. The following types of support may be considered useful:

- shadowing other members of staff
- training / development
- time out to concentrate on specific areas of work which require improvement
- mentoring
- increased supervision

- It is expected that in the first instance issues are dealt with between the line manager and the individual.

- It is expected that in many cases, informal discussions will resolve most difficulties.

- At all formal stages during this process the employee will have the right to be accompanied and/or represented by an employee representative.

- Accurate records should be kept of all meetings.

- The same principles of natural justice inherent in the Trust's Disciplinary Procedure should be demonstrated when dealing with an employee's capability.

6. PROCESS FOR ADDRESSING CAPABILITY CONCERNS

This process consists of three stages:

6.1 Informal Process
6.2 Formal Process – Stage One and Two Meetings with Employee
6.3 Appeal

6.1. INFORMAL PROCESS

6.1.1 Unsatisfactory performance should be discussed with the individual and line manager in an informal advisory session. The line manager will remind the employee of the expected standards of performance required.

6.1.2 It should be outlined by the line manager how the individuals performance is unsatisfactory and unacceptable in view of that standard. The problems being caused by the unacceptable performance should be referred to.

6.1.3 It is important that managers do not only focus on the performance concerns during these discussions but that areas of good performance should be highlighted and complimented.

6.1.4 At this session the line manager will try to identify any factors contributing to the poor performance and will identify assistance that may lead to improved performance including the provision of additional training or mentoring.

6.1.5 During the discussion an agreed action plan should be drawn up to include details of the improvements expected, with timescales and any support that is to be provided and to also include review periods to assess performance. The individual should be informed that their performance will continue to be monitored over a review period – normally one to three months.

6.1.6 Where an improvement is achieved the individual should be advised in writing by the line manager that required standards have now been met and should continue to be met. In cases of performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process. The line manager should inform the employee that any lapse to previous unacceptable levels within six months from the date of the first informal meeting may result in further steps being taken in accordance with this procedure.

6.1.7 In the event that there has been insufficient improvement and there is evidence to support this then the employee should be advised in writing that the formal procedure will be used.

6.2 FORMAL PROCESS – STAGE 1

In cases where capability issues have not been resolved through the informal procedure, the line manager, following a discussion with an HR representative, will write to the employee inviting the employee to attend a formal meeting. This notification should include:

- Date, time and venue,
- Confirmation that this is a formal meeting in accordance with the formal steps within the Capability Procedure
- An outline of the issues to be discussed
- Advice that the employee has the right to be accompanied and / or represented by an employee representative and
- Who will be in attendance

This letter should give the employee at least seven days' notice of the meeting and should be sent to the employee as soon as practicable after the conclusion of the informal stage. The employee should be issued with a copy of the Capability Procedure with this letter.

6.2.1 FORMAL MEETING

6.2.1(a) The continued unacceptable performance should be discussed with the individual by the line manager, in a formal meeting. However, it should be made clear it is not a disciplinary interview. The individual should be informed that the continuation of unacceptable performance cannot be accepted.

6.2.1 (b) Reference should be made to the fact that there has been a failure to improve despite a previous informal meeting.

6.2.1 (c) The reasons attributing to the continued unacceptable performance along with any associated difficulties the individual may be experiencing should be discussed. The problems being caused by the unacceptable performance should be referred to.

6.2.1 (d) An indication of the improvement required should be given with an agreed action plan. This action plan should contain objectives, change of behaviour/agreed ways of working that is required, with timescales and clear measurable tasks that can be monitored against the action plan. The individual will also be informed of when this will be reviewed, how often and what the criteria for improvement are within the agreed timescales. Any additional support needed, such as further training or mentoring should be agreed.

6.2.1 (e) An indication should be given that further action will be taken if the improvement required is not forthcoming within the agreed timescales.

6.2.1 (f) A formal record will be made of the meeting. A copy of the record should also be issued to the employee.

6.2.1(g) Timescales will be agreed by all parties and they will not be longer than 3 months.

Review meeting:- The purpose of this will be to have a formal review meeting between manager and the employee to discuss progress and determine if the requirements and objectives have been fully achieved.

If after review and discussion the capability improves and is maintained this will be confirmed in writing to the employee, with no further requirements. In cases of improvement in performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process. If there is a relapse within 6 months the matter will be dealt with at the appropriate point within the formal process.

If after review and discussion the capability concern remains and the objectives have not been achieved the employee would be informed of this and the need for the matter to be referred to step 2 in the process.

The outcome of the review meeting should be notified in writing to the employee.

6.2.2 TAGE 2

A formal hearing should be arranged with the next level manager as set out in Appendix 1 and in accordance with the guidance in 6.2 above. A member of HR staff may be in attendance. Furthermore the employee must receive notification in writing as to the purpose of the meeting, informed of the capability issues to be discussed, and of the possible outcomes of the hearing, e.g. redeployment/alternative employment, downgrading or termination of employment.

The purpose of this hearing will be to

a) Discuss the continuing capability concern and the failure to achieve agreed objectives.

b) Consider the employee's response to the capability concerns. (The individual's line manager may attend if required).

c) Reach a decision on appropriate action.
- Redeployment / alternative employment
- Downgrading
- Termination of employment

The employee will be advised of the decision in writing within 7 days and their entitlement to seek an appeal.

6.2.3 STAGE 3 - APPEAL

If dissatisfied with the outcome the employee will be entitled to appeal against the decision. The purpose of any appeal would be to consider whether the decision reached was fair and reasonable under the circumstances.

The employee who wishes to lodge an appeal should write to Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter informing them of the decision.

The Appeals Panel, set up in accordance with Appendix 1, will comprise 2 members from the Trust who have had no previous involvement in the case.

The employee will be entitled to be represented at this appeal. The manager will be present during the appeal to advise on the management action taken to assist the employee reach the required standards of performance.

The decision of the appeal panel will be confirmed in writing to the individual within 7 days of the decision being taken.

7. REFERRAL TO PROFESSIONAL BODY / DISCLOSURE & BARRING SERVICE

Where appropriate, the employee will be advised that in accordance with the requirements of their regulatory body / Disclosure & Barring Service, a referral will be made by the relevant Director for consideration.

8. EQUALITY AND HUMAN RIGHTS

The <HSC Employer's> equality and human rights statutory obligations have been considered during the development of this procedure.

9. REVIEW OF THE PROCEDURE

This procedure should be reviewed periodically in consultation with recognised Trade Union side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Trade Union Side **Signed on behalf of Management**

Anne Speed
Joint Secretary

Damian McAlister
Director of HR & OD

Date

Date 19 August 2015

These procedures are effective from 1st April 2015

APPENDIX 1

MANAGEMENT LEVELS FOR STAGES 2 AND 3

	Step 2	**Step 3**
Staff below 5th level	Level 5	Level 4
Staff at 5th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant / Co-Director
Level 4 – Senior Manager
Level 5 – Service Manager

Belfast Health and Social Care Trust

Trust Policy for approval by Trust Policy Committee

Manage performance within BHSCT Capability Procedure - Guidance to support Nursing and Midwifery staff	
Summary	Managing performance is a day-to-day activity. In the past, this has presented immense challenges and has frequently been identified as the most difficult management task in terms of both experience and outcome. This guidance aims to: •Promote good practice in handling performance difficulties •Foster a fair and consistent approach •Standardise documentation • Provide a tool-kit to support managers undertaking performance activities in line with BHSCT Capability Procedure •Offer continued support to managers and employees.
Purpose	To provide nursing and midwifery staff with step-by-step guidance and templates when the BHSCT Capability Procedure is invoked to deal with performance issues
Operational date	May 2011
Review date	May 2014
Version Number	Version 2
Director Responsible	Ms Brenda Creaney, Director of Nursing
Lead Author	Audrey Dowd
Lead Author, Position	Senior Manager-Performance, Quality and Standards
Additional Author(s)	Nursing & Midwifery Performance Management Implementation Group
Department / Service Group	Central Nursing
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Supercedes	V1

Date	Version	Author	Comments
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Policy Record

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Approval Process – Trust Policies

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval	21/04/2011	V2
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Appropriate Director	Sign Off	21/05/2011	V2

Belfast Health and Social Care Trust

Guidance to Support Nursing and Midwifery Staff to Manage Performance within BHSCT Capability Procedure

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Section 1 Introduction

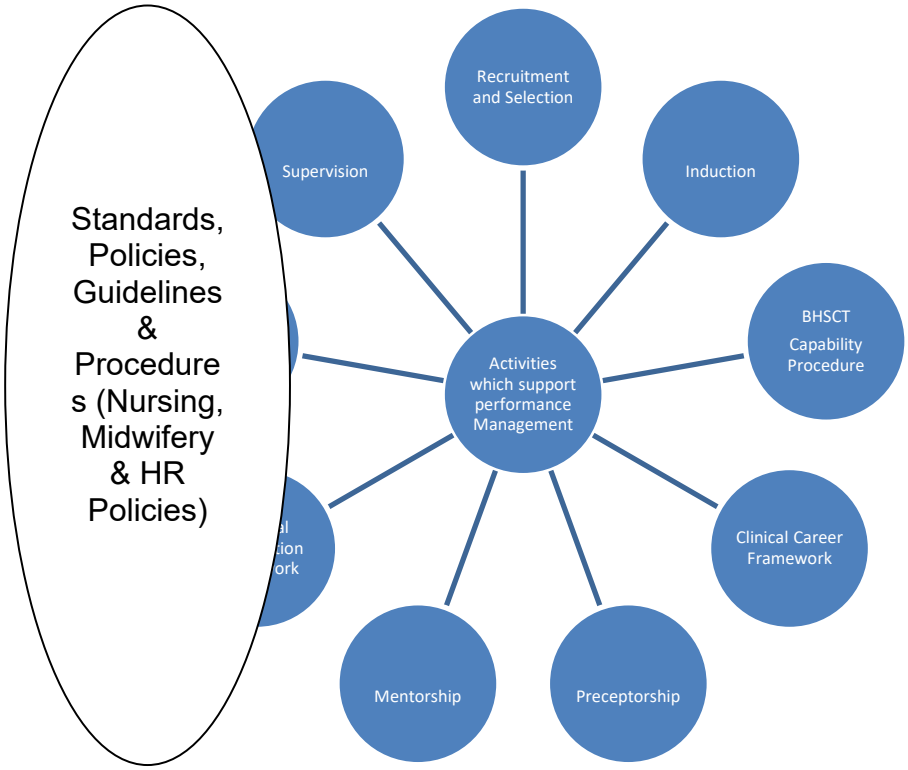
The Belfast Health and Social Care Trust (BHSCT) is committed to the delivery of safe, high quality health and social care services. The Trust is accountable for patient safety and for the protection of the public. This guidance has been developed to assist the nursing & midwifery family[1] and supports The Nursing and Midwifery Council (NMC) Code of Conduct to establish performance procedures which serve to maintain the quality and reputation of the Trust and to protect and support patients and staff.

Section 2 Overview of Managing Performance

As managing performance is a day-to-day activity for nurses and midwives, it is important to establish a range of activities that will support staff to deliver safe and effective care. Every member of staff has a responsibility to recognise when performance meets the required standard and, to take steps to identify and deal with poor performance by offering the necessary support to those who may be experiencing difficulty. Accurate and detailed documentation of any problem or area of concern is essential to the management of performance issues. It also recognises that a crucial aspect of getting it right is providing continuing support for managers and practitioners

The following activities support staff and managers within the BHSCT to manage the performance and competence of individuals within the family of nursing & midwifery (diagram 1). The effective and timely application of these processes, polices, standards and guidelines will enable employees to grow in competence and improve their performance: This toolkit will need to be considered in conjunction with other BHSCT documents as outlined in diagram 1.

Diagram 1: Activities to Support Performance Management



[1] Nursing and midwifery family refers to registered and unregistered nursing and midwifery staff

2.1 Recruitment and Selection

The BHSCT recruitment and selection process aims to recruit and retain the highest calibre of staff. Equality of opportunity is considered to be integral to all good recruitment practices and procedures. When recruiting, care should be taken to ensure that the individual meets the essential criteria and has the necessary qualifications and skills to undertake the work that they are employed to do. The interview processes should follow the Trust guidelines as per the 'Recruitment and Selection Policy' and staff who form part of interviewing panels must have completed the Recruitment and Selection Training/Refresher Training as appropriate.

2.2 Induction

The purpose of induction is to ensure the effective integration of an individual into a new organisation to enable them to work efficiently, effectively and safely. All newly appointed staff will be provided with an induction programme relevant to their role. In addition to the 'Corporate Welcome', which is managed by Human Resources (HR), all staff who are new or changing roles will be offered an induction programme specific to nursing or midwifery. All nursing and midwifery staff appointed to the Trust are subject to a six month probationary period. During this period the line manager/team leader is responsible for ensuring that the staff member is:

- Provided with ongoing support and guidance to assist them settle into the post and ward/work area and meet the requirements of their post.
- Introduced to the knowledge and skills outline for their post and is making the required progress towards achieving the foundation gateway.
- Confirmed in post at the end of the six months. If there are any concerns regarding an individual's performance or competence then the Trust may extend this probationary period. However, if issues have been identified, these will be discussed with the individual and an action plan put in place to enable the individual to improve.

For information regarding nursing and midwifery induction programmes please contact the Nursing Development Lead for your Service Group.

2.3 Preceptorship

A preceptor is '*an experienced colleague who provides support & guidance to enable new registrants to make the transition from student to accountable practitioner*' (NMC 2006). This facilitates the new registrant to practise in accordance with the NMC Code (2008) and to develop confidence in their competence. The NMC recommends that new registrants undertake a period of preceptorship (NMC 2006). Within the first six months, which is a period of probation**,** new registrants will undertake the Trust's nursing and midwifery induction programme as well as completing their preceptorship portfolio.

2.4 Mentorship

Mentorship within the BHSCT is generally associated with someone who 'facilitates learning and supervises and assesses students in a practice setting' (NMC 2006) e.g. mentorship for pre-registration student.

In the context of this guidance the term mentor may refer to a more skilled and experienced person who can enable the recognition of skills and capabilities and maximise personal development. This person will work alongside the individual to facilitate learning and development. The mentor will be familiar with the guidance and the BHSCT Capability

Procedure. Additional support for the employee/mentor/ward manager/team leader can be sought from with Service Group structures e.g. Nursing Development Lead.

2.5 Supervision

'Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety' (NIPEC, 2006).

Supervision enables staff to highlight areas of concern regarding their practice and to identify actions to address these. This is an integral process to enable individuals to reflect on their performance and identify areas for development.
The NMC highlighted the importance of supervision as a mechanism to support staff to undertake their complex role as health care providers. All nursing staff within the BHSCT will have access to two supervision sessions per year. Midwifery staff within the BHSCT will comply with NMC Statutory Supervision arrangements.

2.6 Personal Contribution Framework (PCF):

The BHSCT recognises that the personal contributions of its staff are critical to the overall success of the Trust. The Trust has introduced the Personal Contribution Framework to support individuals in understanding what is expected of them in their roles, how they contribute to the overall success of the Trust and how they can further develop themselves. It is a structured process that allows individuals and reviewers to meet to discuss how they contribute to the success of the Trust and identify any areas for personal development through application of the Knowledge and Skills Framework (KSF).There are two parties involved in this process: the reviewer and the reviewee.

The PCF consists of two independent parts:

- The Personal Contribution Plan (PCP) sets out how the employee contributes to the success of the Trust by linking key outputs against the five Trust objectives.

- The Personal Development Review (PDR) reviews the employee against their KSF post outline and results in the production of a Personal Development Plan (PDP).

Knowledge and Skills Framework (KSF):

The NHS Knowledge and Skills Framework (DOH 2004) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. The BHSCT has incorporated the KSF into the Personal Contribution Framework which will be used by all staff to assist their personal and professional development.

The NHS KSF and its associated development review process lie at the heart of the career and pay progression strand of Agenda for Change.

The purpose of the NHS KSF is to:

- Facilitate the development of services
- Support the effective learning and development of individuals and teams
- Support the development of individuals in the post in which they are employed
- Promote equality for and diversity of all staff.

The purpose of this process is to support employees in identifying how their role contributes to the overall success of the Trust as well as identifying specific learning and development needs, ultimately to support staff in making the best possible contribution to patient and client care. The ward manager/team leader is responsible for ensuring that a newly appointed/promoted staff member has an up-to-date KSF outline for their post and is working towards meeting the relevant level of knowledge and skills specified in their core and specific dimensions for their post.

Clinical Career Framework (CCF):
The Clinical Career Framework is an integrated practice and professional development programme, which enables nurses' and midwives' to develop practice expertise, while simultaneously developing person-centred practice utilising an experiential learning model. This framework affords individuals the opportunity to seek accreditation for work-based learning through the development of a portfolio of evidence through the 'Developing Practice in Healthcare Pathway' which is accredited with the University of Ulster.

2.7 Capability

In relation to this document, capability is defined by the Employment Rights Act (1966) as '*capability assessed by reference to skill, aptitude, health or any other physical or mental quality'.* This guidance sits within the context of the BHSCT Capability Procedure which has been adopted, in full by the BHSCT and managers will ensure their actions are in accordance with Trust policy and procedure. Managers have a responsibility to recognise and acknowledge good performance and to take steps to identify and deal with poor performance by offering the necessary support to those who may be experiencing difficulty.

This document provides guidance to managers and staff in addressing concerns about performance. The Department of Health document 'Handling Concerns about the Performance of Health Care Professionals: Principles of Good Practice (2006)' provides the following examples of poor performance which may have a capability issue as the cause or may in some instances be a matter of misconduct:

- Low standard of work, for example, frequent mistakes, not following a task through, inability to cope with instructions given
- An inability to handle a reasonable volume of work to a required standard
- Unacceptable attitudes to patients
- Unacceptable attitudes to work or colleagues, for example, un-cooperative behaviour, poor communication, inability to acknowledge the contribution of others, poor teamwork, lack of commitment and drive
- Poor punctuality and unexplained absences
- Lack of awareness of required standards
- Consistently failing to achieve agreed objectives
- Acting outside limits of competence
- Poor supervision of the work of others when this is a requirement of the post
- Lack of skills in tasks/methods of work required.

Where the concern relates to negligence, lack of proper care and attention or deliberate failure or a wilful act of misconduct, there may be a need to proceed directly to the Disciplinary Procedure. A record of the discussion (Appendix 2) will be made and retained in the employee's personal file. If ill health, disability or absence-related reasons are identified as possible causes of poor performance, the manager should follow the BHSCT Attendance Management Policy.

The manager will use his/her professional judgement to decide if the performance concern warrants the BHSCT Capability Procedure to be invoked.

Section 3 Guidance for Managing Poor Performance

3.1 Day to Day Performance Management

The ward manager/team leader, as part of their day to day management responsibility, will be required to raise performance concerns with staff. This may be as a result of an incident or human error occurring. Additional factors which may contribute to poor performance will be considered e.g. inexperience, lack of training, other work factors or personal/health related issues.

Serious performance issues amongst nursing and midwifery staff are rare. This infrequency, together with the perceived lack of experience and the increasing requirement for robust evidence, heightens anxiety and concerns amongst those who may have to deal with such matters when they do occur. Early recognition and intervention, along with effective feedback and appropriate support for staff, are essential if the issues identified are to be managed effectively and successfully. Counselling and pastoral care should always be offered to support staff at this difficult time. If in doubt, seek advice from next level manager and HR.

3.2 Aims of Guidance

The aims of this section are to:

- Outline the steps that need to be taken, reflecting the BHSCT Capability Procedure, when poor performance is identified.
- Provide clear information for employees whether they have a concern about the performance of one of their colleagues or are themselves the subject of concern
- Provide guidance to promote good practice in handling performance difficulties
- Provide guidance to ensure the timely and effective handling of performance concerns
- Provide guidance to ensure a consistent and fair approach
- Provide clear information in relation to record keeping and to standardise documentation.

3.3 Lack of Competence

This section relates only to registrants and is based on the NMC 2004 publication 'Reporting lack of competence: A guide for employers and managers' which defines this as 'A lack of knowledge, skill or judgement of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice'.

'*The responsibility for dealing with lack of competence is a shared one between employers, supervisors of midwives, and the NMC and individual registrants. Referral to the NMC for fitness to practice issues should only occur after an employer has taken all reasonable steps to assist the individual to address the weakness in their performance'* (NMC 2004).

Service Groups are supported by the Central Nursing & Midwifery Team when making a referral to the NMC on behalf of the Director of Nursing. Referrals may only be made when a full investigation has been undertaken. For additional guidance on this process contact the Associate Director of Nursing in the Service Group.

Section 4 Process for Management of Poor Performance

Within the BHSCT Capability Procedure, the terms **Informal Process**, **Formal Process Step 1** and **Formal Process Step 2** are outlined:

- **Informal Process**

When normal management interventions do not resolve practice concerns, the ward manager/team leader will use their professional judgement to move to the **Informal Process** of the BHSCT Capability Procedure.

- **Formal Process Step 1**

In cases where performance issues have not been resolved through the Informal Process, the ward manager/team leader, following discussion with an HR representative, will proceed to the **Formal Process Step 1.**

- **Formal Process Step 2**

In cases where performance issues have not been resolved through the Formal Process Step 1, the ward manager/team leader will, following discussion with an HR representative, will escalate the process to next level manager(level 4 or above).

To assist managers in implementing this procedure detailed actions to be taken within each step are outlined in the following three flow charts:

Informal Process

This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department

		✓ when completed
Action 1: **Preparation for Advisory Meeting.**	• Determine if 'patients at risk'-take immediate action (If yes, contact ADN for advice). • Establish the facts and prepare evidence and examples. • Arrange meeting with member of staff, giving seven days notice (Appendix 1).	
Action 2: **Advisory Meeting:**	• Ensure action 1 interventions completed/ongoing. • Reiterate the expected standards of performance to the employee. • Outline how the individual's performance is unsatisfactory. • Invite employee to respond/discuss – clarify role and KSF job outline. • Consider any factors that may be contributing to poor performance (see section 2, 2.7). • Agree on the performance improvement required and next steps. • Discuss purpose and outcomes and agree next steps. • Identify and agree a mentor to support employee.	
Action 3: **Follow-up:**	• Seek advice from HR (Employment Law Section). • Arrange meeting with mentor and employee to develop action plan with timeframes. • Notify outcome of advisory meeting to employee in writing (Appendix 4) and attach action plan (Appendix 3). • Keep a record of this meeting (Appendix 2) and the action plan (Appendix 3) (1-3 month review period) in employee file and copy to employee.	
Action 4: **Monitoring & Review:**	• Ensure ongoing input/support by mentor and manager. • Ensure arrangements for feedback are adhered to. • If difficulties are identified, a change of mentor may be considered. • Consider any additional support required e.g. NDL. • Agree a further review meeting, if required.	
Action 5: **Review Meeting /Follow-up**	• Where improvement is achieved the ward manager/team leader will confirm that the required standards are met and need be maintained (Appendix 6). • The ward manager/team leader will inform the employee that any lapse to the previous unacceptable levels of performance, within six months from the date of the first informal meeting, will result in progression to the Formal Process (Step 1) of the BHSCT Capability Procedure. • Inform next level manager. • Retain all documentation for at least one year. • Where there is evidence to support that the improvement is insufficient, the line manager will inform the employee that this will result in progression to the Formal Process (Step 1) of the BHSCT Capability Procedure (Appendix 7).	

Formal Process Step 1

This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department

		✓ when completed
Action 1: **Preparation for Formal Meeting**	• Seek professional advice from Associate Director of Nursing/Professional Lead (within Service Group) if necessary.	
	• Discuss with HR (Employment Law Section).	
	• Confirm in writing to the employee the arrangements for a formal meeting under Step One of the BHSCT Capability Procedure ensuring seven days notice (Appendix 6).	
	• Advise employee of their right to be accompanied and/or represented by an employee representative.	
	• Send copy of BHSCT Capability Procedure with letter.	
Action 2: **Formal meeting**	• Inform employee that the concerns raised around their performance have not been resolved.	
	• Invite the employee to discuss the performance issues and discuss contributory factors/reasons e.g. work related, personal, ill health etc.	
	• Outline the consequences of poor performance for patients, staff and services.	
	• Identify mentor (may be same as for Informal Process or may be changed to meet identified needs).	
	• Arrange meeting with mentor and employee to revise and update action plan (Appendix 3).	
	• Complete 'Record of Meeting' (Appendix 2).	
Action 3: **Follow-up:**	• Notify outcome of meeting to employee in writing (Appendix 7) and attach Action Plan (Appendix 3).	
	• Ensure any agreed actions, mentorship arrangements and support by manager are implemented.	
	• Document clearly the reason for cancellation of any meetings arranged (Appendix 2).	
	• Retain copy of completed documentation in staff file (i.e. Action Plan, Record of Meeting and letters) in keeping with Service Group arrangements.	
Action 4: **Monitoring Period:**	• Ensure ongoing input/support by mentor and ward manager/team leader.	
	• Ensure arrangements for feedback are adhered to.	
	• If difficulties are identified, a change of mentor may be considered.	
	• Consider any additional support required e.g. NDL.	
	• Agree a further review meeting, if required.	
Action 5: **Review meeting/ Follow-Up:**	• Where there is sufficient improvement, notify the individual and confirm in writing that the required standards have been met and will be maintained (Appendix 8).	
	• The ward manager/team leader will inform the employee that any lapse to the previous unacceptable levels of performance, within six months from the date of the first informal meeting, will result in progression to the Formal Process (Step 2) of the BHSCT Capability Procedure.	
	• Where there is evidence of insufficient improvement, the employee will be advised in writing that the matter will be referred to Step 2 of the Formal Process (Appendix 9).	
	• Escalate to next level manager to take forward Step 2.	
	• Inform Associate Director of Nursing/Professional Lead	
	• Retain all documentation for at least one year.	

Formal Process Step 2

This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department, and will be led by a Level 4 Manager or above

		✓ when completed
Action 1: **Preparation for Formal Meeting**	• Notify the employee in writing of the formal meeting under Step 2 of the BHSCT Capability Procedure giving seven days notice (Appendix 9).	
	• Outline the issues to be discussed, refer to previous documentation provided and advise of the possible outcomes of the meeting, e.g. redeployment/alternative employment or termination of employment.	
	• Advise employee of their right to be accompanied and/or represented by an employee representative.	
	• Advise employee that an HR representative may be present.	
	• Ensure all relevant documentation is available for the meeting and has been shared with the employee.	

Action 2: **Formal meeting**	• Present the continuing concerns about performance, outline actions taken to address performance issues e.g. the implementation of agreed action plan and the reviews which show a continued failure to reach acceptable performance.	
	• Listen and consider the employee's response to the capability concerns.	
	• Determine what action to be taken.	
	• The employee will be advised of the decision in writing within seven days and their entitlement to seek an appeal.	
	• Appeal should be made in writing within seven days of receipt of the written decision, to the Director of Human Resources.	

Belfast Health and Social Care Trust

Appendix 1
Letter of Invitation to Attend Advisory Meeting
(Informal Process)

Please type your address here

Date:

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As previously highlighted to you, concerns have been raised regarding your performance and capability.

The areas of ongoing concern are:

a)

To address the concerns raised, you are invited to attend an advisory meeting, which begins the 'Informal Process' in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

Date:

Time:

Venue:

Please confirm your intention to attend this meeting.

Yours sincerely

Encs: BHSCT Capability Procedure

Belfast Health and Social Care Trust

Appendix 2
Record of Meeting Form

Record of Meeting	
Date:	
Present	**Designation**
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix *)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	**Line Manager:**
Mentor (if applicable):	**Others**

Belfast Health and Social Care Trust

Appendix 3
Action Plan

Action Plan For …… Start Date……				
	Issue:	**Actions**	**Outcome to be achieved**	**Timeframes**
E.g.	*State the area of concern/ issue/problem*	*State the interventions/ actions which will be taken to address the area of concern/ issue/problem and resources required*		*State the frequency of intervention/ actions*
1.				
2.				
3.				

Insert dates for review.	Date	Date	Date	Date	Date	Date	Date	Date	Date

Signed & Agreed:	
Employee:	**Line Manager:**
Mentor:	**Others**

Belfast Health and Social Care Trust

Appendix 4
Letter Regarding Outcome of Advisory Meeting
(Informal Process)

Please type your address here

Date:

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

During the advisory meeting on (date/time/venue), concerns were raised regarding your performance and capability which are outlined in the attached action plan and have been agreed with you.

Please note the dates of the review meetings identified within the action plan which have been arranged to follow up and support you through the process.

Your progress through this action plan will be formally reviewed on:

Date:

Time:

Venue:

As highlighted at the meeting, I would remind you that failure to comply with agreed actions, may impact on the Trust's ability to continue to employ you.

I recognise that this may be a difficult time and would like to make you aware that the Trust can offer a confidential counselling service either through the Occupational Health Department (Tel No: 028 9063 1300) or alternatively with the Staff Care Service (Tel No: 0500 127079).

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan

Belfast Health and Social Care Trust

Appendix 5
Letter to Advise that Standards have been met (Informal Process)

Please type your address here

Date

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As previously highlighted during the advisory meeting, on (date/time/venue), concerns had been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan attached.

As the issues raised have now been resolved, normal performance management arrangements will be re-established. This record will be retained for at least one year. Any lapse to previous unacceptable levels of performance within six months of the first informal meeting will result in further steps being taken in accordance with the BHSCT Capability Procedure.

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan

Belfast Health and Social Care Trust

Appendix 6
Letter Regarding Outcome of Informal Process
& Notice of Commencement of Formal Process
Step 1

Date:

Please type your address here

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As previously highlighted during the advisory meeting, on the (date/time/venue), concerns have been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan enclosed.

As the issues raised have not been resolved, progression to the Formal Process Step 1 of the BHSCT Capability Procedure is necessary.

To address the ongoing issues raised, you are invited to attend a meeting in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

Date:

Time:

Venue:

Mr/s and Mr/s will also be attending this meeting.

As this is the Formal Process Step 1, you have the right to be accompanied and/or represented by an employee representative.

As highlighted at the meeting, I would remind you that failure to achieve the outcomes as agreed in action plan, may impact on the Trust's ability to continue to employ you.

Please confirm your intention to attend this meeting either in writing or by contacting ******

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan

Belfast Health and Social Care Trust

Appendix 7
Letter Regarding Outcome of Formal Process
Step 1 Meeting

Please type your address here

Date

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As highlighted during the advisory meeting on the (date/time/venue), concerns were raised regarding your performance and capability. At the meeting the following areas of ongoing concern were raised:

a)

b)

During the meeting, to support you to address the concerns raised, an action plan was developed and agreed with you (copy enclosed). Please note the dates of the review meetings identified within the action plan which have been arranged to follow up and support you through the process.

Your progress through this action plan will be formally reviewed on:

Date:

Time:

Venue:

As highlighted at the meeting, I would remind you that failure to comply with agreed actions, may impact on the Trust's ability to continue to employ you.

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan

Belfast Health and Social Care Trust

Appendix 8
Letter to Advise that Standards have been met – (Formal Process Step 1)

Date:

Please type your address here

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As previously highlighted during the advisory meeting, on (date/time/venue), concerns had been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan enclosed.

As the issues raised have now been resolved, normal performance management arrangements will be re-established. This record will be retained for at least one year. Any lapse to previous unacceptable levels of performance within six months of the first Formal Step 1 meeting will result in further steps being taken in accordance with the BHSCT Capability Procedure.

Yours sincerely

Encl: Action Plan

Belfast Health and Social Care Trust

Appendix 9
Letter of Invitation to Attend Formal Process Step 2

Please type your address here

Date

Address:

Tel No:
Email Address:

Dear

Re: Performance and Capability Issues

As previously highlighted during the advisory meeting, on (date/time/venue), concerns have been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan attached.

As the issues raised have not been resolved, these will now be dealt with under the Formal Process Step 2.

You are invited to attend a meeting in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

Date:

Time:

Venue:

Mr/s and Mr/s will also be attending this meeting.

This is the Formal Process, Step 2, you have the right to be accompanied and/or represented by an employee representative.

As highlighted at the meeting, I would remind you that failure to achieve outcomes as agreed in action plan, may impact on the Trust's ability to continue to employ you.

Please confirm your intention to attend this meeting either in writing or by contacting ******

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan

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BHSCT Disciplinary Procedure
BHSCT Capability Procedure
BHSCT Recruitment & Selection Policy
BHSCT Induction Policy
BHSCT Attendance Management Policy
BHSCT Retention & Disposal Schedule

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Belfast Health and Social Care Trust

TYPE OF DOCUMENT Trust Policy for approval by **Trust Policy Committee**

REFERENCE NUMBER	TP052/08
TITLE	Belfast Health and Social Care Trust Disciplinary Procedure
Summary .	This procedure sets out the principles of the disciplinary procedure applying to Trust employees and procedural rules and guidance in the informal and formal stages of the disciplinary process.
Supercedes	All Legacy Trust policies relating to disciplinary procedures
Operational date	1 September 2007
Review date	21 August 2010
Version Number	1
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Version Record

Date	Version	Author	Comments
21/8/08	1	D McAlister	

Approval Process – Trust Policies

Policy Committee	Approval	09.11.09	
Executive Team	Authorise	11.11.09	
Chief Executive	Sign Off	11.11.09	

Director Human Resources
11 November 2009

Chief Executive
11 November 2009

Belfast Health and Social Care Trust

DISCIPLINARY

PROCEDURE

1. INTRODUCTION

This procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure:

- The Trust can operate effectively as an organisation.
- Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect
- Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure.

This Procedure applies to all Trust staff. It should be noted that in relation to Medical and Dental staff issues of general/professional misconduct are dealt with under this procedure. Further relevant procedures are contained in circular HSS (TC8) 6/2005 “Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS”.

This disciplinary procedure should be read in conjunction with the Trust's Disciplinary Rules, which are set out in Appendix 1 of this Procedure.

Issues of competence and job performance or absence will be dealt with under the Trust’s Capability Procedures.

2. GUIDANCE AND DEFINITIONS

"Trust Employee" is anyone employed by the Trust.

"Investigating Officer" is any person authorised to carry out an investigation into alleged breaches of discipline to establish the facts of the case.

“Presenting Officer” is usually the investigating officer and presents the evidence to the Disciplinary Panel

"Employee Representative" is any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee. Legal Representation will not be permitted at any stage of this Disciplinary Procedure.

"Disciplinary Panel" is the person or persons authorised to take disciplinary action.

"Misconduct" is a breach of discipline which is considered potentially serious enough to warrant recourse to formal disciplinary action (please refer to Disciplinary Rules).

"Gross Misconduct" is a serious breach of discipline which effectively destroys the employment relationship, and/or confidence which the Trust must have in an employee or brings the Trust into disrepute (please refer to Disciplinary Rules).

3. PRINCIPLES

The following general principles are applicable to all disciplinary cases:

a. Employees are directed by their contract of employment to ensure they familiarise themselves with these procedures and the consequences of breaching the Trust's Disciplinary Rules

b. In cases where an investigation is necessary, disciplinary action will not be taken against an employee until such an investigation is completed. However, the Trust reserves the right to proceed with disciplinary action where an employee fails to co-operate with an investigation.

c. Where a case is being investigated under this Disciplinary Procedure, the employee will be provided with a copy of this procedure as soon as possible. At every stage in the procedure the employee will be advised of the nature of the complaint, and will be given the opportunity to state their case before any decision is made.

d. At all stages during the disciplinary procedure, the employee will have the right to be accompanied and/or represented by an employee representative.

e. No employee will be dismissed for a first breach of discipline except in the case of gross misconduct where the disciplinary action may be summary dismissal.

f. An employee will have the right to appeal against any disciplinary action imposed.

g. In deciding upon appropriate disciplinary action, consideration will be given to the nature of the offence, any mitigating circumstances and previous good conduct.

h. The Trust will collect information from relevant witnesses. Trust employees who are witnesses to alleged misconduct will be required to give evidence and may be required to attend disciplinary meetings and/or hearings

i. At all stages disciplinary proceedings will be completed as quickly as practicable

j. Any disciplinary action will be appropriate to the nature of the proven misconduct

4. FAILURE TO ATTEND MEETINGS/HEARINGS

Employees are expected to participate fully with the disciplinary process. If a Trust employee cannot attend a meeting/hearing through circumstances outside her/his control and unforeseeable at the time the meeting/hearing was arranged they must notify the HR Department and provide reasons. The Trust will arrange one further meeting/hearing. Failure to attend this rearranged meeting/hearing may result in the disciplinary process continuing in their absence based on the information available.

5. ACTION IN PARTICULAR CASES

a. **Disciplinary action in the case of an employee representative, who is an accredited representative of a Trade Union, Professional Organisation or Staff Organisation,**

Although normal disciplinary standards apply to the conduct of an employee representative, no disciplinary action beyond the informal stage should be taken until the matter has been discussed with a full-time official of the employee's trade union, professional organisation or staff association.

b. **Police enquiries, legal proceedings, cautions and criminal convictions not related to employment**

Police enquiries, legal proceedings, caution or a conviction relating to a criminal charge shall not be regarded as necessarily constituting either a reason for disciplinary action or a reason for not pursuing disciplinary action. Consideration must be given as to the extent to which the offence alleged or committed is connected with or is likely to adversely affect the employee's performance of duties, calls into question the ability or fitness of the employee to perform his or her duties or where it is considered that it could bring the Trust into disrepute. In situations where a criminal case is pending or completed the Trust reserves its right to take internal disciplinary action

c. **Trust's duty to make referrals**

The Trust is required, under the Protection of Children and Vulnerable Adults (NI) Order 2003, to make a referral to the DHSS&PS if a person working in a child care or vulnerable adults position has been dismissed, would have been dismissed, or considered for dismissal had he/she not resigned, or has been suspended, or transferred from a Child Care or vulnerable adults position.

Further, the Trust has a duty to make referrals to relevant professional bodies e.g. NMC, GMC, NI Social Care Council, HPC and also to the Police Service of Northern Ireland (PSNI) in appropriate cases.

In cases of alleged theft, fraud or misappropriation of funds, action should include consultation with the Director of Finance, DHSSPS and the PSNI as appropriate.

d. **Suspension from Work**

Management reserves the right to immediately suspend an employee with pay. Precautionary suspension must be authorised by the appropriate senior manager or suitable deputy.

The reason for suspension should be made clear to the employee and confirmed in writing. When the reason for suspension is being conveyed to the employee, where possible, he or she should be accompanied by an employee/trade union representative. Suspension is not disciplinary action, and as a consequence carries no right of appeal. The appropriate senior manager should consider other alternatives, for example transfer of employee, restricted or alternative duties if considered feasible and appropriate.

Any decision to precautionary suspend from work, restrict practice, or transfer temporarily to other duties must be for the minimum necessary period of time. The decision must be reviewed, by the appropriate senior manager, every 4 weeks.

6. DISCIPLINARY PROCEDURE

This section sets out the steps which may be taken following a breach of the Trust's Disciplinary Rules

6.1 COUNSELLING AND INFORMAL WARNINGS

a. The manager has the discretion to address minor issues through either counselling or the issue of an informal warning. At this informal stage matters are best resolved directly by the employee and line manager concerned.

b. Counselling does not constitute formal disciplinary action. Counselling should be conducted in a fair and reasonable manner and the line manager should ensure that confidentiality is maintained. This should take the form of pointing out any shortcomings of conduct or performance and encouraging improvement and may include an agreed training or development plan. It is the line manager's responsibility to ensure that notes of the counselling meeting are shared with the employee, are stored securely and that the situation is monitored. This counselling does not in any way prevent the line manager from instigating formal disciplinary action if appropriate. If the faults are repeated, or the conduct does not improve, the formal disciplinary procedure may be instigated

c. The line manager has the discretion to issue an informal warning. If this is applicable, the manager will follow these steps:

- Manager investigates matter
- Manager meets with employee
- Manager issues informal warning
- Informal warning is confirmed to employee in writing and is deleted from their record after 6 months
- Employee has right to appeal to the next line manager
- Appeal request should be submitted within 7 working days

d. The right to be accompanied by an employee representative will apply throughout the informal process.

e. In the event that issues cannot be resolved with counselling or informal warnings the Formal Disciplinary Procedure should be invoked.

FORMAL DISCIPLINARY PROCEDURE

6.2 INVESTIGATION

a. The Investigating Officer is responsible for establishing the facts of the case. The investigation will be conducted as quickly as is reasonable taking account of the extent and seriousness of the allegations. The Investigating Officer should meet with the employee who may be accompanied and/or represented by an employee representative. The Investigating Officer should explain the alleged misconduct to the employee. The Investigating Officer should ensure that any witnesses are interviewed and that all relevant documentation is examined before a decision is made on the appropriate course of action.

b. It should be noted that, if an issue has already been investigated under another agreed procedure (e.g. harassment and bullying) and disciplinary action has been recommended, then there is no requirement to reinvestigate under this Disciplinary Procedure.

6.3 HEARING

a. If it is considered that there is a case to be answered, the employee should be called to attend a disciplinary hearing before the appropriate Disciplinary Panel. A copy of this Disciplinary Procedure should accompany the letter advising of the hearing. The employee should be informed in writing of the allegation and the right to be represented. Any documentation intended for use by either party at the Disciplinary Hearing should be exchanged no later than five working days prior to the hearing.

b. The Disciplinary Panel is made up of 2 managers at an appropriate level.

c. Where an employee's professional competence/conduct is in question the Disciplinary Panel may, if needed, invite a suitably qualified experienced person from the same profession to attend the Hearing as an expert adviser. The adviser does not have a decision-making role.

d. In cases of professional misconduct involving medical or dental staff, the Disciplinary Panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) who is not currently employed by the Trust (see Maintaining High Professional Standards in the Modern HPSS (Nov 2005) Section III Para 1). The advice of the appropriate local representative body should be sought.

e. The employee shall normally be present during the hearing of all the evidence put before the Panel; however the employee may choose not to attend the hearing. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing or by his or her representative will be considered. The Trust reserves the right to proceed to hear a disciplinary case in the absence of the employee where no adequate explanation is provided for the employee's absence.

f. Any witnesses required to attend the hearing should be granted the appropriate time off from their work. The employee representative cannot be a witness or potential witness to the disciplinary process.

g. At the Hearing, the case against the employee and the evidence should be detailed by the presenting officer and the employee should set out his/her case and answer the allegations.

h. Witnesses may be called by either party and can be questioned by the other party and/or by the Disciplinary Panel. The presenting officer and the employee/representative will have the opportunity to make a final submission to the Disciplinary Panel at the end of the Hearing with the presenting officer going first. The Disciplinary Panel has the right to recall any witnesses but both sides and their representatives have the right to be present.

6.4 DISCIPLINARY DECISION

a. The Disciplinary Panel will review all the evidence presented before taking its decision. The Disciplinary Panel will determine on a balance of probability whether the allegations were or were not proven. Before deciding on the appropriate disciplinary action, the Disciplinary Panel should consider any mitigating circumstances put forward at the hearing and take account of the employee's record.

b. The decision should be communicated in writing to the employee normally within 7 working days of the date of the hearing. In the case of formal or final written warnings, the timescale of any sanction should be specified. The employee should be advised of the consequences of further breaches of discipline and informed of the right and method of appealing the decision.

c. In the case of dismissal, the employee should be advised that the decision of the Disciplinary Panel will be fully implemented pending appeal. Pay pending appeal will only be paid in the following circumstances (with the exception of summary dismissal):

- In all circumstances an appeal hearing shall be organised within 12 weeks of the original hearing.
- The appeal hearing should be organised in a timescale which allows proper representation to occur, consistent with principles of natural justice.
- Payment will be recommenced at week 6 in circumstances where management alone have failed to convene an appeal hearing within the aforementioned timescale.

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6.5 DISCIPLINARY ACTION

The Disciplinary Panel may impose one or more of the following disciplinary sanctions / actions

a. **Formal Warning** - a formal warning may be given following misconduct or where misconduct is repeated after informal action has been taken. **A** formal warning will remain on the employee's record for a period of one year. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction / action.

b. **Final Warning** - a final warning may be given when the misconduct is considered more serious or where there is a continuation of misconduct which has lead to previous warnings and/or informal action. A final warning will remain on the employee's record for a period of 2 years. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction/action.

c. **Transfer and/or Downgrading** - the Disciplinary Panel may decide that the most appropriate course of action should be either transfer, downgrading or both. These disciplinary actions may be imposed in addition to either a formal warning or a final warning as appropriate.

d. **Dismissal** – Dismissal will apply in situations where previous warnings issued have not produced the required improvement in standards or in some cases of Gross Misconduct.

e. **Summary Dismissal** – in some cases where Gross Misconduct has been established, an employee may be summarily dismissed i.e. without payment of contractual or statutory notice.

NOTE: If the misconduct is proven the Disciplinary Panel may recommend that any associated financial loss should be recouped from the employee. This should be referred to the Director of Finance for further consideration.

7. DISCIPLINARY APPEALS

a. An employee wishing to appeal disciplinary action should write to the Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter containing the disciplinary decision. The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will normally receive 7 working days notice of the date of the appeal hearing.

b. The Appeal Panel, will comprise 2 managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the Disciplinary Panel. In professional misconduct appeals involving medical staff and/or dentists, the Appeal Panel will comprise one additional medically/dentally qualified panel member who is not employed by the Trust or has not been previously involved in the disciplinary case. Where the employee's professional competence/conduct is in question, the Appeal Panel may invite a suitably qualified and experienced senior officer in the same profession from the trust or outside the Trust to attend the hearing as an assessor. The assessor has no decision making role. The Appeal Panel will permit additional evidence not available or provided at the Disciplinary Hearing to be considered only if it is considered relevant to the original allegation.

c. The Appeal hearing will be a full rehearing of the case.

d. The Appeal Panel will have the authority to confirm, set aside, or reduce the decision of the Disciplinary Panel**.** It will not have the right to increase the decision of the Disciplinary Panel. Where the decision of the Appeal Panel involves a variation of the original disciplinary decision, it should state the reasons and any operative date. The decision of the Appeal Panel is final and will be conveyed in writing to the appellant within seven working after the hearing. In the event of delay a written explanation will be provided.

e. In the event of reinstatement following an appeal the appropriate back payment will be made.

8. REVIEW OF THE PROCEDURES

These procedures should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Staff Side: _____

Date: _____

Signed on behalf of Trust: _____

Date: _____

These procedures are effective from 1 September 2007

APPENDIX 1 TRUST DISCIPLINARY RULES

In accordance with paragraph 1 of the Trust's Disciplinary Procedure, Disciplinary Rules are set out below. Conduct is categorised under the headings of **"Misconduct**" and **"Gross Misconduct".** This list should not be regarded as exhaustive or exclusive but used simply as a guide.
In determining the appropriate heading, managers are required to carefully consider the circumstances and seriousness of the case.

MISCONDUCT

Listed below are examples of offences of misconduct, other than gross misconduct, which may result in disciplinary action and/or counselling/informal warning in the light of the circumstances of each case. Where misconduct **is** repeated this may lead to dismissal.

- **Inappropriate or unacceptable conduct or behaviour towards employees, patients, residents, clients, relatives or members of the public.**
- **Abuse of employment position and/or authority.**
- **Absenteeism**
- **Unauthorised Absence**
- **Insubordination.**
- **Poor Time-keeping.**
- **Dishonesty.**
- **Unsatisfactory Performance and Conduct.**
- **Failure to adhere to contract of employment.**
- **Failure to comply with the responsibilities and duties of employment position.**
- **Failure to comply with Trust Rules and Procedures, Policies and Practices.**
- **Failure to declare outside Employment/Activities** – Failure to declare any outside activity which would impact on the full performance of contract of employment.
- **Failure to conform with safety, hygiene, security rules and regulations**
- **Misuse of Trust Resources-** internet, e-mail, telephone etc (see Trust policies)
- **Misuse of Trust Property**-neglect, damage, or loss of property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Use of foul language.**
- **Gambling on Trust Premises**
- **Dangerous horseplay.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Breach of confidentiality.**
- **Alcohol/Drugs misuse.**
- **Being an accessory to a disciplinary offence**

GROSS MISCONDUCT

The following are examples of Gross Misconduct offences which are serious breaches of contractual terms which effectively destroy the employment relationship, and/or the confidence which the Trust must have in an employee. Gross misconduct may warrant summary dismissal without previous warnings.

- **Theft -** Theft from the Trust, its employees, patients, clients, residents or the public including other offences of dishonesty.
- **Fraud -** Falsification of documentation or records pertaining to patients, clients, staff, or other persons. Misrepresentation which results, or could result in financial gain (e.g. applications for posts, pre-employment medical forms, time-sheets, clock-cards, subsistence and expenses claims etc.)
- **Being under the influence or misuse of Alcohol or Drugs -** Being under the influence of alcohol, unauthorised consumption while on duty or during working hours. Reporting for duty smelling of alcohol. Misuse of drugs e.g. through misappropriation or being under the influence of drugs.
- **Breaches of safety, hygiene, security rules and regulations endangering one's own or another's physical well-being or safety.**
- **Issues of probity.**
- **Physical violence / assault or other exceptionally offensive behaviour.**
- **Criminal Conduct**- including failure to notify the Trust of a criminal offence either at work or outside of work. Consideration will be taken of criminal conduct/convictions and relevance to the employee's position.
- **Breaches of Confidentiality.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Serious Breaches of Trust Rules, Policies, Procedures and Practices**
- **Malicious or vexatious allegations or intimidation against another employee.**
- **Serious Insubordination.**
- **Ill-treatment or wilful neglect of patients, clients, residents.**
- **Negligence.**
- **Breaches of contract of employment and/or Professional Codes of Conduct.**
- **Some outside Employment/Activities-**Engaging in outside employment/activities that would prevent the efficient performance of duties, adversely affect health, bring into question loyalty and reliability or in any way weaken confidence in the Trust's business. Engaging in outside employment when contracted to work for the Trust unless otherwise agreed or where outside work is undertaken in competition with the Trust.
- **Abuse of sick pay provisions.**
- **Bringing the Trust into Disrepute.**
- **Misuse or unauthorised use of Property. -** Unauthorised use or removal of Trust property. Damage caused maliciously or recklessly to property, equipment or records belonging to the Trust, clients, patients, residents or employees

- **Misuse of Trust resources, including IT resources (see IT policies), or misuse of Trust name.**
- **Serious professional misconduct or negligence**
- **Unauthorised sleeping on duty**

APPENDIX 2 – PANELS FOR HEARINGS AND APPEALS

Misconduct		
	Hearing	**Appeal**
Staff at below 4th Level	Level 4 or appropriate delegated level	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2
Gross Misconduct		
	Hearing	**Appeal**
Staff at below 4th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant / Co-Director
Level 4 – Senior Manager

Belfast Health and Social Care Trust
caring supporting improving together

Reference no: TP 052/08

Title:	**Belfast Health and Social Care Trust Disciplinary Policy**		
Author(s)	Damian McAlister, Cynthia Crutchley, Regional HR Policy Group		
Ownership:	Human Resources & Organisational Development Directorate		
Approval by:	Regional Joint Negotiating Forum Workforce Governance and Policy Review Sub-Committee Trust Policy committee Executive Team Meeting	**Approval date:**	09/03/2015 01/07/2015 05/08/2015 19/08/2015
Operational Date:	August 2015	**Next Review:**	~~August 2017~~ September 2020
Version No.	V2	**Supercedes**	V1 – September 2007- August 2010
Key words:	Disciplinary		
Links to other policies	HSS (TC8) 6/15 Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS http://www.belfasttrust.hscni.net/pdf/BHSCT_Maintaining_High_Professional_Standards.pdf		

Date	Version	Author	Comments
01/04/2015	1.1	D McAlister C Crutchley Regional Employment Law Team	Appendix 2 - Change in relation to level of panels for hearings and appeals as agreed regionally. Other minor changes which were agreed regionally.
20/09/2019	1.2		Awaiting regional input – review extended 1 year

Director of Human Resources & OD

Chief Executive

DISCIPLINARY

PROCEDURE

Author	Regional HR Policy Group
Directorate responsible	Human Resources & Organisational Development
Date	1st April 2015
Review date	1st April 2017

1. INTRODUCTION

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a. The manager has the discretion to address minor issues through either counselling or the issue of an informal warning. At this informal stage matters are best resolved directly by the employee and line manager concerned.

b. Counselling does not constitute formal disciplinary action. Counselling should be conducted in a fair and reasonable manner and the line manager should ensure that confidentiality is maintained. This should take the form of pointing out any shortcomings of conduct or performance and encouraging improvement and may include an agreed training or development plan. It is the line manager's responsibility to ensure that notes of the counselling meeting are shared with the employee, are stored securely and that the situation is monitored. This counselling does not in any way prevent the line manager from instigating formal disciplinary

action if appropriate. If the faults are repeated, or the conduct does not improve, the formal disciplinary procedure may be instigated

c. The line manager has the discretion to issue an informal warning. If this is applicable, the manager will follow these steps:

- Manager investigates matter
- Manager meets with employee
- Manager issues informal warning
- Informal warning is confirmed to employee in writing and is deleted from their record after 6 months
- Employee has right to appeal to the next line manager
- Appeal request should be submitted within 7 working days

d. The right to be accompanied by an employee representative will apply throughout the informal process.

e. In the event that issues cannot be resolved with counselling or informal warnings the Formal Disciplinary Procedure should be invoked.

FORMAL DISCIPLINARY PROCEDURE

6.2 INVESTIGATION

a. The Investigating Officer is responsible for establishing the facts of the case. The investigation will be conducted as quickly as is reasonable taking account of the extent and seriousness of the allegations. The Investigating Officer should meet with the employee who may be accompanied and/or represented by an employee representative and ensure that they are given a copy of the procedure. The Investigating Officer should explain the alleged misconduct to the employee. The Investigating Officer should ensure that any witnesses are interviewed and that all relevant documentation is examined before a decision is made on the appropriate course of action.

b. It should be noted that, if an issue has already been investigated under another agreed investigatory procedure and disciplinary action has been recommended, then there is no requirement to reinvestigate under this Disciplinary Procedure.

6.3 HEARING

a. If it is considered that there is a case to be answered, the employee should be called to attend a disciplinary hearing before the appropriate Disciplinary Panel. A copy of this Disciplinary Procedure should accompany the letter advising of the hearing. The

employee should be informed in writing of the allegation and the right to be represented. Any documentation intended for use by either party at the Disciplinary Hearing should be exchanged no later than five working days prior to the hearing.

b. The Disciplinary Panel is made up of 2 managers at an appropriate level - Appendix 2 outlines the minimum level.

c. Where an employee's professional competence/conduct is in question the Disciplinary Panel may, if needed, invite a suitably qualified experienced person from the same profession to attend the Hearing as an expert adviser. The adviser does not have a decision-making role.

d. In cases of professional misconduct involving medical or dental staff, the Disciplinary Panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) who is not currently employed by the Trust (see Maintaining High Professional Standards in the Modern HPSS (Nov 2005) Section III Para 1). The advice of the appropriate local representative body should be sought.

e. The employee shall normally be present during the hearing of all the evidence put before the Panel; however the employee may choose not to attend the hearing. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing or by his or her representative will be considered. The Trust reserves the right to proceed to hear a disciplinary case in the absence of the employee where no adequate explanation is provided for the employee's absence.

f. Any witnesses required to attend the hearing should be granted the appropriate time off from their work. The employee representative cannot be a witness or potential witness to the disciplinary process.

g. At the Hearing, the case against the employee and the evidence should be detailed by the presenting officer and the employee should set out his/her case and answer the allegations.

h. Witnesses may be called by either party and can be questioned by the other party and/or by the Disciplinary Panel. The presenting officer and the employee/representative will have the opportunity to make a final submission to the Disciplinary Panel at the end of the Hearing with the presenting officer going first. The Disciplinary Panel has the right to recall any witnesses but both sides and their representatives have the right to be present.

6.4 DISCIPLINARY DECISION

a. The Disciplinary Panel will review all the evidence presented before taking its decision. The Disciplinary Panel will determine on a balance of probability whether the allegations were or were not proven. Before deciding on the appropriate disciplinary action, the Disciplinary Panel should consider any mitigating circumstances put forward at the hearing and take account of the employee's record.

b. The decision should be communicated in writing to the employee normally within 7 working days of the date of the hearing or as soon as reasonably practicable. In the case of formal or final written warnings, the timescale of any sanction should be specified. The employee should be advised of the consequences of further breaches of discipline and informed of the right and method of appealing the decision.

c. In the case of dismissal, the employee should be advised that the decision of the Disciplinary Panel will be fully implemented pending appeal.

d. The appeal hearing should be organised in a timescale which allows proper representation to occur, consistent with principles of natural justice. In all circumstances an appeal hearing shall be organised within 12 weeks of the original hearing.

e. Pay pending appeal will only be paid in circumstances where management alone have failed to convene an appeal hearing within the aforementioned timescale. In this circumstance payment will be recommenced from the point in time that the notice period ends.

f. Pay pending appeal will not apply in circumstances where the employee was summarily dismissed.

6.5 DISCIPLINARY ACTION

The Disciplinary Panel may impose one or more of the following disciplinary sanctions / actions

a. **Formal Warning** - a formal warning may be given following misconduct or where misconduct is repeated after informal action has been taken. A formal warning will remain on the employee's record for a period of one year. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction / action.

b. **Final Warning** - a final warning may be given when the misconduct is considered more serious or where there is a continuation of misconduct which has lead to previous warnings and/or informal action. A final warning will remain on the

employee's record for a period of 2 years. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction/action.

c. **Transfer and/or Downgrading** - the Disciplinary Panel may decide that the most appropriate course of action should be either transfer, downgrading or both. These disciplinary actions may be imposed in addition to either a formal warning or a final warning as appropriate.

d. **Dismissal** – Dismissal will apply in situations where previous warnings issued have not produced the required improvement in standards or in some cases of Gross Misconduct.

e. **Summary Dismissal** – in some cases where Gross Misconduct has been established, an employee may be summarily dismissed i.e. without payment of contractual or statutory notice.

NOTE: If the misconduct is proven the Disciplinary Panel may recommend that any associated financial loss should be recouped from the employee. This should be referred to the Director of Finance for further consideration.

7. DISCIPLINARY APPEALS

a. An employee wishing to appeal disciplinary action should write to the Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter containing the disciplinary decision. The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will normally receive 7 working days notice of the date of the appeal hearing.

b. The Appeal Panel, will comprise 2 managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the Disciplinary Panel. In professional misconduct appeals involving medical staff and/or dentists, the Appeal Panel will comprise one additional medically/dentally qualified panel member who is not employed by the Trust or has not been previously involved in the disciplinary case. Where the employee's professional competence/conduct is in question, the Appeal Panel may invite a suitably qualified and experienced senior officer in the same profession from the trust or outside the Trust to attend the hearing as an assessor. The assessor has no decision making role. The Appeal Panel will permit additional evidence not available or provided at the Disciplinary Hearing to be considered only if it is considered relevant to the original allegation.

c. The Appeal hearing will be a full rehearing of the case.

d. The Appeal Panel will have the authority to confirm, set aside, or reduce the decision of the Disciplinary Panel**.** It will not have the right to increase the decision of the Disciplinary Panel. Where the decision of the Appeal Panel involves a variation of the original disciplinary decision, it should state the reasons and any operative date. The decision of the Appeal Panel is final and will be conveyed in writing to the appellant within seven working after the hearing. In the event of delay a written explanation will be provided.

e. In the event of reinstatement following an appeal the appropriate back payment will be made.

8. REVIEW OF THE PROCEDURE

This procedure should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Trade Union Side **Signed on behalf of Management**

Anne Speed **Damian McAlister**
Joint Secretary **Director of Human Resources & OD**

This procedure is effective from 1st April 2015

APPENDIX 1 TRUST DISCIPLINARY RULES

In accordance with paragraph 1 of the Trust's Disciplinary Procedure, Disciplinary Rules are set out below. Conduct is categorised under the headings of **"Misconduct**" and **"Gross Misconduct".** This list should not be regarded as exhaustive or exclusive but used simply as a guide.

In determining the appropriate heading, managers are required to carefully consider the circumstances and seriousness of the case.

MISCONDUCT

Listed below are examples of offences of misconduct, other than gross misconduct, which may result in disciplinary action and/or counselling/informal warning in the light of the circumstances of each case. Where misconduct **is** repeated this may lead to dismissal.

- **Inappropriate or unacceptable conduct or behaviour towards employees, patients, residents, clients, relatives or members of the public.**
- **Abuse of employment position and/or authority.**
- **Absenteeism**
- **Unauthorised Absence**
- **Insubordination.**
- **Poor Time-keeping.**
- **Dishonesty.**
- **Unsatisfactory Performance and Conduct.**
- **Failure to adhere to contract of employment.**
- **Failure to comply with the responsibilities and duties of employment position.**
- **Failure to comply with Trust Rules and Procedures, Policies and Practices.**
- **Failure to declare outside Employment/Activities** – Failure to declare any outside activity which would impact on the full performance of contract of employment.
- **Failure to conform with safety, hygiene, security rules and regulations**
- **Misuse of Trust Resources-** internet, e-mail, telephone etc (see Trust policies)
- **Misuse of Trust Property**-neglect, damage, or loss of property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Use of foul language.**
- **Gambling on Trust Premises**
- **Dangerous horseplay.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Breach of confidentiality.**
- **Alcohol/Drugs misuse.**
- **Being an accessory to a disciplinary offence**

GROSS MISCONDUCT

The following are examples of Gross Misconduct offences which are serious breaches of contractual terms which effectively destroy the employment relationship, and/or the confidence which the Trust must have in an employee. Gross misconduct may warrant summary dismissal without previous warnings.

- **Theft -** Theft from the Trust, its employees, patients, clients, residents or the public including other offences of dishonesty.
- **Fraud -** Falsification of documentation or records pertaining to patients, clients, staff, or other persons. Misrepresentation which results, or could result in financial gain (e.g. applications for posts, pre-employment medical forms, time-sheets, clock- cards, subsistence and expenses claims etc.)
- **Being under the influence or misuse of Alcohol or Drugs –** Being under the influence of alcohol, unauthorised consumption while on duty or during working hours. Reporting for duty smelling of alcohol. Misuse of drugs e.g. through misappropriation or being under the influence of drugs.
- **Breaches of safety, hygiene, security rules and regulations endangering one's own or another's physical well-being or safety.**
- **Issues of probity.**
- **Physical violence / assault or other exceptionally offensive behaviour.**
- **Criminal Conduct**- including failure to notify the Trust of a criminal offence either at work or outside of work. Consideration will be taken of criminal conduct/convictions and relevance to the employee's position.
- **Breaches of Confidentiality.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Serious Breaches of Trust Rules, Policies, Procedures and Practices**
- **Malicious or vexatious allegations or intimidation against another employee.**
- **Serious Insubordination.**
- **Ill-treatment or wilful neglect of patients, clients, residents.**
- **Negligence.**
- **Breaches of contract of employment and/or Professional Codes of Conduct.**
- **Some outside Employment/Activities-**Engaging in outside employment/activities that would prevent the efficient performance of duties, adversely affect health, bring into question loyalty and reliability or in any way weaken confidence in the Trust's business. Engaging in outside employment when contracted to work for the Trust unless otherwise agreed or where outside work is undertaken in competition with the Trust.
- **Abuse of sick pay provisions.**
- **Bringing the Trust into Disrepute.**
- **Misuse or unauthorised use of Property. -** Unauthorised use or removal of Trust property. Damage caused maliciously or recklessly to property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Misuse of Trust resources, including IT resources (see IT policies), or misuse of Trust name.**
- **Serious professional misconduct or negligence**
- **Unauthorised sleeping on duty**

APPENDIX 2 – PANELS FOR HEARINGS AND APPEALS

Misconduct		
	Hearing	**Appeal**
Staff below 5th level	Level 5	Level 4
Staff at 5th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2
Gross Misconduct		
	Hearing	**Appeal**
Staff below 5th level	Level 5	Level 4
Staff at 5th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant / Co-Director
Level 4 – Senior Manager
Level 5 – Service Manager

Maintaining High Professional Standards in the Modern HPSS

A framework for the handling of concerns about doctors and dentists in the HPSS

Department of Health, Social Services & Public Safety
November 2005

MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN HPSS

A framework for the handling of concerns about doctors and dentists in the HPSS

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INTRODUCTION

1. This document introduces the new framework for handling concerns about the conduct, clinical performance and health of medical and dental employees. It covers action to be taken when a concern first arises about a doctor or dentist, and any subsequent action when deciding whether there needs to be any restriction or suspension placed on a doctor's or dentist's practice.

2. Throughout this framework where the term "performance" is used, it should be interpreted as referring to all aspects of a practitioner's work, including conduct, health and clinical performance. Where the term "clinical performance" is used, it should be interpreted as referring only to those aspects of a practitioner's work that require the exercise of clinical judgement or skill.

3. Under the Directions on Disciplinary Procedures 2005, HPSS organisations must notify the Department of the action they have taken to comply with the framework by 31 January 2006.

4. The framework is in six sections and covers:

   I. Action when a concern first arises

   II. Restriction of practice and exclusion from work

   III. Conduct hearings and disciplinary procedures

   IV. Procedures for dealing with issues of clinical performance

   V. Handling concerns about a practitioner's health

   VI. Formal procedures – general principles

5. Local conduct procedures will apply to all concerns about the conduct of a doctor or dentist.

Background

6. There has been some concern in the past about the way in which complaints about doctors and dentists have been handled. Developing new arrangements for dealing with medical and dental staff performance has become increasingly important in order to address these concerns and to reflect the new systems for quality assurance, quality improvement and patient safety being introduced in the HPSS.

7. The National Clinical Assessment Authority (NCAA) was established to improve arrangements for dealing with poor clinical performance of doctors. The Department entered into a service level agreement with the NCAA in October 2004 to provide advice and guidance to the HPSS. Since April 2005,

the NCAA has become a division of the National Patient Safety Agency, and is now known as the National Clinical Assessment Service (NCAS).

8. The new approach set out in the framework builds on four key elements:

- appraisal[1] and revalidation – processes which require practitioners to maintain the skills and knowledge needed for their work through Continuing Professional Development (CPD);
- the advisory and assessment services of the NCAS – aimed at enabling HSS Bodies[2] to handle cases quickly and fairly - reducing the need to use disciplinary procedures to resolve problems;
- tackling the blame culture – recognising that most failures in standards of care are caused by systems' weaknesses, not individuals per se;
- new arrangements for handling exclusion from work as set out in Sections I and II of this framework.

9. To work effectively these need to be supported by a culture and by attitudes and working practices which emphasise the importance of doctors and dentists maintaining their competence; and which support an open approach to reporting and addressing concerns about doctors' and dentists' practice. The new approach recognises the importance of seeking to address clinical performance issues through remedial action including retraining rather than solely through disciplinary action. However, it is not intended to weaken accountability or avoid disciplinary action where the situation warrants this approach.

The new framework

10. At the heart of the new arrangements is a co-ordinated process for handling concerns about the safety of patients posed by the performance of doctors and dentists when this comes to the attention of the HPSS. Whatever the source of this information the response must be the same –

- to ascertain quickly what has happened and establish the facts;
- to determine whether there is a continuing risk;
- to decide whether immediate action is needed to manage the risk to ensure the protection of patients;
- to put in place action to address any underlying problem.

[1] Appraisal is a structured process which gives doctors an opportunity to reflect on their practice and discuss, with a suitably trained and qualified appraiser, any issues arising from their work, and their development needs.

[2] In the Direction and Framework "HSS bodies" means: HSS Trusts, HSS Boards and Special Agencies

Under these new mechanisms, exclusion from work must be used only in the most exceptional circumstances.

11. All HSS bodies must have procedures for handling concerns about an individual's performance. These procedures must reflect the framework in this document and allow for informal resolution of problems where deemed appropriate. Concerns about the performance of doctors and dentists in training should be handled in line with those for other medical and dental staff with the proviso that the Postgraduate Dean should be involved in appropriate cases from the outset. The onus still rests with the employer for the conduct of the investigation and any necessary action.

SECTION I. ACTION WHEN A CONCERN FIRST ARISES

INTRODUCTION

1. The management of performance is a continuous process to ensure both quality of service and to protect clinicians. Numerous ways exist in which concerns about a practitioner's performance can be identified, through which remedial and supportive action can be quickly taken before problems become serious or patients harmed, and which need not necessarily require formal investigation or the resort to disciplinary procedures.

2. Concerns about a doctor or dentist's performance can come to light in a wide variety of ways, for example:
   - concerns expressed by other HPSS staff;
   - review of performance against job plans and annual appraisal;
   - monitoring of data on clinical performance and quality of care;
   - clinical governance, clinical audit and other quality improvement activities;
   - complaints about care by patients or relatives of patients;
   - information from the regulatory bodies;
   - litigation following allegations of negligence;
   - information from the police or coroner;
   - court judgements; or
   - following the report of one or more critical clinical incidents or near misses.

3. All allegations, including those made by relatives of patients, or concerns raised by colleagues, must be properly investigated to establish the facts and the substance of any allegations. Unfounded or malicious allegations can cause lasting damage to a doctor's reputation and career. Where allegations raised by a fellow HPSS employee are shown to be malicious, that employee should be subject to the relevant disciplinary procedures.

SUMMARY OF KEY ACTIONS NEEDED

4. The key actions needed at the outset can be summarised as follows:
   - clarify what has happened and the nature of the problem or concern;
   - consider discussing case with NCAS on the way forward;
   - consider if urgent action needs to be taken to protect the patient/s;
   - consider whether restriction of practice or exclusion is required;

- if the case can be progressed by mutual agreement consider if an NCAS assessment would help;
- if a formal approach under conduct or clinical performance procedures is required, appoint a case investigator;
- consider whether further action is required under the conduct, clinical performance or health procedures.

PROTECTING THE PUBLIC

5. From the outset, a fundamental consideration is the continued safety of patients and the public. Whilst exclusion from the workplace may be unavoidable it should not be the sole or first approach to ensuring patient safety. Alternative ways to manage risks, avoiding exclusion, include:
   - arranging supervision of normal contractual clinical duties;
   - restricting the practitioner to certain forms of clinical duties;
   - restricting activities to non clinical duties. By mutual agreement the latter might include some formal retraining;
   - sick leave for the investigation of specific health problems.

6. In the vast majority of cases when action other than immediate exclusion can ensure patient safety the clinician should always initially be dealt with using an informal approach. Only where a resolution cannot be reached informally should a formal investigation be instigated. This will often depend on an individual's agreement to the solutions offered. It is imperative that all action is carried out without any undue delay.

DEFINITION OF ROLES

7. The Board, through the Chief Executive, has responsibility for ensuring that these procedures are established and followed. Board members may be required to sit as members of a disciplinary or appeal panel. Therefore, information given to the board should only be sufficient to enable the board to satisfy itself that the procedures are being followed. Only the "*designated Board member* "should be involved to any significant degree in the management of individual cases.

8. The key individuals that may have a role in the process are summarised below:-
   - Chief Executive (CE) – **all** concerns must be registered with the CE who, should a formal investigation be required, must ensure that the following individuals are appointed;
   - the "*designated Board member*" – this is a non-executive member of the Board appointed by the Chairman of the Board, to oversee the case to ensure that momentum is maintained and consider any

representations from the practitioner about his or her exclusion or any representations about the investigation;

- Case Manager – this is the individual who will lead the formal investigation. The Medical Director will normally act as the case manager but he/she may delegate this role to a senior medically qualified manager in appropriate cases. If the Medical Director is the subject of the investigation the Case Manager should be a medically qualified manager of at least equivalent seniority;
- Case Investigator – this is the individual who will carry out the formal investigation and who is responsible for leading the investigation into any allegations or concerns, establishing the facts, and reporting the findings to the Case Manager. He / she is normally appointed by the CE after discussion with the Medical Director and Director of HR and should, where possible, be medically qualified;
- the Director of HR 's role will be to support the Chief Executive and the Medical Director.

INVOLVEMENT OF NCAS

9. At any stage in the handling of a case, consideration should be given to the involvement of the NCAS. The NCAS has developed a staged approach to the services it provides HSS Trusts and practitioners. This includes:
   - immediate telephone advice, available 24 hours;
   - advice, then detailed supported local case management;
   - advice, then detailed NCAS performance assessment;
   - support with implementation of recommendations arising from assessment.

10. Employers or practitioners are at liberty to make use of the services of NCAS at any point they see fit. However, where an employing body is considering exclusion or restriction from practice the NCAS must be notified, so that alternatives to exclusion can be considered. Procedures for immediate and formal exclusion are covered respectively in Sections I and II of this framework.

11. The first stage of the NCAS's involvement in a case is exploratory – an opportunity for local managers or practitioners to discuss the problem with an impartial outsider, to look afresh at a problem, and possibly recognize the problem as being more to do with work systems than a doctor's performance, or see a wider problem needing the involvement of an outside body other than the NCAS.

12. The focus of the NCAS's work on assessment is likely to involve performance difficulties which are serious and/or repetitive. That means:

- clinical performance falling well short of recognized standards and clinical practice which, if repeated, would put patients seriously at risk;
- alternatively, or additionally, issues which are ongoing or recurrent.

13. A practitioner undergoing assessment by the NCAS must co-operate with any request from the NCAS to give an undertaking not to practice in the HPSS or private sector other than their main place of HPSS employment until the NCAS assessment is complete. The NCAS has issued guidance on its processes, and how to make such referrals. This can be found at www.ncaa.nhs.uk. See also circular HSS(TC8) 5/04.

14. Failure on the part of either the clinician or the employer to co-operate with a referral to the NCAS may be seen as evidence of a lack of willingness to resolve performance difficulties. If the practitioner chooses not to co-operate with such a referral, and an underlying health problem is not the reason, disciplinary action may be needed.

INFORMAL APPROACH

15. The first task of the clinical manager is to identify the nature of the problem or concern and to assess the seriousness of the issue on the information available. As a first step, preliminary enquiries are essential to verify or refute the substance and accuracy of any concerns or complaints. In addition, it is necessary to decide whether an informal approach can address the problem, or whether a formal investigation is needed. This is a difficult decision and should not be taken alone but in consultation with the Medical Director and Director of HR, taking advice from the NCAS or Occupational Health Service (OHS) where necessary.

16. The causes of adverse events should not automatically be attributed to the actions, failings or unsafe acts of an individual alone. Root cause analyses of individual adverse events frequently show that these are more broadly based and can be attributed to systems or organizational failures, or demonstrate that they are untoward outcomes which could not have been predicted and are not the result of any individual or systems failure. Each will require appropriate investigation and remedial actions.

17. In cases relating primarily to the performance of a practitioner, consideration should be given to whether a local action plan to resolve the problem can be agreed with the practitioner. The NCAS can advise on the practicality of this approach. This may involve a performance assessment by the NCAS if considered appropriate – (Section IV paragraph 7 refers). If a workable remedy cannot be determined in this way, the Medical Director, in consultation with the clinical manager, should seek the agreement of the practitioner to refer the case to the NCAS for consideration of a detailed performance assessment.

IMMEDIATE EXCLUSION

18. When significant issues relating to performance are identified which may affect patient safety, the employer must urgently consider whether it is necessary to place temporary restrictions on an individual's practice. Examples of such restrictions might be to amend or restrict the practitioner's clinical duties, obtain relevant undertakings eg regarding practice elsewhere or provide for the temporary exclusion of the practitioner from the workplace.

19. An immediate time limited exclusion may be necessary

- to protect the interests of patients or other staff;
- where there has been a breakdown in relationships within a team which has the potential to significantly endanger patient care.

20. The NCAS must, where possible, be informed prior to the implementation of an immediate exclusion. Such exclusion will allow a more measured consideration to be undertaken. This period should be used to carry out a preliminary situation analysis and to convene a case conference involving the clinical manager, the Medical Director and appropriate representation from Human Resources.

21. The authority to exclude a member of staff must be vested in a nominated manager or managers of the Trust. These should include, where possible, the CE, Medical Director and the Clinical Directors for staff below the grade of consultant. For consultants it should include the CE and Medical Director. The number of managers involved should be the minimum number of people consistent with the size of the organisation and the need to ensure 24 hour availability of a nominated manager in the event of a critical incident. The clinical manager seeking an immediate exclusion must explain to the nominated manager why the exclusion is justified.

22. The clinical manager having obtained the authority to exclude must explain to the practitioner why the exclusion is justified (there may be no formal allegation at this stage), and agree a date up to a maximum of four weeks at which the practitioner should return to the workplace for a further meeting

23. Immediate exclusion should be limited to the shortest feasible time and in no case longer than 4 weeks. During this period the practitioner should be given the opportunity to state their case and propose alternatives to exclusion e.g. further training, referral to occupational health, referral to the NCAS with voluntary restriction. The clinical manager must advise the practitioner of their rights, including rights of representation.

24. All these discussions should be minuted, recorded and documented, and a copy given to the practitioner.

25. The 4 week exclusion period should allow sufficient time for initial investigation to determine a clear course of action, including the need for formal exclusion.

26. At any point in the process where the Medical Director has reached a judgment that a practitioner is to be the subject of an exclusion, the regulatory body should be notified. Guidance on the process for issuing alert letters can be found in circular HSS (TC8) (6)/98. This framework also sets out additional circumstances when the issue of an alert letter may be considered.

27. Section II of this framework sets out the procedures to be followed should a formal investigation indicate that a longer period of formal exclusion is required.

FORMAL APPROACH

28. Where it is decided that a formal approach needs to be followed (perhaps leading to conduct or clinical performance proceedings) the CE must, after discussion between the Medical Director and Director of HR, appoint a Case Manager, a Case Investigator and a designated Board member as outlined in paragraph 8. The seniority of the Case Investigator will differ depending on the grade of practitioner involved in the allegation. Several Case Investigators should be appropriately trained, to enable them to carry out this role.

29. All concerns should be investigated quickly and appropriately. A clear audit route must be established for initiating and tracking progress of the investigation, its' costs and resulting action.

30. At any stage of this process - or subsequent disciplinary action - the practitioner may be accompanied to any interview or hearing by a companion. The companion may be another employee of the HSS body; an official or lay representative of the BMA, BDA, defence organisation, or friend, work or professional colleague, partner or spouse. The companion may be legally qualified but he or she will not, however, be acting in a legal capacity.

The Case Investigator's role

31. The Case Investigator:

- must formally, on the advice of the Medical Director, involve a senior member of the medical or dental staff[3] with relevant clinical experience in cases where a question of clinical judgment is raised during the investigation process;
- must ensure that safeguards are in place throughout the investigation so that breaches of confidentiality are avoided. Patient confidentiality needs to be maintained. It is the responsibility of the Case Investigator

[3] Where no other suitable senior doctor or dentist is employed by the HSS body a senior doctor or dentist from another HSS body should be involved.

to judge what information needs to be gathered and how (within the boundaries of the law) that information should be gathered;

- must ensure that sufficient written statements are collected to establish the facts of the case, and on aspects of the case not covered by a written statement, ensure that there is an appropriate mechanism for oral evidence to be considered where relevant;
- must ensure that a written record is kept of the investigation, the conclusions reached and the course of action agreed by the Medical Director with advice from the Director of HR;
- must assist the designated Board member in reviewing the progress of the case.

32. The Case Investigator does not make the decision on what action should or should not be taken, nor whether the employee should be excluded from work. They may not be a member of any disciplinary or appeal panel relating to the case.

33. The Case Investigator has wide discretion on how the investigation is carried out, but in all cases the purpose of the investigation is to ascertain the facts in an unbiased manner. Information gathered in the course of an investigation may clearly exonerate the practitioner, or provide a sound basis for effective resolution of the matter.

The Case Manager's role

34. The Case Manager is the individual who will lead the formal investigation. The Medical Director will normally act as the case manager but he/she may delegate this role to a senior medically qualified manager in appropriate cases. If the Medical Director is the subject of the investigation the Case Manager should be a medically qualified manager of at least equivalent seniority

35. The practitioner concerned must be informed in writing by the Case Manager, that an investigation is to be undertaken, the name of the Case Investigator and the specific allegations or concerns that have been raised. The practitioner must be given the opportunity to see any correspondence relating to the case together with a list of the people whom the Case Investigator will interview. The practitioner must also be afforded the opportunity to put their view of events to the Case Investigator and given the opportunity to be accompanied.

36. If during the course of the investigation, it transpires that the case involves more complex clinical issues (which cannot be addressed in the Trust), the Case Manager should consider whether an independent practitioner from another HSS body or elsewhere be invited to assist.

Timescale and decision

37. The Case Investigator should, other than in exceptional circumstances, complete the investigation within 4 weeks of appointment and submit their report to the Case Manager within a further 5 working days. The Case Manager must give the practitioner the opportunity to comment in writing on the factual content of the report produced by the Case Investigator. Comments in writing from the practitioner, including any mitigation, must normally be submitted to the Case Manager within 10 working days of the date of receipt of the request for comments. In exceptional circumstances, for example in complex cases or due to annual leave, the deadline for comments from the practitioner should be extended.

38. The report should give the Case Manager sufficient information to make a decision on whether:

- no further action is needed;
- restrictions on practice or exclusion from work should be considered;
- there is a case of misconduct that should be put to a conduct panel;
- there are concerns about the practitioner's health that should be considered by the HSS body's occupational health service, and the findings reported to the employer;
- there are concerns about the practitioner's clinical performance which require further formal consideration by NCAS ;
- there are serious concerns that fall into the criteria for referral to the GMC or GDC;
- there are intractable problems and the matter should be put before a clinical performance panel.

CONFIDENTIALITY

39. Employers must maintain confidentiality at all times, and should be familiar with the guiding principles of the Data Protection Act. No press notice can be issued, nor the name of the practitioner released, in regard to any investigation or hearing into disciplinary matters. They may only confirm that an investigation or disciplinary hearing is underway.

40. Personal data released to the Case Investigator for the purposes of the investigation must be fit for the purpose, and not disproportionate to the seriousness of the matter.

TRANSITIONAL ARRANGEMENTS

41. On implementation of this framework, the new procedures must be followed, as far as is practical, for all existing cases taking into account the stage the case has reached.

SECTION II. RESTRICTION OF PRACTICE & EXCLUSION FROM WORK

INTRODUCTION

1. This part of the framework replaces the guidance in HSS (TC8) 3/95 (Disciplinary Procedures for Hospital and Community Medical and Hospital Dental Staff - Suspensions). Under the Directions on Disciplinary Procedures 2005, HPSS employers must incorporate these principles and procedures within their local procedures. The guiding principles of Article 6 of the Human Rights Act must be strictly adhered to.

2. In this part of the framework, the phrase "exclusion from work" has been used to replace the word "suspension" which can be confused with action taken by the GMC or GDC to suspend the practitioner from the register pending a hearing of their case or as an outcome of a fitness to practice hearing.

3. The Directions require that HSS bodies must ensure that:

   - exclusion from work is used only as an interim measure whilst action to resolve a problem is being considered;
   - where a practitioner is excluded, it is for the minimum necessary period of time: this can be up to but no more than four weeks at a time;
   - all extensions of exclusion are reviewed and a brief report provided to the CE and the board;
   - a detailed report is provided when requested to the designated Board member who will be responsible for monitoring the situation until the exclusion has been lifted.

MANAGING THE RISK TO PATIENTS

4. Exclusion of clinical staff from the workplace is a temporary expedient. Under this framework, exclusion is a precautionary measure and not a disciplinary sanction. Exclusion from work should be reserved for only the most exceptional circumstances.

5. The purpose of exclusion is:

   - to protect the interests of patients or other staff; and/or
   - to assist the investigative process when there is a clear risk that the practitioner's presence would impede the gathering of evidence.

6. It is imperative that exclusion from work is not misused or seen as the only course of action that could be taken. The degree of action must depend on the nature and seriousness of the concerns and on the need to protect patients, the practitioner concerned and/or their colleagues.

THE EXCLUSION PROCESS

7. **Under the Directions, an HSS body cannot require the exclusion of a practitioner for more than four weeks at a time.** The justification for continued exclusion must be reviewed on a regular basis and before any further four-week period of exclusion is imposed. Under the framework key officers and the Board have responsibilities for ensuring that the process is carried out quickly and fairly, kept under review and that the total period of exclusion is not prolonged.

Key aspects of exclusion from work

8. Key aspects include:

- an initial "immediate" exclusion of no more than four weeks if warranted as set out in Section I;
- notification of the NCAS before immediate and formal exclusion;
- formal exclusion (if necessary) for periods up to four weeks;
- ongoing advice on the case management plan from the NCAS;
- appointment of a designated Board member to monitor the exclusion and subsequent action;
- referral to NCAS for formal assessment, if part of case management plan;
- active review by clinical and case managers to decide renewal or cessation of exclusion;
- a right to return to work if review not carried out;
- performance reporting on the management of the case;
- programme for return to work if not referred to disciplinary procedures or clinical performance assessment;
- a right for the doctor to make representation to the designated Board member

9. The authority to exclude a member of staff must be vested in a nominated manager or managers of the Trust. As described for immediate exclusion, these managers should be at an appropriately senior level in the organisation and should be the minimum number of people consistent with the size of the organisation and the need to ensure 24 hour availability of a nominated manager in the event of a critical incident. It should include the CE, Medical Director and the Clinical Directors for staff below the grade of consultant. For consultants it should include the CE and Medical Director.

Exclusion other than immediate exclusion

10. A formal exclusion may only take place in the setting of a formal investigation after the Case Manager has first considered whether there is a case to answer and then considered, at a case conference (involving as a minimum the clinical manager, Case Manager and Director of HR), whether there is reasonable and proper cause to exclude. **The NCAS must be consulted where formal exclusion is being considered.** If a Case Investigator has been appointed he or she must produce a preliminary report as soon as is possible to be available for the case conference. This preliminary report is advisory to enable the Case Manager to decide on the next steps as appropriate.

11. The report should provide sufficient information for a decision to be made as to whether:

    (i) the allegation appears unfounded; or

    (ii) there is a misconduct issue; or

    (iii) there is a concern about the practitioner's clinical performance; or

    (iv) the complexity of the case warrants further detailed investigation before advice can be given.

12. Formal exclusion of one or more clinicians must only be used where:

    a. there is a need to protect the safety of patients or other staff pending the outcome of a full investigation of:

    - allegations of misconduct;
    - concerns around the functioning of a clinical team which are likely to adversely affect patients;
    - concerns about poor clinical performance; or

    b. the presence of the practitioner in the workplace is likely to hinder the investigation.

13. Members of the case conference should consider whether the practitioner could continue in or (where there has been an immediate exclusion) return to work in a limited capacity or in an alternative, possibly non-clinical role, pending the resolution of the case.

14. When the practitioner is informed of the exclusion, there should, where practical, be a witness present and the nature of the allegations of concern should be conveyed to the practitioner. The practitioner should be told the reason(s) why formal exclusion is regarded as the only way to deal with the case. At this stage the practitioner should be given the opportunity to state their case and propose alternatives to exclusion (e.g. further training, referral to occupational health, referral to the NCAS with voluntary restriction). The practitioner may be accompanied to any interview or hearing by a companion

(paragraph 30 of Section I defines companion). All discussions should be minuted, recorded and documented and a copy given to the practitioner.

15. The formal exclusion must be confirmed in writing immediately. The letter should state the effective date and time, duration (up to 4 weeks), the content of the allegations, the terms of the exclusion (e.g. exclusion from the premises, see paragraph 19, and the need to remain available for work paragraph 20) and that a full investigation or what other action will follow. The practitioner and their companion should be informed that they may make representations about the exclusion to the designated Board member at any time after receipt of the letter confirming the exclusion.

16. In cases when disciplinary procedures are being followed, exclusion may be extended for four-week reviewable periods until the completion of disciplinary procedures, if a return to work is considered inappropriate. The exclusion should still only last for four weeks at a time and be subject to review (see paras 26 – 31 relating to the review process). The exclusion should usually be lifted and the practitioner allowed back to work, with or without conditions placed upon the employment, as soon as the original reasons for exclusion no longer apply.

17. If the Case Manager considers that the exclusion will need to be extended over a prolonged period outside of his or her control (for example because of a police investigation), the case must be referred back to the NCAS for advice as to whether the case is being handled in the most effective way. However, even during this prolonged period the principle of four-week review must be adhered to.

18. If at any time after the practitioner has been excluded from work, the investigation reveals that either the allegations are without foundation or that further investigation can continue with the practitioner working normally or with restrictions, the Case Manager must lift the exclusion and notify the appropriate regulatory authorities. Arrangements should be in place for the practitioner to return to work with any appropriate support (including retraining after prolonged exclusion) as soon as practicable.

Exclusion from premises

19. Practitioners should not be automatically barred from the premises upon exclusion from work. Case Managers must always consider whether a bar is absolutely necessary. The practitioner may want to retain contact with colleagues, take part in clinical audit, to remain up to date with developments in their specialty or to undertake research or training. There are certain circumstances, however, where the practitioner should be excluded from the premises. There may be a danger of tampering with evidence, or where the practitioner may present a serious potential danger to patients or other staff

Keeping in contact and availability for work

20. Exclusion under this framework should be on full pay provided the practitioner remains available for work with their employer during their normal contracted hours. The practitioner should not undertake any work for other organisations, whether paid or voluntary, during the time for which they are being paid by the HPSS employer. This caveat does not refer to time for which they are not being paid by the HPSS employer. The practitioner may not engage in any medical or dental duties consistent within the terms of the exclusion. In case of doubt the advice of the Case Manager should be sought. The practitioner should be reminded of these contractual obligations but would be given 24 hours notice to return to work. In exceptional circumstances the Case Manager may decide that payment is not justified because the practitioner is no longer available for work (e.g. abroad without agreement).

21. The Case Manager should make arrangements to ensure that the practitioner may keep in contact with colleagues on professional developments, take part in CPD and clinical audit activities with the same level of support as other doctors or dentists in their employment. A mentor could be appointed for this purpose if a colleague is willing to undertake this role. In appropriate circumstances Trusts should offer practitioners a referral to the Occupational Health Service.

Informing other organisations

22. Where there is concern that the practitioner may be a danger to patients, the employer has an obligation to inform other organisations including the private sector, of any restriction on practice or exclusion and provide a summary of the reasons. Details of other employers (HPSS and non-HPSS) may be readily available from job plans, but where it is not the practitioner should supply them. Failure to do so may result in further disciplinary action or referral to the relevant regulatory body, as the paramount interest is the safety of patients. Where a HPSS employer has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice with any other employer[4].

23. Where the Case Manager has good grounds to believe that the practitioner is practicing in other parts of the HPSS, or in the private sector in breach or defiance of an undertaking not to do so, they should contact the professional regulatory body and the CMO of the Department to consider the issue of an alert letter.

24. No practitioner should be excluded from work other than through this new procedure. Informal exclusions, so called ‘gardening leave’ have been

[4] HSS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with joint appointments.

commonly used in the recent past. **No HSS body may use "gardening leave" as a means of resolving a problem covered by this framework.**

Existing suspensions & transitional arrangements

25. On implementation of this framework, all informal exclusions (e.g. 'gardening leave') must be transferred to the new system of exclusion and dealt with under the arrangements set out in this framework.

KEEPING EXCLUSIONS UNDER REVIEW

Informing the board of the employer

26. The Board must be informed about an exclusion at the earliest opportunity. The Board has a responsibility to ensure that the organisation's internal procedures are being followed. It should, therefore:

- receive a monthly statistical summary showing all exclusions with their duration and number of times the exclusion had been reviewed and extended. A copy must be sent to the Department (Director of Human Resources).
- receive an assurance from the CE and designated board member that the agreed mechanisms are being followed. Details of individual exclusions should not be discussed at Board level.

Regular review

27. The Case Manager must review the exclusion before the end of each four week period and report the outcome to the Chief Executive[5]. The exclusion should usually be lifted and the practitioner allowed back to work, with or without conditions placed upon their employment, at any time providing the original reasons for exclusion no longer apply. The exclusion will lapse and the practitioner will be entitled to return to work at the end of the four-week period if the exclusion is not actively reviewed.

28. The HSS body must take review action before the end of each 4-week period. The table below outlines the various activities that must be undertaken at different stages of exclusion.

[5] It is important to recognise that Board members might be required to sit as members of a future disciplinary or appeal panel. Therefore, information to the Board should only be sufficient to enable the Board to satisfy itself that the procedures are being followed. Only the designated Board member should be involved to any significant degree in each review. Careful consideration must be given as to whether the interests of patients, other staff, the practitioner, and/or the needs of the investigative process continue to necessitate exclusion and give full consideration to the option of the practitioner returning to limited or alternative duties where practicable.

Stage	Activity
First and second reviews (and reviews after the third review)	Before the end of each exclusion (of up to 4 weeks) the Case Manager reviews the position. • The Case Manager decides on the next steps as appropriate. Further renewal may be for up to 4 weeks at a time. • Case Manager submits advisory report of outcome to CE and Medical Director. • Each review is a formal matter and must be documented as such. • The practitioner must be sent written notification of the outcome of the review on each occasion.
Third review	If the practitioner has been excluded for three periods: • A report must be made by the Medical Director to the CE: - outlining the reasons for the continued exclusion and why restrictions on practice would not be an appropriate alternative; and if the investigation has not been completed - a timetable for completion of the investigation. • The CE must report to the Director of Human Resources at the Department, who will involve the CMO if appropriate. • The case must be formally referred back to the NCAS explaining: - why continued exclusion is thought to be appropriate; - what steps are being taken to complete the investigation at the earliest opportunity. • The NCAS will review the case and advise the HSS body on the handling of the case until it is concluded.
6 month review	If the exclusion has been extended over 6 months, • A further position report must be made by the CE to

	the Department indicating: - the reason for continuing the exclusion; - anticipated time scale for completing the process; - actual and anticipated costs of the exclusion. The Department will consider the report and provide advice to the CE if appropriate.

29. Normally there should be a maximum limit of 6 months exclusion, except for those cases involving criminal investigations of the practitioner concerned. The employer and the NCAS should actively review those cases at least every six months.

The role of the Department in monitoring exclusions

30. When the Department is notified of an exclusion, it should confirm with the NCAS that they have been notified.

31. When an exclusion decision has been extended twice (third review), the CE of the employing organisation (or a nominated officer) must inform the Department of what action is proposed to resolve the situation.

RETURN TO WORK

32. If it is decided that the exclusion should come to an end, there must be formal arrangements for the return to work of the practitioner. It must be clear whether clinical and other responsibilities are to remain unchanged, what duties and restrictions apply, and any monitoring arrangements to ensure patient safety.

SECTION III. GUIDANCE ON CONDUCT HEARINGS AND DISCIPLINARY PROCEDURES

INTRODUCTION

1. This section applies when the outcome of an investigation under Section I shows that there is a case of misconduct that must be put to a conduct panel (paragraph 38 of section 1). Misconduct covers both personal and professional misconduct as it can be difficult to distinguish between them. The key point is that all misconduct issues for doctors and dentists (as for all other staff groups) are matters for local employers and must be resolved locally. All misconduct issues should be dealt with under the employer's procedures covering other staff where conduct is in question.

2. It should be noted that if a case covers both misconduct and clinical performance issues it should usually be addressed through a clinical performance procedure (paragraph 5 of Section IV refers).

3. Where the investigation identifies issues of professional misconduct, the Case Investigator must obtain appropriate independent professional advice. Similarly where a case involving issues of professional misconduct proceeds to a hearing under the employer's conduct procedures the panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) and who is not currently employed by the organisation. [6]

4. Employers are strongly advised to seek advice from NCAS in misconduct cases, particularly in cases of professional misconduct.

5. HSS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with joint appointment contracts.

CODES OF CONDUCT

6. Every HPSS employer will have a Code of Conduct or staff rules, which should set out acceptable standards of conduct and behaviour expected of all its employees. Breaches of these rules are considered to be "misconduct". Misconduct can cover a very wide range of behaviour and can be classified in a number of ways, but it will generally fall into one of four distinct categories:

   - a refusal to comply with the requirements of the employer where these are shown to be reasonable;
   - an infringement of the employer's disciplinary rules including conduct that contravenes the standard of professional behaviour required of

[6] Employers are advised to discuss the selection of the medical or dental panel member with the appropriate local professional representative body eg for doctors in a hospital trust the local negotiating committee

doctors and dentists by their regulatory body[7];

- the commission of criminal offences outside the place of work which may, in particular circumstances, amount to misconduct;
- wilful, careless, inappropriate or unethical behaviour likely to compromise standards of care or patient safety, or create serious dysfunction to the effective running of a service.

EXAMPLES OF MISCONDUCT

7. The employer's Code of Conduct should set out details of some of the acts that will result in a serious breach of contractual terms and will constitute gross misconduct, and could lead to summary dismissal. The code cannot cover every eventuality. Similarly the Labour Relations Agency (LRA) Code of Practice provides a non-exhaustive list of examples. Acts of misconduct may be simple and readily recognised or more complex and involved. Examples may include unreasonable or inappropriate behaviour such as verbal or physical bullying, harassment and/or discrimination in the exercise of their duties towards patients, the public or other employees. It could also include actions such as deliberate falsification or fraud.

8. Failure to fulfil contractual obligations may also constitute misconduct. For example, regular non-attendance at clinics or ward rounds, or not taking part in clinical governance activities may come into this category. Additionally, instances of failing to give proper support to other members of staff including doctors or dentists in training may be considered in this category.

9. It is for the employer to decide upon the most appropriate way forward, including the need to consult the NCAS and their own sources of expertise on employment law. If a practitioner considers that the case has been wrongly classified as misconduct, he or she (or his/her representative) is entitled to use the employer's grievance procedure. Alternatively, or in addition, he or she may make representations to the designated Board member.

10. In all cases where an allegation of misconduct has been upheld consideration must be given to referral to GMC/GDC.

ALLEGATIONS OF CRIMINAL ACTS

Action when investigations identify possible criminal acts

11. Where an employer's investigation establishes a suspected criminal action in the UK or abroad, this must be reported to the police. The Trust investigation should only proceed in respect of those aspects of the case that are not directly related to the police investigation underway. The employer must consult the police to establish whether an investigation into any other matters

[7] In case of doctors, *Good Medical Practice.* In the case of dentists, *Maintaining Standards.*

would impede their investigation. In cases of fraud, the Counter Fraud & Security Management Service must be contacted.

Cases where criminal charges are brought not connected with an investigation by an HPSS employer

12. There are some criminal offences that, if proven, could render a doctor or dentist unsuitable for employment. In all cases, employers, having considered the facts, will need to determine whether the employee poses a risk to patients or colleagues and whether their conduct warrants instigating an investigation and the exclusion of the practitioner. The employer will have to give serious consideration to whether the employee can continue in their current duties once criminal charges have been made. Bearing in mind the presumption of innocence, the employer must consider whether the offence, if proven, is one that makes the doctor or dentist unsuitable for their type of work and whether, pending the trial, the employee can continue in their present duties, should be allocated to other duties or should be excluded from work. This will depend on the nature of the offence and advice should be sought from an HR or legal adviser. Employers should, as a matter of good practice, explain the reasons for taking such action.

Dropping of charges or no court conviction

13. If the practitioner is acquitted following legal proceedings, but the employer feels there is enough evidence to suggest a potential danger to patients, the Trust has a public duty to take action to ensure that the practitioner does not pose a risk to patient safety. Where the charges are dropped or the court case is withdrawn, there may be grounds to consider allegations which if proved would constitute misconduct, bearing in mind that the evidence has not been tested in court. It must be made clear to the police that any evidence they provide and is used in the Trust's case will have to be made available to the doctor or dentist concerned.

SECTION IV. PROCEDURES FOR DEALING WITH ISSUES OF CLINICAL PERFORMANCE

INTRODUCTION & GENERAL PRINCIPLES

1. There will be occasions following an adequate investigation where an employer considers that there has been a clear failure by an individual to deliver an acceptable standard of care, or standard of clinical management, through lack of knowledge, ability or consistently poor performance. These are described as clinical performance issues.

2. Concerns about the clinical performance of a doctor or dentist may arise as outlined in Section I. Advice from the NCAS will help the employer to come to a decision on whether the matter raises questions about the practitioner's performance as an individual (health problems, conduct difficulties or poor clinical performance) or whether there are other matters that need to be addressed. If the concerns about clinical performance cannot be resolved through local informal processes set out in Section I (paragraphs 15 – 17) **the matter must be referred to the NCAS before consideration by a performance panel** (unless the practitioner refuses to have his or her case referred).

3. Matters which may fall under the perfomance procedures include:

   - out moded clinical practice;
   - inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk;
   - incompetent clinical practice;
   - inappropriate delegation of clinical responsibility;
   - inadequate supervision of delegated clinical tasks;
   - ineffective clinical team working skills.

   Wherever possible such issues should be dealt with informally, seeking support and advice from the NCAS where appropriate. The vast majority of cases should be adequately dealt with through a plan of action agreed between the practitioner and the employer.

4. Performance may be affected by ill health. Should health considerations be the predominant underlying feature, procedures for handling concerns about a practitioner's health are described in Section V of this framework.

How to proceed where conduct and clinical performance issues are involved

5. It is inevitable that some cases will involve both conduct and clinical performance issues. Such cases can be complex and difficult to manage. If

a case covers more than one category of problem, it should usually be addressed through a clinical performance hearing although there may be occasions where it is necessary to pursue a conduct issue separately. It is for the employer to decide on the most appropriate way forward having consulted with an NCAS adviser and their own source of expertise on employment law.

Duties of employers

6. The procedures set out below are designed to cover issues where a doctor's or dentist's standard of clinical performance is in question[8].

7. As set out in Section I (paras 9 - 14), the NCAS can assist the employer to draw up an action plan designed to enable the practitioner to remedy any limitations in performance that have been identified during the assessment. The employing body must facilitate the agreed action plan (agreed by the employer and the practitioner). There may be occasions when a case has been considered by NCAS, but the advice of its assessment panel is that the practitioner's performance is so fundamentally flawed that no educational and/or organisational action plan has a realistic chance of success. In these circumstances, the Case Manager must make a decision, based upon the completed investigation report and informed by the NCAS advice, whether the case should be determined under the clinical performance procedure. If so, a panel hearing will be necessary.

8. If the practitioner does not agree to the case being referred to NCAS, a panel hearing will normally be necessary.

HEARING PROCEDURE

The pre-hearing process

9. The following procedure should be followed before the hearing:

- the Case Manager must notify the practitioner in writing of the decision to arrange a clinical performance hearing. This notification should be made at least 20 working days before the hearing, and include details of the allegations and the arrangements for proceeding including the practitioner's rights to be accompanied, and copies of any documentation and/or evidence that will be made available to the panel. This period will give the practitioner sufficient notice to allow them to arrange for a companion to accompany them to the hearing if they so wish;
- all parties must exchange any documentation, including witness statements, on which they wish to rely in the proceedings no later than 10 working days before the hearing. In the event of late evidence being presented, the employer should consider whether a new date

[8] see paragraphs 5 and 6 in section 6I on arrangements for small organisations

should be set for the hearing;

- should either party request a postponement to the hearing, the Case Manager should give reasonable consideration to such a request while ensuring that any time extensions to the process are kept to a minimum. Employers retain the right, after a reasonable period (not normally less than 30 working days from the postponement of the hearing), and having given the practitioner at least five working days notice, to proceed with the hearing in the practitioner's absence, although the employer should act reasonably in deciding to do so;
- Should the practitioner's ill health prevent the hearing taking place, the employer should implement their usual absence procedures and involve the Occupational Health Department as necessary;
- witnesses who have made written statements at the inquiry stage may, but will not necessarily, be required to attend the clinical performance hearing. Following representations from either side contesting a witness statement which is to be relied upon in the hearing, the Chairman should invite the witness to attend. The Chairman cannot require anyone other than an employee to attend. However, if evidence is contested and the witness is unable or unwilling to attend, the panel should reduce the weight given to the evidence as there will not be the opportunity to challenge it properly. A final list of witnesses to be called must be given to both parties not less than two working days in advance of the hearing.
- If witnesses who are required to attend the hearing, choose to be accompanied, the person accompanying them will not be able to participate in the hearing.

The hearing framework

10. The hearing will normally be chaired by an Executive Director of the Trust. The panel should comprise a total of 3 people, normally 2 members of the Trust Board, or senior staff appointed by the Board for the purpose of the hearing. At least one member of the panel must be an appropriately experienced medical or dental practitioner who is not employed by the Trust.[9] No member of the panel or advisers to the panel should have been previously involved in the investigation. In the case of clinical academics, including joint appointments, a further panel member may be appointed in accordance with any protocol agreed between the employer and the university.

11. Arrangements must be made for the panel to be advised by:
    - a senior member of staff from Human Resources;
    - an appropriately experienced clinician from the same or similar clinical specialty as the practitioner concerned, but from another HPSS employer;

[9] Employers are advised to discuss the selection of the medical or dental panel member with the appropriate local professional representative body eg for doctors in a hospital trust the local negotiating committee.

- a representative of a university if provided for in any protocol agreed between the employer and the university.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the selected clinician is unable to advise on the appropriate level of competence, a doctor from another HPSS/NHS employer, in the same grade as the practitioner in question, should be asked to provide advice. In the case of doctors in training the postgraduate dean's advice should be sought.

12. It is for the employer to decide on the membership of the panel. A practitioner may raise an objection to the choice of any panel member within 5 working days of notification. The employer should review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner. It may be necessary to postpone the hearing while this matter is resolved. The employer must provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

Representation at clinical performance hearings

13. The hearing is not a court of law. Whilst the practitioner should be given every reasonable opportunity to present his or her case, the hearing should not be conducted in a legalistic or excessively formal manner.

14. The practitioner may be represented in the process by a companion who may be another employee of the HSS body: an official or lay representative of the BMA, BDA, defence organisation or work or professional colleague. Such a representative may be legally qualified but they will not, however, be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any witness evidence.

Conduct of the clinical performance hearing

15. The hearing should be conducted as follows:

- the panel and its advisers, the practitioner, his or her representative and the Case Manager will be present at all times during the hearing. Witnesses will be admitted only to give their evidence and answer questions and will then retire;
- the Chairman of the panel will be responsible for the proper conduct of the proceedings. The Chairman should introduce all persons present and announce which witnesses are available to attend the hearing;
- the procedure for dealing with any witnesses attending the hearing shall be the same and shall reflect the following:

- the witness to confirm any written statement and give any supplementary evidence;
- the side calling the witness can question the witness;
- the other side can then question the witness;
- the panel may question the witness;
- the side which called the witness may seek to clarify any points which have arisen during questioning but may not at this point raise new evidence.

The order of presentation shall be:

- the Case Manager presents the management case, calling any witnesses. The procedure set out above for dealing with witnesses shall be followed for each witness in turn. Each witness shall be allowed to leave when the procedure is completed;
- the Chairman shall invite the Case Manager to clarify any matters arising from the management case on which the panel requires further clarification;
- the practitioner and/or their representative shall present the practitioner's case, calling any witnesses. The procedure set out above for dealing with witnesses shall be followed for each witness in turn. Each witness shall be allowed to leave when the procedure is completed;
- the Chairman shall invite the practitioner and/or representative to clarify any matters arising from the practitioner's case on which the panel requires further clarification;
- the Chairman shall invite the Case Manager to make a brief closing statement summarising the key points of the case;
- the Chairman shall invite the practitioner and/or representative to make a brief closing statement summarising the key points of the practitioner's case. Where appropriate this statement may also introduce any grounds for mitigation;
- the panel shall then retire to consider its decision.

Decisions

16. The panel will have the power to make a range of decisions including the following:

<u>Possible decisions made by the clinical performance panel</u>

- a finding that the allegations are unfounded and practitioner exonerated. Finding placed on the practitioner's record;
- a finding of unsatisfactory clinical performance. All such findings require a written statement detailing:

- the clinical performance problem(s) identified;
- the improvement that is required;
- the timescale for achieving this improvement;
- a review date;
- measures of support the employer will provide; and
- the consequences of the practitioner not meeting these requirements.

In addition, dependent on the extent or severity of the problem, the panel may:

- issue a written warning or final written warning that there must be an improvement in clinical performance within a specified time scale together with the duration that these warnings will be considered for disciplinary purposes (up to a maximum of two years depending on severity);
- decide on termination of contract.

In all cases where there is a finding of unsatisfactory clinical performance, consideration must be given to referral to the GMC/GDC.

It is also reasonable for the panel to make comments and recommendations on issues other than the competence of the practitioner, where these issues are relevant to the case. The panel may wish to comment on the systems and procedures operated by the employer.

17. A record of all findings, decisions and written warnings should be kept on the practitioner's personnel file. Written warnings should be disregarded for disciplinary purposes following the specified period.

18. The decision of the panel should be communicated to the parties as soon as possible and normally within 5 working days of the hearing. Given the possible complexities of the issues under deliberation and the need for detailed consideration, the parties should not necessarily expect a decision on the day of the hearing.

19. The decision must be confirmed in writing to the practitioner within 10 working days. This notification must include reasons for the decision, clarification of the practitioner's right of appeal (specifying to whom the appeal should be addressed) and notification of any intent to make a referral to the GMC/GDC or any other external/professional body.

APPEALS PROCEDURES IN CLINICAL PERFORMANCE CASES

Introduction

20. Given the significance of the decision of a clinical performance panel to warn or dismiss a practitioner, it is important that a robust appeal procedure is in place. Every Trust must therefore establish an internal appeal process.

21. The appeals procedure provides a mechanism for practitioners who disagree with the outcome of a decision to have an opportunity for the case to be reviewed. The appeal panel will need to establish whether the Trust's procedures have been adhered to and that the panel, in arriving at their decision, acted fairly and reasonably based on:

- a fair and thorough investigation of the issue;
- sufficient evidence arising from the investigation or assessment on which to base the decision;
- whether in the circumstances the decision was fair and reasonable, and commensurate with the evidence heard.

It can also hear new evidence submitted by the practitioner and consider whether it might have significantly altered the decision of the original hearing. The appeal panel, however, should not re-hear the entire case but may direct that the case is re-heard if it considers it appropriate (see paragraph 24 below).

22. A dismissed practitioner will, in all cases, be potentially able to take their case to an Industrial Tribunal where the fairness of the Trust's actions will be tested.

The appeal process

23. The predominant purpose of the appeal is to ensure that a fair hearing was given to the original case and a fair and reasonable decision reached by the hearing panel. The appeal panel has the power to confirm or vary the decision made at the clinical performance hearing, or order that the case is re-heard. Where it is clear in the course of the appeal hearing that the proper procedures have not been followed and the appeal panel determines that the case needs to be fully re-heard, the Chairman of the panel shall have the power to instruct a new clinical performance hearing.

24. Where the appeal is against dismissal, the practitioner should not be paid, from the date of termination of employment. Should the appeal be upheld, the practitioner should be reinstated and must be paid backdated to the date of termination of employment. Where the decision is to re-hear the case, the practitioner should also be reinstated, subject to any conditions or restrictions in place at the time of the original hearing, and paid backdated to the date of termination of employment.

The appeal panel

25. The panel should consist of three members. The members of the appeal panel must not have had any previous direct involvement in the matters that are the subject of the appeal, for example they must not have acted as the designated board member. These members will be:

Membership of the appeal panel

- an independent member (trained in legal aspects of appeals) from an approved pool.[10] This person is designated Chairman;
- the Chairman (or other non-executive director) of the employing organisation who must have the appropriate training for hearing an appeal;
- a medically qualified member (or dentally qualified if appropriate) who is not employed by the Trust[11] who must also have the appropriate training for hearing an appeal.

In the case of clinical academics, including joint appointments, a further panel member may be appointed in accordance with any protocol agreed between the employer and the university

26. The panel should call on others to provide specialist advice. This should normally include:

- a consultant from the same specialty or subspecialty as the appellant, but from another HPSS/NHS employer [12];
- a senior Human Resources specialist.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the selected clinician is unable to advise on the appropriate level of competence, a doctor from another HPSS employer in the same grade as the practitioner in question should be asked to provide advice. Where the case involves a doctor in training, the postgraduate dean should be consulted.

27. The Trust should convene the panel and notify the appellant as soon as possible and in any event within the recommended timetable in paragraph 29. Every effort should be made to ensure that the panel members are acceptable to the appellant. Where in rare cases agreement cannot be reached upon the constitution of the panel, the appellant's objections should be noted carefully. Trusts are reminded of the need to act reasonably at all stages of the process.

[10] See Annex A.
[11] Employers are advised to discuss the selection of the medical or dental panel member with the local professional representative body eg in a hospital trust the local negotiating committee.
[12] Where the case involves a dentist this may be a consultant or an appropriate senior practitioner.

28. It is in the interests of all concerned that appeals are heard speedily and as soon as possible after the original performance hearing. The following timetable should apply in all cases:

- appeal by written statement to be submitted to the designated appeal point (normally the Director of HR) within 25 working days of the date of the written confirmation of the original decision;
- hearing to take place within 25 working days of date of lodging appeal;
- decision reported to the appellant and the Trust within 5 working days of the conclusion of the hearing.

29. The timetable should be agreed between the Trust and the appellant and thereafter varied only by mutual agreement. The Case Manager should be informed and is responsible for ensuring that extensions are absolutely necessary and kept to a minimum.

Powers of the appeal panel

30. The appeal panel has the right to call witnesses of its own volition, but must notify both parties at least 10 working days in advance of the hearing and provide them with a written statement from any such witness at the same time.

31. Exceptionally, where during the course of the hearing the appeal panel determines that it needs to hear the evidence of a witness not called by either party, then it shall have the power to adjourn the hearing to allow for a written statement to be obtained from the witness and made available to both parties before the hearing reassembles.

32. If, during the course of the hearing, the appeal panel determines that new evidence needs to be presented, it should consider whether an adjournment is appropriate. Much will depend on the weight of the new evidence and its relevance. The appeal panel has the power to determine whether to consider the new evidence as relevant to the appeal, or whether the case should be re-heard, on the basis of the new evidence, by a clinical performance hearing panel.

Conduct of appeal hearing

33. All parties should have all documents, including witness statements, from the previous performance hearing together with any new evidence.

34. The practitioner may be represented in the process by a companion who may be another employee of the HSS body; an official or lay representative of the BMA, BDA, defence organisation, or work or professional colleague. Such a representative may be legally qualified but they will not, however, be representing the practitioner formally in a legal capacity. The representative

will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any written evidence.

35. Both parties will present full statements of fact to the appeal panel and will be subject to questioning by either party, as well as the panel. When all the evidence has been presented, both parties shall briefly sum up. At this stage, no new information can be introduced. The appellant (or his/her companion) can at this stage make a statement in mitigation.

36. The panel, after receiving the views of both parties, shall consider and make its decision in private.

Decision

37. The decision of the appeal panel shall be made in writing to the appellant and shall be copied to the Trust's Case Manager such that it is received within 5 working days of the conclusion of the hearing. The decision of the appeal panel is final and binding. There shall be no correspondence on the decision of the panel, except and unless clarification is required on what has been decided (but not on the merits of the case), in which case it should be sought in writing from the Chairman of the appeal panel.

Action following hearing

38. Records must be kept, including a report detailing the performance issues, the practitioner's defence or mitigation, the action taken and the reasons for it. These records must be kept confidential and retained in accordance with the clinical performance procedure and the Data Protection Act 1998. These records need to be made available to those with a legitimate call upon them, such as the practitioner, the Regulatory Body, or in response to a Direction from an Industrial Tribunal.

Annex A

APPEAL PANELS IN CLINICAL PERFORMANCE CASES

Introduction

1. The framework provides for the appeal panel to be chaired by an independent member from an approved pool trained in legal aspects of appeals.

2. It has been agreed that it would be preferable to continue to appoint appeal panel chairmen through a separately held Northern Ireland wide list rather than through local selection. The benefits include:

   - the ability to secure consistency of approach through national appointment, selection and training of panel chairmen; and
   - the ability to monitor performance and assure the quality of panellists.

3. The following provides an outline of how it is envisaged the process will work.

Creating and administering the list

4. The responsibility for recruitment and selection of panel chairs to the list will lie with the Department, who will be responsible for administration of the list

5. Recruitment to the list will be in accordance with published selection criteria drawn up in consultation with stakeholders, including the BMA, BDA, defence organisations, and the NCAS. These stakeholders will also assist in drawing up the selection criteria and in seeking nominations to serve.

6. The Department of Health Social Services and Public Safety, in consultation with employers, the BDA and the BMA will provide a job description, based on the Competence Framework for Chairmen and Members of Tribunals, drawn up by the *Judicial Studies Board*. The framework, which can be adapted to suit particular circumstances sets out six headline competencies featuring the core elements of law and procedure, equal treatment, communication, conduct of hearing, evidence and decision making. Selection will be based on the extent to which candidates meet the competencies.

7. Panel members will be subject to appraisal against the core competencies and feedback on performance provided by participants in the hearing. This feedback will be taken into account when reviewing the position of the panel member on the list.

8. The level of fees payable to panel members will be set by the Department and paid locally by the employer responsible for establishing the panel.

9. List members will be expected to take part in and contribute to local training events from time to time. For example, training based on generic tribunal skills along the lines of the Judicial Studies Board competencies and /or seminars designed to provide background on the specific context of HPSS disciplinary procedures.

SECTION V. HANDLING CONCERNS ABOUT PERFORMANCE ARISING FROM A PRACTITIONER'S HEALTH

INTRODUCTION

1. This section applies when the outcome of an investigation under Section I shows that there are concerns about the practitioner's health that should be considered by the HSS body's Occupational Health Service (OHS) and the findings reported to the employer.

2. In addition, if at any stage in the context of concerns about a practitioner's clinical performance or conduct it becomes apparent that ill health may be a factor, the practitioner should be referred to OHS. Employers should be aware that the practitioner may also self refer to OHS.

3. The principle for dealing with individuals with health problems is that, wherever possible and consistent with maintaining patient safety, they should be treated, rehabilitated or re-trained (for example if they cannot undertake exposure prone procedures) and kept in employment, rather than be lost from the HPSS.

HANDLING HEALTH ISSUES

4. On referral to OHS, the OHS physician should agree a course of action with the practitioner and send his/her recommendations to the Medical Director and a meeting should be convened with the Director of HR, the Medical Director or Case Manager, the practitioner and case worker from the OHS to agree a timetable of action and rehabilitation (where appropriate)[13]. The practitioner may be accompanied to these meetings (as defined in Section I, para 30). Confidentiality must be maintained by all parties at all times.

5. The findings of OHS may suggest that the practitioner's health makes them a danger to patients. Where the practitioner does not recognise that, or does not comply with measures put in place to protect patients, then exclusion from work must be considered. The relevant professional regulatory body must be informed, irrespective of whether or not the practitioner has retired on the grounds of ill health.

6. In those cases where there is impairment of clinical performance solely due to ill health or an issue of conduct solely due to ill health, disciplinary procedures (as outlined in Section IV), or misconduct procedures (as outlined in Section III) would only be considered in the most exceptional of circumstances, for example if the individual concerned refuses to co-operate with the employer

[13] In the absence of a Medical Director organisations should put in place appropriate measures as part of agreed arrangements for small organisations to ensure the appropriate level of input to the process. See section vi.

to resolve the underlying situation e.g. by refusing a referral to the OHS or NCAS.

7. A practitioner who is subject to the procedures in Sections III and IV may put forward a case on ill health grounds that proceedings should be delayed, modified or terminated. In those cases the employer should refer the practitioner to OHS for assessment as soon as possible and suspend proceedings pending the OHS report. Unreasonable refusal to accept a referral to, or to co-operate with OHS, may give separate grounds for pursuing disciplinary action.

RETAINING THE SERVICES OF INDIVIDUALS WITH HEALTH PROBLEMS

8. Wherever possible the Trust should attempt to continue to employ the individual provided this does not place patients or colleagues at risk. The following are examples of actions a Trust might take in these circumstances, in consultation with OHS and having taken advice from NCAS and/or NIMDTA if appropriate.

Examples of action to take

- sick leave for the practitioner (the practitioner to be contacted frequently on a pastoral basis to stop them feeling isolated);
- remove the practitioner from certain duties;
- make adjustments to the practitioner's working environment;
- reassign them to a different area of work;
- arrange re-training for the practitioner;
- consider whether the Disability Discrimination Act (DDA) applies (see below), and, if so, what other reasonable adjustments might be made to their working environment.

DISABILITY DISCRIMINATION ACT (DDA)

9. Where the practitioner's health issues come within the remit of the DDA, the employer is under a duty to consider what reasonable adjustments can be made to enable the practitioner to continue in employment. At all times the practitioner should be supported by their employer and OHS who should ensure that the practitioner is offered every available resource to enable him/her to continue in practice or return to practice as appropriate.

10. Employers should consider what reasonable adjustments could be made to the practitioner's workplace conditions, bearing in mind their need to negate any possible disadvantage a practitioner might have compared to his/her non-disabled colleagues. The following are examples of reasonable adjustments an employer might make in consultation with the practitioner and OHS.

Examples of reasonable adjustment

- make adjustments to the premises;
- re-allocate some of the disabled person's duties to another;
- transfer employee to an existing vacancy;
- alter employee's working hours or pattern of work;
- assign employee to a different workplace;
- allow absence for rehabilitation, assessment or treatment;
- provide additional training or retraining;
- acquire/modify equipment;
- modifying procedures for testing or assessment;
- provide a reader or interpreter;
- establish mentoring arrangements.

11. In some cases retirement due to ill health may be necessary. Ill health retirement should be approached in a reasonable and considerate manner, in consultation with the practitioner, OHS, and HPSS Superannuation Branch**.**

Note. Special Professional Panels (generally referred to as the "three wise men") were set up under circular TC8 1/84. This part of the framework replaces those arrangements and any existing panels should be disbanded.

SECTION VI. FORMAL PROCEDURES – GENERAL PRINCIPLES

TRAINING

1. Employers must ensure that managers and Case Investigators receive appropriate training in the operation of formal performance procedures. Those undertaking investigations or sitting on disciplinary or appeals panels must have had formal equal opportunities training before undertaking such duties. The Trust Board must agree what training its staff and its members have completed before they can take a part in these proceedings.

HANDLING OF ILLNESS ARISING DURING FORMAL PROCEEDINGS

2. If an excluded employee or an employee facing formal proceedings becomes ill, they should be subject to the employer's usual sickness absence procedures. The sickness absence procedures can take place alongside formal procedures and the employer should take reasonable steps to give the employee time to recover and attend any hearing. Where the employee's illness exceeds 4 weeks, they must be referred to the OHS. The OHS will advise the employer on the expected duration of the illness and any consequences the illness may have for the process. OHS will also be able to advise on the employee's capacity for future work, as a result of which the employer may wish to consider retirement on health grounds. Should the employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and the employer form a judgement as to whether the allegations are upheld.

3. If, in exceptional circumstances, a hearing proceeds in the absence of the practitioner, for reasons of ill-health, the practitioner should have the opportunity to provide written submissions and/or have a representative attend in his absence.

4. Where a case involves allegations of abuse against a child or a vulnerable adult, the guidance issued to the HPSS in 2005, "Choosing to Protect – A Guide to Using the Protection of Children Northern Ireland (POCNI) Service", gives more detailed information.

PROCESS FOR SMALLER ORGANISATIONS

5. Many smaller organisations may not have all the necessary personnel in place to follow the procedures outlined in this document. For example, some smaller organisations may not employ a medical director or may not employ medical or dental staff of sufficient seniority or from the appropriate specialty. Also, it may be difficult to provide senior staff to undertake hearings who have not been involved in the investigation.

6. Such organisations should consider working in collaboration with other local HPSS organisations (eg other Trusts) in order to provide sufficient personnel

to follow the procedures described. The organisation should be sufficiently distant to avoid any organisational conflict of interest and any nominee should be asked to declare any conflict of interest. In such circumstances the HPSS organisation should contact the Department to take its advice on the process followed and ensure that it is in accordance with the policy and procedures set out in this document.

TERMINATION OF EMPLOYMENT WITH PROCEDURES UNFINISHED

7. Where the employee leaves employment before formal procedures have been completed, the investigation must be taken to a final conclusion in all cases and performance proceedings must be completed wherever possible, whatever the personal circumstances of the employee concerned.

8. There will be circumstances where an employee who is subject to proceedings puts forward a case, on health grounds, that the proceedings should be delayed, modified or terminated. In such cases the employer is expected to refer the doctor or dentist to the OHS for assessment as soon as possible. Unreasonable refusal to accept a referral to, or to co-operate with, the OHS under these circumstances, may give separate grounds for pursuing disciplinary action.

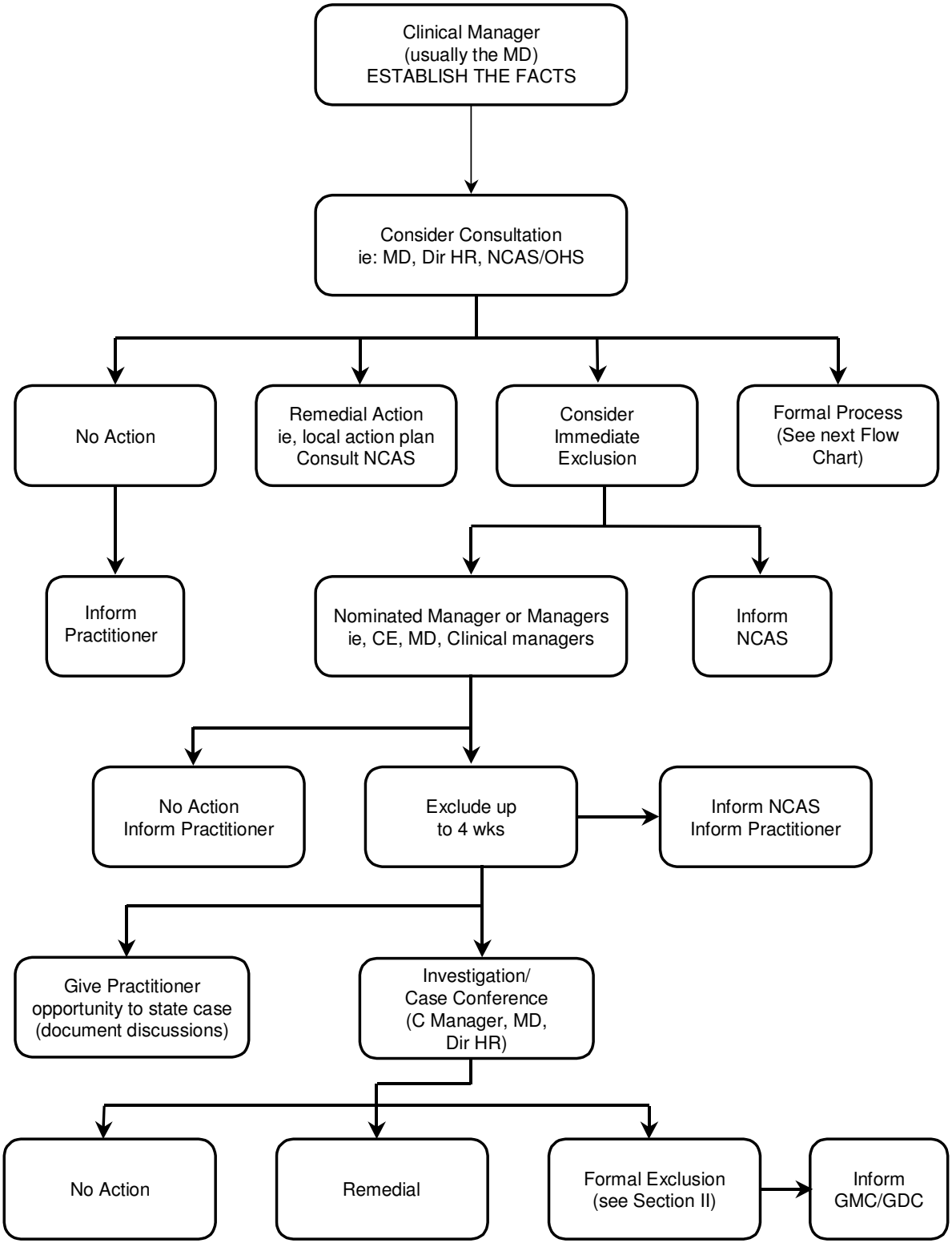
9. Every reasonable effort must be made to ensure the employee remains involved in the process. If contact with the employee has been lost, the employer should invite them to attend any hearing by writing to both their last known home address and their registered address (the two will often be the same). The employer must make a judgement, based on the evidence available, as to whether the allegations are upheld. If the allegations are upheld, the employer must take appropriate action, such as requesting the issue of an alert letter and referral to the professional regulatory body, referral to the police, or the Protection of Children and Vulnerable Adults List (held by the Department of Employment and Learning).

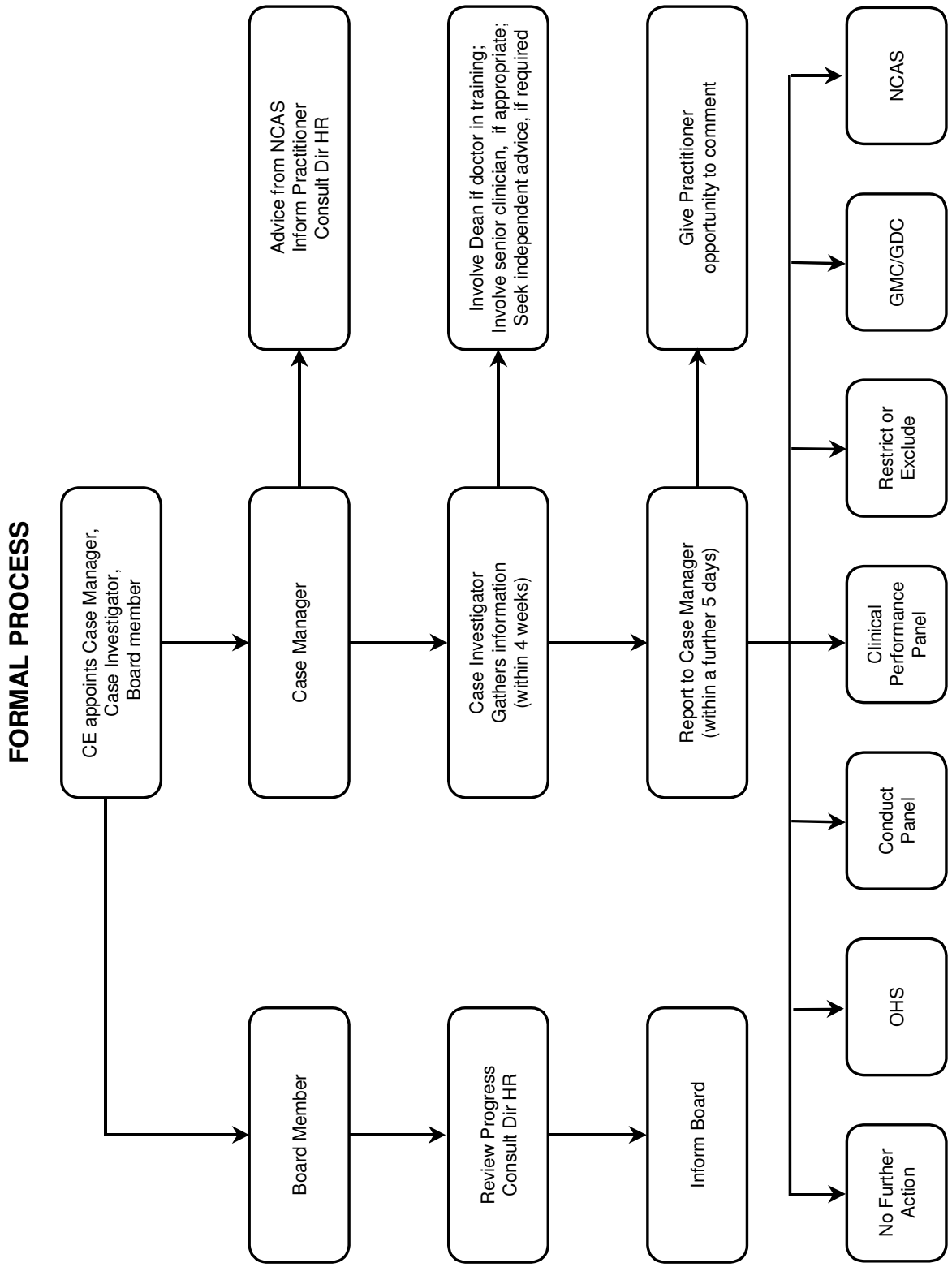
GUIDANCE ON AGREEING TERMS FOR SETTLEMENT ON TERMINATION OF EMPLOYMENT

10. In some circumstances, terms of settlement may be agreed with a doctor or dentist if their employment is to be terminated. The following good practice principles are set out as guidance for the Trust:

    - settlement agreements must not be to the detriment of patient safety;
    - it is not acceptable to agree any settlement that precludes involvement of either party in any further legitimate investigations or referral to the appropriate regulatory body.

INFORMAL PROCESS




FORMAL PROCESS
CE appoints Case Manager, Case Investigator, Board member
Case Manager
Advice from NCAS
Inform Practitioner
Consult Dir HR
Case Investigator Gathers information (within 4 weeks)
Involve Dean if doctor in training;
Involve senior clinician, if appropriate;
Seek independent advice, if required
Report to Case Manager (within a further 5 days)
Give Practitioner opportunity to comment
Board Member
Review Progress
Consult Dir HR
Inform Board
No Further Action
OHS
Conduct Panel
Clinical Performance Panel
Restrict or Exclude
GMC/GDC
NCAS

Nursing & Midwifery Council

Advice and information for employers of nurses and midwives

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Introduction

This information is for anyone who employs nurses and midwives, including directors of nursing and other managers, and those working in HR.

It will help you learn more about:

- your responsibilities as an employer
- how to use and check our register
- what steps you should take during the recruitment process
- what we mean by 'fitness to practise'
- how to proceed if you are considering making a fitness to practise referral to us

The role of the NMC

We protect the public by making sure all practising nurses and midwives have the skills, knowledge, health and character to do their job safely and effectively.

To do this, we:

- require all nurses and midwives who practise in the UK to be registered with us
- set standards of education, training, conduct and performance so nurses and midwives can deliver high-quality healthcare consistently throughout their careers
- ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards
- have clear and transparent processes to investigate nurses and midwives who fall short of our standards – our fitness to practise work

Protecting the public

Our register

Fundamental to our work protecting the public is keeping the register of nurses and midwives who are legally allowed to practise in the UK. Only those who meet our standards can be on the register. Registration provides assurance to patients, employers and the public that a person is fully qualified, trained, capable of safe and effective practice and worthy of trust and confidence.

We consider whether applicants for initial registration are of sufficient health and character to be capable of safe and effective practice using the principles outlined in **NMC character and health decision-making guidance**. Universities can refer to this guidance in making their own health and character assessments of students and prospective students, and it may also be useful for employers.

Only we can stop a nurse or midwife from practising in the UK by removing them from the register or taking action to suspend or restrict their practice.

On 1 January 2016, there were 690,000 nurses and midwives on our register. Anyone can check whether a nurse or midwife is **currently registered** on our website.

The Code

All qualified nurses and midwives must read and adhere to ***The Code: Professional standards of practice and behaviour for nurses and midwives*** (NMC, 2015). The Code contains the professional standards that nurses and midwives must uphold. They are also the standards that patients and members of the public tell us they expect from healthcare professionals.

Our Code revolves around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. Employers are responsible for the safety and quality of the care provided by their staff, and The Code supports this by ensuring that every contact, action and decision made by a nurse or midwife is governed by core professional standards and principles. These standards are key to the quality of the services nurses and midwives provide.

Your responsibilities as an employer

You should have robust procedures to make necessary checks during the recruitment process and regularly throughout a nurse's or midwife's employment with you.

Checking references

Always make sure that you receive at least two professional references from an applicant's last place of work as a nurse or midwife. You should ensure one referee is the most recent line manager, and the second referee should be a suitably qualified senior nurse or midwife, not a personal friend. If the nurse or midwife is newly registered, you should ask for a reference from a tutor and practice mentor. References should be sufficiently detailed to confirm that someone is competent to do the role you are asking them to undertake.

Be sure to follow up on references too – always contact referees yourself rather than relying on any written statements supplied to you by the applicant.

You should also verify any gaps in a nurse's or midwife's employment history. Periods of time out of the workplace may have come about because someone took maternity leave or went travelling, but you should assure yourself that the reason for the gap is not problematic. It's important to consider whether any gaps in employment may be due to concerns about practice.

You should not let a person start work until you have verified their references. If you really cannot afford to wait for references to be confirmed in writing, at least obtain verbal assurances over the phone until the paperwork is received and reviewed.

Checking registration

Our register is a public record of all nurses and midwives who meet our registration requirements and are entitled to practise.

You must ensure that the nurses and midwives you employ are registered before they begin working for you, and you must regularly check their registration status throughout the time you employ them. In addition, nurses and midwives may hold recordable qualifications (for example, allowing them to prescribe) which you should also check on our register.

Registration is not a guarantee of fitness to practise. As an employer, you should ensure that the people you employ are competent and have the skills required for their role.

Employer confirmation service

We issue nurses and midwives with a unique identifying number called their Pin. **You should not rely on a nurse or midwife providing a Pin, or any NMC paperwork bearing a Pin, as proof of registration.** This is because a Pin is only valid on the day it was issued and their status may have changed since. You should always check the registration status of nurses and midwives directly with us.

We offer a free registration confirmation service that allows employers to check a nurse's or midwife's qualifications and registration status.

The employer confirmation service holds more information than the public register, including a full registration history, registration renewal dates and details of any cautions or suspensions we have issued.

To find out more about this service or to register as an employer, visit **our website** or call us.

Identity checks

You should make sure the person you are employing is who they claim to be. As part of your background checks before employment, you should ask to see proof of identity and address. Proof of identity should be photographic, for example, a passport, photo driving licence, or European Union (EU) or European Economic Area (EEA) national identity card.

Proof of address might include a recent bank statement, utility bill or council tax bill. You should not employ someone if you are uncertain of their identity. Contact us immediately if you believe someone is fraudulently using a nurse's or midwife's identity or registration details.

New employees

New employees should have:

- a thorough induction into their area of work
- training and supervision where necessary
- appropriate support and mentoring for newly qualified staff
- ongoing access to professional development
- clinical supervision

Monitoring performance – appraisals and management

As an employer you have a responsibility to recognise and reinforce good performance, and to take steps to identify and deal with poor performance.

All employees should receive regular performance appraisals (at least annually). Appraisals are the method by which a nurse's or midwife's work performance is discussed and training needs are identified, evaluated and formally documented. Appraisals link to the **revalidation** process and form part of a career development pathway. They should normally be performed at six-monthly intervals, incorporating short and long-term objectives.

Performance management involves the formal intervention of a manager in relation to a nurse or midwife not achieving organisational and professional objectives. It also involves managing performance or conduct issues. This process will involve HR policies and guidelines as well as referring to our standards and the Code in determining the degree of competence and compliance.

Responsibility for your staff

If a nurse or midwife is given, and accepts, responsibility for practice which is beyond their capability and which results in errors and concerns about their practice, both the employee and employer are accountable: the employee for failing to acknowledge their limitations, and the employer for failing to ensure that the employee has the appropriate skills and knowledge to perform their role.

Collecting employer information

Please encourage the nurses and midwives you employ to provide us with information about the organisation they work for, such as their employer name, address, phone number and email address. This helps us communicate with those on our register and helps us reduce the number of nurses and midwives practising with lapsed registration.

Raising concerns

In accordance with **our guidance** you should ensure that there is a mechanism available for nurses and midwives to raise concerns about, for example, poor standards of care, or a colleague's fitness to practise.

ELS–Employer Link Service

The new Employer Link Service (ELS) aims to develop more effective regulatory relationships with employers and offers a variety of services.

ELS provides information about key NMC developments such as revalidation, along with continuing to promote the Code and other guidance. We offer learning sessions for employers, including induction for new Directors of Nursing.

The service's Regulation Advisers will assist with queries and advice about making a fitness to practise referral. This way we can ensure the right referrals are made so that we can protect the public. The enhanced links formed by the service will enable us to share data and information with employers and other regulators.

Employers needing guidance are encouraged to contact the ELS team on 020 7462 8850 or **employerlinkservice@nmc-uk.org**.

More **information** we provide for employers can be found on our website.

Revalidation

From 1 April 2016, nurses and midwives must meet our new revalidation requirements to maintain their registration. The new process replaces Prep and will help nurses and midwives demonstrate that they practise safely and effectively.

All nurses and midwives will have to revalidate every three years when they renew their place on the register. Failure to comply with revalidation will result in their registration lapsing. If this happens, the only way they can regain their registration would be by applying for readmission. This process can take two to six weeks, depending on their circumstances; they would be unable to practise during this period.

If a nurse or midwife applies for readmission within six months of having lapsed from the register because they failed to revalidate, they will have to meet the revalidation requirements as well as the usual readmission requirements (unless exceptional circumstances apply).

The requirements

In order to revalidate, nurses and midwives will need to have met the following requirements over the three years since they last renewed their registration:

- 450 practice hours or 900 if revalidating as both a nurse and midwife
- 35 hours of continuing professional development, including 20 hours participatory learning
- five pieces of practice-related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration
- professional indemnity arrangements
- confirmation by an appropriate person that they have met the revalidation requirements

Previous Prep requirements remain in place until 31 March 2016.

Revalidation has been developed to apply in all kinds of practice settings. We believe that employers will benefit from positive engagement with the revalidation process and that those who prepare for, invest in and support the process will get the most benefit from it. It also provides an opportunity for employers and organisations to undertake a wider assessment of the quality and assurance systems they have in place.

As an employer, you should support your staff through the revalidation process. More information about revalidation can be found on our **microsite**. You can also view our **Employers' guide to revalidation** (2015) which shows how you can provide support to nurses and midwives as they go through revalidation.

Internationally-trained nurses and midwives

Depending on their country of training, nurses and midwives are admitted to our register via different routes.

Nurses and midwives trained outside the EU or EEA

When nurses or midwives who trained outside the EU or EEA apply to join our register, we will check their education and practice experience. We will also verify their good character, health and language competence. We require an IELTS score of seven for all applicants who trained outside the EU or EEA, regardless of which country they are from or whether that country is majority English speaking.

We require all nurses and midwives from outside the EU or EEA to successfully complete our overseas competency test before we can register them. This is a two part test consisting of a theory based assessment and a further objective structured clinical examination (OSCE).

Nurses and midwives inside the EU or EEA

EEA countries include the 28 member states of the EU, as well as Iceland, Liechtenstein and Norway. The same rules also apply to Switzerland. The process of recognising qualifications from the EU and EEA is governed by legislation based on the principle of freedom of movement.

Language competence

As a result of recent changes to European legislation, we have introduced a new process to check the language competence of EEA-trained nurses and midwives who apply to us for full registration. Applicants will be asked to supply us with evidence that they have the necessary knowledge of English to practise safely. If they cannot supply this evidence, we will require them to successfully pass an IELTS test before we can register them.

These changes will enable us to make sure, on a case-by-case basis, that a nurse or midwife from the EU has sufficient knowledge and command of English to practise safely and effectively.

However, all employers should ensure that any nurse and midwife is able to communicate effectively at the interview stage before offering employment.

European Professional Card (EPC)

From January 2016, EEA-trained nurses responsible for general care (adult nurses in the UK) will be able to apply for recognition of their qualifications in other EU countries via the digital European Professional Card (EPC). The EPC is a form of electronic exchange between European regulators and is aimed at facilitating the process of recognition of qualifications.

It is important however that employers are aware that the EPC only recognises qualifications and does not constitute a right to practise in the UK. Nurses and midwives who hold an EPC will still be required to apply for registration and meet our requirements before being accepted onto the register.

Temporary and occasional service provision workers

Under European law, nurses and midwives who are registered in their home countries are able to apply to practise for short periods in other member states. When the NMC assesses such a request it will measure the application against a number of criteria including duration, frequency, regularity and continuity. Where a nurse or midwife meets the requirements for temporary and occasional registration we will show their name on the NMC website for potential employers to check.

In relation to temporary and occasional service providers, employers, recruiters and agencies should be aware of the following:

- Nurses and midwives wishing to provide temporary and occasional services are not permitted to practise on a full-time or permanent basis. Such nurses and midwives should therefore not be offered full-time or permanent employment contracts.
- Employers and service users should ensure that nurses and midwives they employ or contract can speak English and communicate effectively, and hold an appropriate indemnity arrangement or insurance.
- Nurses and midwives practising in the UK on a temporary and occasional basis are subject to the requirements of the NMC's Code.

What we cannot do as a regulator

By law we cannot:

- Check whether a nurse or midwife who meets the EU requirements for direct entry to the register has undertaken professional experience since they originally qualified, regardless of how long ago they qualified.
- Check whether a nurse or midwife who trained before their country joined the EU or EEA has met the standards of knowledge and competence expected of UK and internationally-trained nurses and midwives.
- Check whether a nurse or midwife employed on a temporary or occasional work basis meets the necessary language requirements (please see the sub-section 'Temporary and occasional service provision workers' on page 10 for more information).

What you can do as an employer

EU legislation does not prevent you as the employer from checking that the nurse or midwife you recruit is competent, safe to practise, has up-to-date and contemporary knowledge, and has the necessary language and communication skills.

You have a responsibility to ensure that your recruitment systems are robust, and it is good practice to:

- request and follow up references and verify any gaps in employment

- be assured that the nurse or midwife has the appropriate skills and knowledge to carry out their role
- be satisfied that the nurse or midwife can communicate effectively in English, both verbally and in writing (for example, by requiring applicants for patient-facing roles to write a care plan against a clinical scenario and then discussing it with them)
- carefully manage the induction and support of new employees
- regularly monitor and appraise your employees' performance
- maintain a reminder system to regularly check the registration status of your employees using our employer confirmation service
- support your staff in achieving the revalidation requirements and do all you can to help them maintain their fitness to practise
- not offer a full time role or permanent contract to a nurse or midwife undertaking temporary and occasional service provision in the UK

If you are concerned that a nurse or midwife does not have the necessary knowledge of English to practise safely, you can make a referral to us. Please refer to the sub-section 'Necessary knowledge of English' on page 14 for further information.

Fitness to practise

Being fit to practise means a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively.

When someone considers that a nurse's or midwife's fitness to practise is impaired, they can bring these concerns to us.

We investigate various allegations including:

- misconduct
- lack of competence
- criminal behaviour
- serious ill health
- not having the necessary knowledge of English

If a nurse or midwife fails to comply with our standards, this does not automatically mean that their fitness to practise is impaired – we have to look at all the circumstances involved. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We also investigate cases where it appears that someone is on our register fraudulently.

In 2014-2015, only 0.7 percent of the 687,000 nurses and midwives on our register were considered under our fitness to practise procedures. The vast majority practise safely in line with the Code and consistently meet the high standards expected by the public.

As a requirement of new EU legislation, an alerts mechanism will enable the electronic sharing of fitness to practise information between regulators across the EEA, enhancing our ability to protect the public.

You can find out more about our investigation work in our **annual fitness to practise reports**.

Urgent referrals and interim orders

As an employer you have the power to suspend or dismiss a member of staff, but this may not prevent them from working elsewhere. Since 2010, employers have been the biggest source of referrals to us. In 2014-2015, 40 percent of referrals were by employers.

In very serious cases, it will be appropriate to refer a nurse or midwife to us at an early stage, even before you conduct your own internal investigation. This allows for the possibility of imposing an interim suspension or conditions which restrict the practice of the nurse or midwife until the case has been investigated.

Although concerns about a nurse's or midwife's practice can often be addressed under an employer's own processes, if you believe that patients may be at immediate and serious risk from the nurse or midwife, you should contact us straight away. You may not have a lot of information, but you should tell us as much as you can.

Hearings to consider an interim order take place in public. A panel will consider whether the interim order is:

- necessary to protect the public
- in the public's interest
- in the nurse's or midwife's interest

If you have already involved the police or safeguarding authorities, you should let us know. Please contact the Employer Link Service if you need to discuss a potential referral on **020 7462 8850** or **employerlinkservice@nmc-uk.org**.

Student nurses and midwives

If there are fitness to practise concerns raised about a student nurse or midwife, you should immediately contact the university to make them aware of the details.

Types of fitness to practise allegations

Misconduct

Misconduct is behaviour which falls short of that which can be reasonably expected of a nurse or midwife.

The Code is the foundation of good nursing and midwifery practice, and is a key tool in protecting the health and wellbeing of the public. Not every departure from the Code will raise a fitness to practise issue, but if nurses and midwives do not follow the Code it may give rise to an allegation of misconduct and impaired fitness to practise.

Examples of misconduct

Common examples of misconduct referrals include:

- physical or verbal abuse of patients or colleagues
- dishonesty, including theft of medication
- significant failure to deliver adequate care
- significant failure to keep proper records
- an uncaring attitude – it is possible to deliver care that is clinically competent but uncaring; attitude and character are as important as competence

More examples of recent **case outcomes** can be found on our website.

Case study: Misconduct

Allegations of misconduct can include physically or verbally abusing patients. A nurse was struck off the register for treating care home residents in an aggressive and inappropriate manner. Charges included knowingly feeding two residents with dementia contrary to their requirements, pushing a resident forcefully, shouting aggressively at residents and colleagues, and grabbing residents' hands hard enough to cause the skin to redden.

The fitness to practise panel ruled that this behaviour was unacceptable, falling far short of the behaviour expected from someone in the nursing profession. In order to protect patients and maintain public confidence in nurses, the panel decided to strike the nurse off the register.

Lack of competence

Lack of competence is a lack of knowledge, skill or judgement that makes the nurse or midwife not fit to practise safely.

Nurses or midwives who are competent and fit to practise should:

- have the skills, experience and qualifications relevant to their part of the register
- demonstrate a commitment to keeping those skills up to date
- deliver a service that is capable, safe, knowledgeable, understanding and completely focused on the needs of the people in their care

Examples of lack of competence

Lack of competence may be an issue if over a prolonged period of time a nurse or midwife makes continual errors or demonstrates poor practice.

This could involve:

- a lack of skill or knowledge
- poor judgement
- an inability to work as part of a team
- difficulty in communicating with colleagues or people in their care

You might identify a training need and set up a supervised support programme for a nurse or midwife, but their work may only show a temporary improvement which slips back when the programme is completed.

Also, the nurse or midwife might demonstrate a persistent lack of ability in correctly dealing with medicines. Or they may demonstrate a persistent lack of ability in identifying care needs and subsequently planning or delivering appropriate care.

It is important to consider whether the nurse or midwife shows insight into their lack of competence.

Necessary knowledge of English

We can investigate concerns that a nurse or midwife does not have the necessary knowledge of English to practise safely. When assessing referrals relating to English language, we will only consider that a nurse or midwife's fitness to practise could be impaired if the referral is serious and if their lack of knowledge of English could place patients at potential or actual risk of harm.

Examples of language concerns that may come to your attention and which could place the public at risk of harm include:

- Poor handover of essential information about patient treatment or care to other health professionals because of an inability to speak English.
- Serious record keeping errors or patterns of poor record keeping because of an inability to write English.
- Serious failure(s) to provide appropriate care to patients because of an inability to understand verbal or written communications from other health professionals (or patients themselves).
- Evidence of drug error(s) caused by a failure to understand or inability to read prescriptions.

When investigating a nurse's or midwife's knowledge of English we will usually direct them to take the International English Testing System which assesses an individual's abilities in reading, writing, listening and speaking.

Character issues – criminal behaviour

Cases concerning character usually involve some form of criminal behaviour that has resulted in a serious conviction or caution.

On some occasions, you will need to consider whether to discipline or educate a nurse or midwife whose behaviour has brought the profession into disrepute, even if their actions have not resulted in legal proceedings. For example, a nurse's or midwife's behaviour outside work may cause you or a patient to question whether they are the right sort of person to be giving people care.

If you are ever unsure whether to make a referral, don't hesitate to contact us for advice. Examples of behaviour that indicate questions about character include:

- a caution or conviction – for example, theft, fraud, violence, sexual offences or drug dealing
- dishonesty
- accessing illegal material from the internet of a serious nature

Case study: Character issues

A nurse was found guilty of making indecent photographs of a child by a Crown Court and sentenced by the court to two years' community punishment and rehabilitation, and disqualified from working with children.

The Nursing and Midwifery Order 2001 requires us to investigate allegations that an individual's fitness to practise is impaired because of a criminal conviction. In this case, the fitness to practise panel recognised that the behaviour was fundamentally incompatible with being a nurse and was in very serious conflict with the Code.

The nurse broke the trust and confidence of the public, threatened the good reputation of the profession and broke UK laws. They were struck off our register.

Serious ill health

Good health means a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.

We are particularly concerned about long-term, untreated or unacknowledged physical or mental health conditions that impair someone's ability to practise without supervision. To be considered fit to practise, nurses and midwives should also demonstrate suitable attention to their personal needs and should not, for example, abuse or be dependent on alcohol or drugs.

Issues to consider before referral

Using local procedures

Every day, employers, managers and supervisors deal with situations concerning the misconduct, lack of competence, bad character or serious ill health of nurses and midwives.

We recognise that many of these incidents involving minor wrongdoing are better dealt with by employers at a local level. You might need to discipline a nurse or midwife through your own employment procedures or provide them with further training. However, the incident may not be so serious that we need to consider whether they should remain on our register without restriction.

Evidence of insight into the concerns and a willingness to take steps to address the issues are important factors to consider. If there are no patient safety issues and you know you can help the individual to improve and practise safely, take all steps to do so.

If you do manage a concern locally, you should monitor the situation and review the position if there is a change in circumstances. For example, if you manage a case of poor performance or ill health, and the concerns cannot adequately be dealt with under your own procedures, or the situation deteriorates and there are fitness to practise or patient-safety issues, you should make a referral to us. It is helpful if the referral includes any evidence and information collected for your investigation.

It is up to you as the employer to decide whether you refer a case to us. So, as well as keeping a record of evidence for making a referral, you should also record your evidence and reasoning for those concerns or incidents where you decide not to make a referral. You can contact the ELS for advice on making a referral.

Ill health cases

Cases of ill health can probably be managed locally if:

- the nurse or midwife acknowledges their condition and is complying with recommended treatment
- necessary steps are taken to manage the condition following a doctor's advice or your own requirements
- there is no risk to patient safety

Lack of competence procedures

Lack of competence cases are usually referred to us after the employer has tried to address the problems with someone's practice, and they have not taken advantage of opportunities to improve.

If you are considering making a referral regarding lack of competence, we expect that you will have:

- gathered information to establish the facts about a nurse's or midwife's lack of competence and attempted to identify possible causes
- raised any serious problems formally with the nurse or midwife concerned, identified their training needs and provided them with adequate supervision to help them improve

If at any stage you think patient safety may be at risk, you must refer the matter to us.

Shared responsibility

The responsibility for dealing with lack of competence is shared between employers, the NMC, and individual nurses and midwives. We each have a duty to ensure that nurses and midwives are competent for their roles and are able to practise safely.

Be prepared to notify patients and the nurse or midwife concerned

We will notify nurses and midwives of the allegations and evidence we are considering and, depending on the type of case being referred, we may need to see a patient or service user's healthcare records. Information and guidance about healthcare records and fitness to practise proceedings can be found in our **publication and disclosure policy**.

If you have any concerns about us notifying the nurse or midwife of the allegations or concerns about patient healthcare records, you should raise these concerns with us as soon as possible.

Personal lives

If a concern is raised with you about something that has happened outside work, and the incident suggests that a nurse's or midwife's fitness to practise may be impaired, you should make further enquiries.

When considering whether behaviour outside of the workplace raises a fitness to practise concern or is such that it may bring the nursing or midwifery profession into disrepute, you should bear in mind that opinions about personal behaviour can be subjective and individual perceptions differ.

If you are unsure

You can contact us at any stage, whether you have just learnt about an incident and are about to embark on an internal investigation, or are considering making a referral. It is important that you call us for advice if you are unsure whether to make a referral.

Deciding whether to make a referral

You should make a judgement about whether to refer based on the individual circumstances of the case.

You can use the decision tree below to help you decide whether a referral to us is necessary or whether the issues can be managed at a local level. You can make a referral at any time, even if your local investigation is not complete.

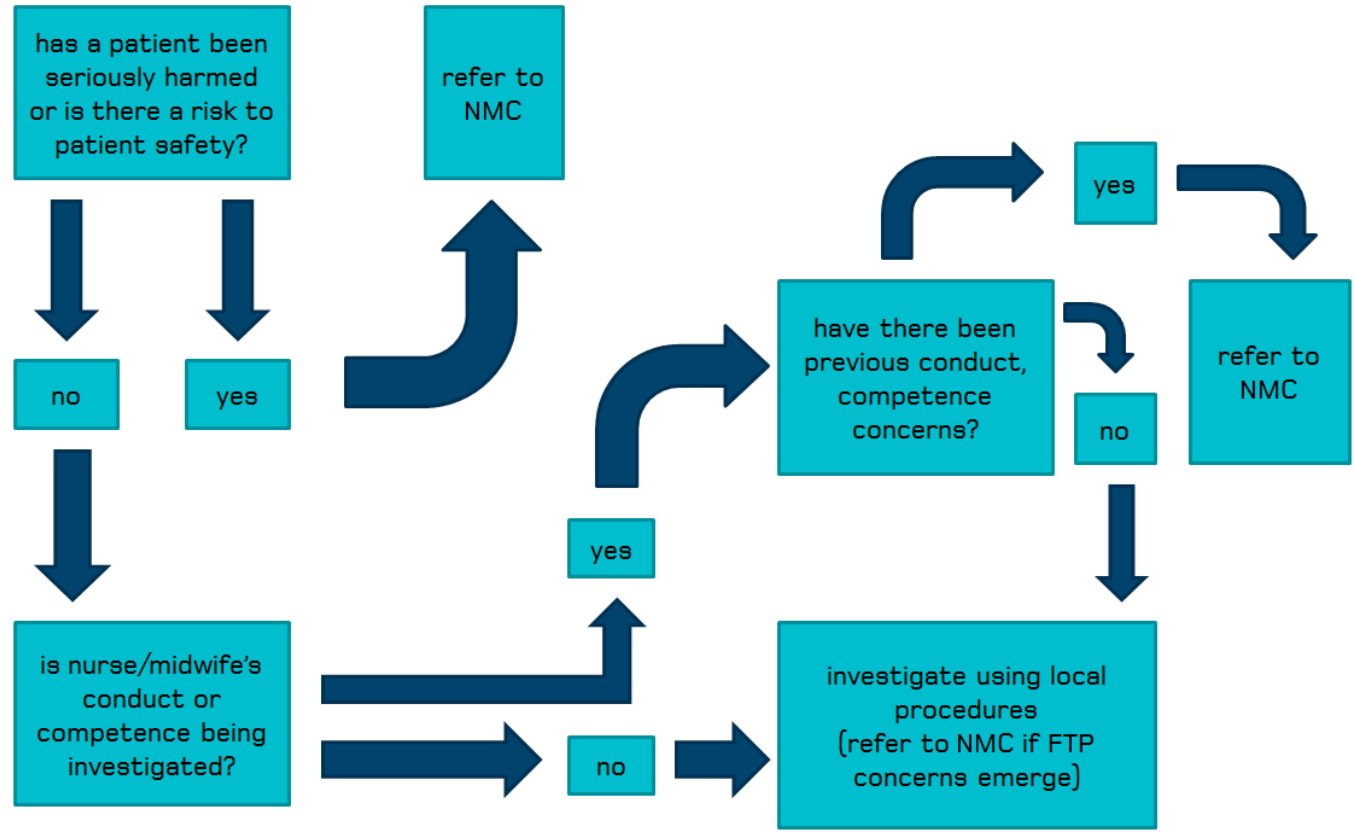
You must always report a case to us if you believe the conduct, competence, health or character of a nurse or midwife presents a risk to patient safety.

Referral decision tree

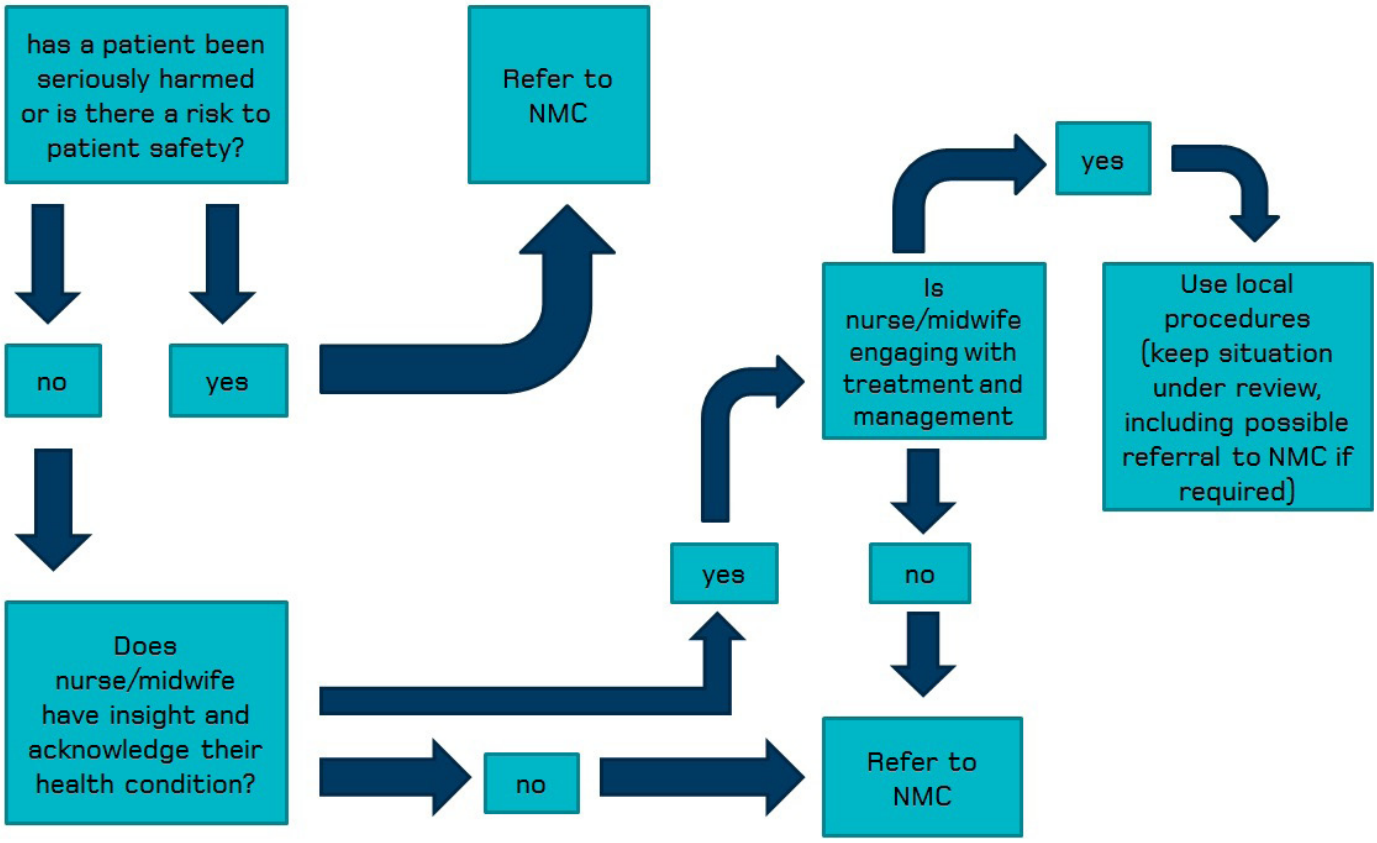
What sort of concern are you investigating?

1) Misconduct or competence?
2) Serious ill health?
3) Character, criminal behaviour?

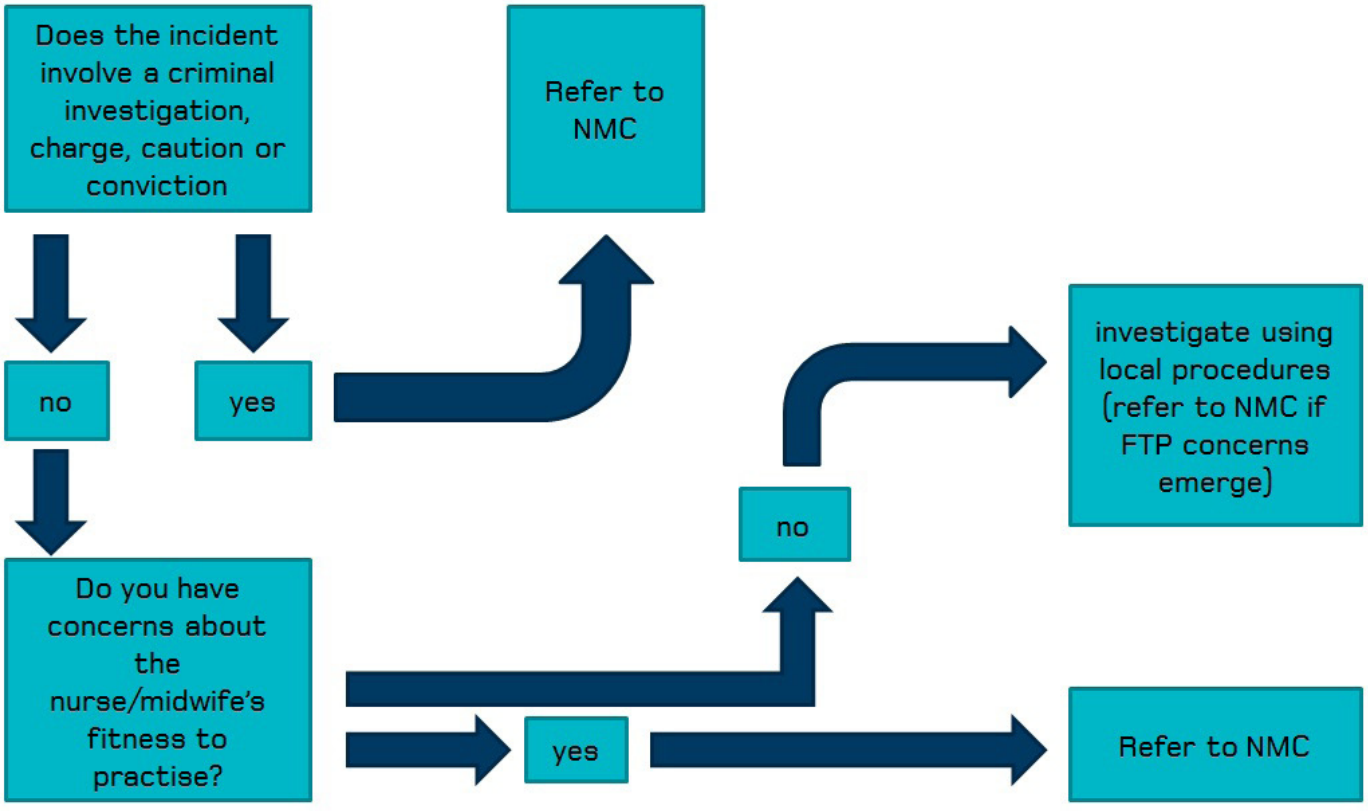
Misconduct and lack of competence



Serious ill health



Character



Making a referral

Any referral to us must:

- identify the nurse or midwife concerned
- clearly explain the complaint against the nurse or midwife
- be supported by appropriate information and evidence

There is a form for employers on our website that you should use to make the referral.

What happens when you make a referral

Once we have received your referral, we will give you contact details of a staff member who will deal with your initial enquiries. They'll check that the person you are enquiring about is on our register and that the nature of the complaint is something that we should be involved with.

We will keep you informed of your case's progress. If for some reason the nature of your complaint is something we can't help with, we will tell you.

We may seek information about whether the incident forms part of a pattern of wider concerns. We will also confirm whether there are any immediate concerns that might warrant imposing an interim order.

Once we are satisfied that the case is one we can deal with, we will let you know what information you need to supply us with and work with you to collect all the relevant paperwork. The more information you can give us at these early stages, the quicker we can progress the case. Please make sure any requests for further information are dealt with promptly.

As far as possible, referrals should be supported by any documentary evidence that is available, for example, any statements or reports you have collected during your internal investigation.

Clinical referrals will be reviewed by a nursing adviser in the case-screening process.

More information about our **fitness to practise processes** can be found on our website.

Gathering evidence

Depending on the type of case you are referring, you should provide as much information as possible. However, if information is unavailable, this should not prevent you making a referral if you are concerned about patient safety. Limited information supplied at an early stage is better than full information being provided late.

Initially, we will ask you for all or some of the following information.

You:	• Your name. • Your job title. • Name and type of your organisation. • Your correspondence address. • Your daytime telephone number. • Your email address.
The nurse or midwife being referred:	• The full name, Pin and address of each person being referred • The part of the register they belong to. • The area of practice in which they are employed. • Their job at the time of the allegations and key aspects of the post that are relevant when considering the complaint. • Details of any previous disciplinary or other action taken relating to the case – including competence or health procedures.
The complaint:	• A clear summary and detailed account of the complaint.
Incidents relating to the complaint:	Please provide clear details about any incidents relating to your referral, being sure to include: • when the incident(s) took place (including exact time and dates if possible) • where the incident(s) took place (including the name and address of the organisation, and specific wards or departments where possible) • the type of place where the nurse or midwife was employed at the time of any incident (for example, hospital, nursing home or GP practice) • who was there (including patients, colleagues or any other witnesses), and • the context and circumstances of any incident(s) (for example, the number and types of patients the nurse or midwife was responsible for and who else was on duty at the time).
Any witnesses:	• Details of any witnesses and copies of witness statements. • Confirmation that you have told the witnesses you have passed on their information to us. They may be required to give evidence in person to a fitness to practise committee.
Previous action:	• Details of any other agency you may have contacted about this matter (for example, a systems regulator or the police). • Notes, reports and transcripts of any internal investigations. • Clear details of any actions you have already taken regarding this case (for example, any disciplinary action or periods of supported practice action).

Other supporting evidence:	Depending on the nature of the referral, we may also need: • an internal investigation report • copies of the relevant patient's medical records and consent from other patients or relatives to disclose relevant medical records • if reporting a conviction or caution, as much information as is available, such as a criminal records check or certificate of conviction • if reporting a case of serious ill health, details of the nurse's or midwife's sickness record and copies of any meetings where the nurse's or midwife's health has been discussed.

Confidential information and data protection

Initially, we will only need to see copies of any documentation supplied as evidence. However, if the case progresses to an adjudication committee, originals may be required.

We always hold paperwork securely. When sending information to the nurse or midwife concerned, they are warned that the documentation they receive is only to be used to defend themselves against any allegations.

More information about our fitness to practise processes

Details of how decisions are taken on fitness to practise cases, our committees, processes and the sanctions panels can impose on a nurse's or midwife's registration are explained on our website.

Further advice and information

You can call us on **020 7333 9333**, email us on **fitness.to.practise@nmc-uk.org** or visit **www.nmc.org.uk** for more information.

Employers can also contact our Employer Link Service directly for advice on fitness to practise issues and potential referrals on **020 7462 8850** or **employerlinkservice@nmc-uk.org**.

Attend a hearing

You and your colleagues are welcome to observe fitness to practise hearings. This will give you valuable insight into the process. Contact us for further details on how to attend or **visit our website**.

Sign up to our employers' email newsletter

Sent once a month, our employers' email newsletter contains all the information you need to keep up to date with our work and important changes. It also includes details of outcomes of recent fitness to practise cases. You can sign up to receive the newsletter on our website.

This publication is available to download from our website.

This edition was initially published in September 2014 and updated in January 2016.

This information and advice was originally published in March 2010. It replaced *Reporting unfitness to practise: A Guide for employers and managers* (2004) and *Reporting lack of competence: A Guide for employers and managers* (2004).

Contact us

Whether you require information about our register, making a referral, or want to make an enquiry, please don't hesitate to contact us.

Nursing and Midwifery Council
23 Portland Place, London, W1B 1PZ
020 7333 9333
www.nmc.org.uk

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

Nursing & Midwifery Council

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www.nmc.org.uk

The nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland

FULL Name of Nurse/Midwife:		**Title**	**Firstname/s**	**Surname**	**FtP or NMC Ref No:**
					TBC
Band		**NMC PIN No.**		**NMC PIN No. Expiry Date**	
DOB		**CURRENT POST SITE & WARD AREA**		**NATIONAL INSURANCE No.**	
HOME ADDRESS				**DIRECTORATE**	

STATUS OF EMPLOYMENT IN TRUST:

☐currently in work ☐ resigned* ☐ retired* ☐ suspended without prejudice*
☐ dismissed* ☐ sickness absence date of first episode of sickness absence:
☐ other (please provide details):

* date:

Reason for Referral (Alleged):	☐ misconduct ☐ lack of competence ☐ criminal behaviour ☐ not having the necessary knowledge of English ☐ dishonesty ☐ patient abuse ☐ neglect ☐ failure to maintain adequate records ☐ incorrect administration of drugs ☐ misappropriation of medicines ☐ accessing illegal pornography ☐ serious criminal convictions/cautions (including events outside the work place) ☐ other (please describe) allegation from patient.
Type of Referral:	☐ FtP referral made by Divisional Nurse ☐ referral made by Trust to the NMC ☐ notified of referral by the NMC ☐ NMC self-referral ☐ PSNI involvement? ☐ name mentioned in an Ombudsman report?
Local Action	☐ investigation ☐ occupational health ☐ disciplinary ☐ capability ☐ LIN referral ☐ other PSNI
Status of local action:	
Brief summary:	
Previous Issues (if any):	

UPDATES

Brief Update: Include dates	
Brief Update: Include dates	
Brief Update:	

Include dates	
Brief Update: Include dates	
Brief Update: Include dates	
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Brief Update: Include dates	
Brief Update: Include dates	

Name of Referrer: _____ **Approved by Divisional Nurse (Name):** _____

Date: _____ **Date:** _____

CASE CLOSURE:	Date: Reason for decision to close:
NAME OF DIVISIONAL NURSE:	
COUNTER-SIGNED BY CENTRAL NURSING GOVENANCE LEAD	Date:

HUMAN RESOURCES DIRECTORATE
PAY AND EMPLOYMENT UNIT

Chief Executive of each HSC Body[1] Heads of Education, Beeches Management Centre and North West Consortium

For information:
Director of Finance and
Director of Human Resources of each body

Room D1.4
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel: [redacted]
Fax:
Email: [redacted]

Your Reference: **HSC JNF (1)2010**

19 April 2010

Dear Colleagues

ISSUE OF ALERT LETTERS FOR HEALTH CARE PROFESSIONALS UNDER INVESTIGATION BY HSC EMPLOYERS

1. The guidance set out in the Annex to this Circular covers the issue of alert letters for health care professionals that come under the Regulatory bodies listed in Appendix 1 and employed in HSC. These arrangements have been agreed by the relevant trade unions. The Department has Directed that this scheme should be adopted by all Health and Social Care bodies. This guidance does not apply to the independent sector but it is recommended that independent contractors should incorporate this scheme into their own procedures.

Summary

2. An alert letter is the way in which all HSC employers are made aware of a health professional whose performance or conduct could place patients, staff or the public at serious risk. They cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work elsewhere in a health or social care setting in any capacity, whether or not requiring registration, before their regulatory body has had the

[1] The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

chance to consider interim suspension or other measures. Even where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.

3. It is also a way in which all HSC employers are made aware of a health professional who may reasonably be considered to pose a serious potential or actual risk to patient care, staff safety or the public because their performance or conduct seriously compromises the effective functioning of a clinical team.

4. Alert letters are not intended to be issued in every case where an individual's performance or conduct is being considered by their HSC employer. An alert letter is intended to cover situations where an individual under investigation moves on or could move on before the assessment process is completed.

Action

5. HSC employers are required to implement these arrangements for the issue of alert letters with immediate effect.

Enquiries

6. Enquires about the contents of this Circular should be directed to the Pay and Employment Unit of the Human Resources Directorate, Room D1.4, Castle Buildings, Upper Newtownards Road, Belfast, BT4 3SJ, telephone 028 90522832, email; **p&e@dhsspsni.gov.uk**.

7. Employees should direct personal enquiries to their employer.

Further Copies

8. Copies of this Circular can be obtained from the Department's extranet site at **http://extranet.dhsspsni.gov.uk** .

Diane Taylor.

DIANE TAYLOR
Deputy Director

ANNEX

MAINTAINING HIGH PROFESSIONAL STANDARDS

SCHEME FOR THE ISSUE OF ALERT NOTICES

FOR HEALTH CARE PROFESSIONALS IN HEALTH & SOCIAL CARE

IN NORTHERN IRELAND

THE ISSUE OF ALERT NOTICES FOR HEALTH CARE PROFESSIONALS

Summary

1. The DHSSPS has strengthened the current arrangements for the issue and revocation of alert notices for health care professionals in Northern Ireland.

2. The system is described in the attached scheme. This requires Health and Social Care (HSC) bodies to request alerts in line with the requirements contained within this system.

SCHEME FOR THE ISSUE OF ALERTS REGARDING HEALTHCARE PROFESSIONALS IN NORTHERN IRELAND

Introduction

1. The issue of an alert is a way by which HSC bodies and professional organisations, as listed in Appendix 1, can be made aware of a registered healthcare professional whose performance or conduct gives rise to concern that patients, staff or the public may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. It is also a means of ensuring that HSC organisations are made aware of healthcare professional that may pose a threat to patients, staff, or the public because their conduct seriously compromises the effective functions of a team or delivery of service.

2. The alert system is intended to cover those situations where an HSC employer considers that a member of their healthcare staff may pose a threat to patient safety if they worked in that professional capacity. The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained and that information relevant to safe employment is known in advance of an appointment being made.

3. Employers should always undertake comprehensive checks on registration, qualifications and references and carry out Enhanced Disclosure Certificates by AccessNI, Criminal Records checks and occupational health checks in accordance with normal recruitment policies.

4. This guidance requires HSC bodies to implement and manage the alert scheme in accordance with the steps described within this scheme. These requirements are mandatory for HSC bodies.

5. In developing this system, consideration has been given to human rights issues, as they affect the employer/employee relationship. In making decisions careful adherence to the procedures contained within this scheme will ensure that the rights of those who are subject to an alert are respected. Of particular importance is the need to ensure that alerts are regularly reviewed so that they can be revoked as soon as there is evidence the alert should no longer remain live. However, an alert will not be revoked solely on the basis of an assurance from the individual unless

this is binding on their permission to practice (e.g. an undertaking to the professional regulatory body or a court).

Who is covered by the alert system?

6. The alert system covers any healthcare professional currently subject to statutory regulation by one or more of the bodies listed in Appendix 1.

Triggering an alert

7. An alert may only be issued by the Chief Professional Officer, DHSSPS and only where it is considered that an individual poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC in that capacity, and there is a pressing need to issue an alert notice. Other bodies may also request the issue of an alert (see paragraph 17-18).

8. Concerns may arise about the conduct and performance of a healthcare professional in a number of different ways, including concerns raised by other staff, findings arising from internal investigations, the disciplinary process, information from the regulatory bodies, complaints, police investigations, appropriate bodies outside the UK and information arising from the audit and inspection process. The issue of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. It is important that investigations are brought to a conclusion, even when employees have left the HSC body, both to safeguard future patients and staff elsewhere and in the interests of the individual (who may otherwise be left with an unresolved alert).

9. An alert may be issued where the regulatory body has not yet decided to take action to make an interim suspension order or take other measures. Where the regulatory body has taken interim measures, the alert should remain live as it is intended to reduce the risk of inappropriate employment in any capacity. This will enable the HSC body to provide a full reference if requested by a prospective employer.

10. An alert should not be issued in circumstances where an individual's performance or conduct is being considered by their HSC employer.

Other staff and bogus professionals

11. In exceptional circumstances a situation may arise in which a member of staff not covered by paragraph seven may pose a threat to public safety and is likely to seek employment elsewhere (e.g. a staff member who falsely holds himself out to be a healthcare professional and is seeking work in the NHS/HSC in that capacity). In

such circumstances, it would be a proportionate response to take action based upon the principles contained within this scheme to safeguard public protection.

Who in the DHSSPSNI should issue an alert?

12. Alerts must be issued on behalf of the DHSSPS by the Chief Professional Officer in the DHSSPS. The Chief Professional Officer is formally responsible for assessing whether or not an alert should be issued and remains in place, and for formally revoking an alert when appropriate. The Chief Professional Officer must ensure that appropriate professional advice is taken before an alert is issued.

13. The Chief Professional Officer must delegate responsibility for occasions when they are not available to issue an alert personally. Such occasions may arise during periods of annual leave, sickness absence or other planned absences. The Chief Professional Officer retains overall responsibility for overseeing the process for issuing and revoking alerts and should be notified of all alerts issued in his or her absence on returning to work.

The role of the employing/referring body

14. There will be circumstances when information comes to light that suggests that a particular individual, who may be a current or former employee, poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC or elsewhere in that capacity.

15. Responsibility for requesting the issue of an alert must be made at Chief Executive or Executive Board member level. Employers may wish to seek their own legal advice in complex cases or those in which there is any doubt about the incidents or behaviour which gave rise to the concerns. The request must contain the name and last known address of the individual who is the subject of the notice. It must also contain a summary of the circumstances which gave rise to the request including a summary of all relevant information, an assessment of the relevant risks and any advice taken. The request must also explain what action the HSC body has already taken in respect of the individual to the relevant health regulatory body and must state the gender and ethnic origin of the individual, if known.

16. An assessment of the degree of risk should be based on the circumstances of each individual case taking into account the advice of the Director of the professional group in the HSC body. Other sources of advice include the regulatory body and other professional organisations. Where relevant professional advice is not available within the HSC body, advice may be obtained from an appropriate source in another HSC body. The National Patient Safety Agency has developed an

incident decision tree that may help evaluate whether incidents, which gave rise to initial concern, raise doubts about the conduct or performance of a particular individual. In all cases, the employing/referring body should consider carefully what other measures could be taken, other than issuing an alert notice, to ensure the protection of the public. In the particular case of midwives, this should include referral to the local supervising authority.

Requests for alerts from other bodies

17. Where an education provider considers that an alert should be issued in respect of a professional in training, he or she should seek advice from the Chief Professional Officer in the DHSSPS.

18. There may be instances where another body (e.g. a non - HSC employer) considers that an alert should be issued in respect of a healthcare professional that they employ or have previously employed. In such cases they should contact the Chief Professional Officer in the DHSSPS to discuss the details of the case, so that he/she can decide whether to issue an alert. The Chief Professional Officer in the DHSSPS may issue an alert notice in any circumstance considered appropriate provided that having taken appropriate advice, he/she is satisfied that a healthcare professional (or person holding himself out to be a healthcare professional) poses a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC in that professional capacity.

The role of the DHSSPS

19. When the Chief Professional Officer in the DHSSPS has considered the request from the referring body, he/she should consult with relevant senior professional colleagues.

20. If, in light of all the information presented to the DHSSPS, the Chief Professional Officer agrees that the individual concerned may pose a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC/Private Sector in that professional capacity and there is a pressing need, he/she may issue an alert. The DHSSPS must advise the referring body whether or not an alert will be issued, and the reasons behind the decision. The DHSSPS must issue an alert to the bodies listed in the footnote[2] and to the individual concerned.

[2] The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

Action following the decision to issue an alert notice

21. If the DHSSPS issues an alert, the referring body must refer the case to any relevant statutory regulatory body or professional body with disciplinary powers as a matter of urgency, if this has not been done already (see paras 36-37). There may be exceptional circumstances when immediate referral might not be appropriate, for example when investigations are ongoing to gather evidence to support a referral to the regulatory body. In such circumstances referral must be made at the earliest possible opportunity. If investigations conclude that a referral to a regulatory body is not warranted, the referring body should ask the DHSSPS to revoke the alert without delay. In the case of midwives, the NMC and the local supervising authority should be informed of the issue of the alert and notify the DHSSPS of any action it takes.

22. Once an alert is issued, the individual concerned must be notified by the DHSSPS within seven days (in writing to their last known home address and, where appropriate, their registered address). He/she should be given a summary of the DHSSPS reasons for this action. He/she may ask the DHSSPS to review its decision.

23. If, for whatever reason the DHSSPS is satisfied that h/she does not in fact represent a threat to patients, staff or the public, the alert must be formally revoked. This should be notified to the individual concerned and the referring body, by the DHSSPS as soon is as practicable.

Circulation of alerts

24. The alert will be issued in the form of a letter by the Chief Professional Officer, DHSSPS to the Chief Executives of all Health and Social Care Bodies listed in footnote 2, the Chief Professional Officers for Scotland, Wales and England and the regulatory body which regulates the profession or purported profession of the individual to whom the letter relates. The notification [see Appendix 2 for a model] will ask them to contact a named officer at the referring body for a written reference, if the individual concerned contacts them with a view to obtaining employment.

25. The Chief Professional Officer in the DHSSPS may also send copies of the alert notice to other organisations which provide services to the HSC and which, in the opinion of the DHSSPS, may be approached by the subject of the alert notice with a view to seeking work. The Chief Professional Officer should carefully consider the degree of risk posed by the subject of the alert and the interest of the third party in obtaining the information.

26. Alerts are strictly confidential and should be marked ‘alert system in confidence’. They should only be shared within an organisation on a strict ‘need to know’ basis, and should be stored securely. An alert should be part of the employment record of the referring body. The same procedure and circulation list should apply when an alert is revoked.

Action to take on receipt of an alert

27. If an employing body becomes aware that an employee or prospective employee or an applicant for inclusion on its list is the subject of a current alert, then they should contact the referring body, as set out in the written notification.

28. Where contact is made by telephone, care must be taken to ensure that information is provided in a fair and consistent matter. Details should be based on the factual information provided to the DHSSPS or other facts that have subsequently emerged.

29. The employing body should then review the information provided by the individual in their application forms in the light of the information provided by the referring body, and take any appropriate action to ensure that the safety of patients and the public is maintained.

Monitoring and revocation of an alert

30. The DHSSPS must keep the alert notice under review to ensure it is regularly reviewed so it can be revoked as soon as there is evidence the alert should no longer remain live. A review should take place no later than six months from the last review. However, an alert should not be revoked solely on the basis of any undertaking unless this is binding on the practitioner (e.g. an undertaking to the regulatory body or a court). If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice should begin again.

31. The subject of the notice may at any time seek a review of the decision to issue an alert where new evidence or information comes to light. This should include the outcome of any proceedings by the police, the civil courts, regulatory body, disciplinary proceedings as appropriate or any information arising from the source of the concern which initially gave rise to the request for an alert to be issued. This will ensure that where information comes to light, which shows that the individual concerned does not pose a threat to the patients or staff, the DHSSPS can consider revoking the alert at the earliest opportunity. However, the DHSSPS will still need to

take account of all the circumstances that gave rise to the issue of an alert in the first place.

32. Each case must be considered on its merits and alerts should not remain in force any longer than is necessary to ensure the protection of patients, the public and staff. DHSSPS will therefore review decisions when any further information comes to light and carry out a review no later than six months from the last review. The review will be a proactive process during which the DHSSPS will contact the sources of the concern, which originally resulted in the issue of the alert notice, to establish whether there have been any changes in circumstances or any new information which should be taken into account in deciding whether the alert notice should remain in force. The individual concerned will be informed by the Chief Professional Officer when an alert has been revoked.

33. The Chief Professional Officer in the DHSSPS will maintain and keep up to date a secure list of all alerts that he/she has issued and, where applicable the date the alert was revoked. There is an obligation on the DHSSPS to hold up to date information in respect of the person who is the subject of the alert, as far as it is reasonably practicable to do so. The Chief Professional Officer in the DHSSPS will compile an annual statistical return for the Departmental Board and the Minister.

34. The Chief Professional Officer in the DHSSPS must keep details of the alert for five years after it has been revoked. The existence of a revoked alert would form an important piece of evidence should the same individual again be considered to pose a threat to patients or staff at a later date.

35. If having consulted the contact point named in the alert an employer wishes to appoint an individual who is currently subject to an alert (or include them on their list) the employer will need to consider what safeguards need to be put in place. The employer may also wish to notify the Chief Professional Officer which issued the notice so that he/she is aware that the practitioner is working in the NHS/HSC/or private sector. The Chief Professional Officer can then consider whether further action is required such as reviewing the notice or notifying the regulatory body of the subject of the alerts' continued employment in the NHS/HSC/or private sector. Where the Chief Professional Officer is made aware of such a decision he/she may wish to seek their own legal advice.

Liaison with the statutory regulatory bodies

36. Where an alert is issued the case should have been referred to the appropriate regulatory body by the referring body (or in the case of midwives, the local

supervising body) as a matter of urgency, unless there are exceptional circumstances. The purpose of doing this is for the regulatory body to consider whether any further action is required by it to protect patients, staff or the public.

37. If the regulatory body concludes its consideration of the case in terms that allow the individual concerned to remain in practice, either with or without conditions, the Chief Professional Officer will review the need for the alert to remain in place. It does not automatically follow that the alert will be revoked – there may be other good reasons for it to continue.

38. Prospective employers contacting a regulatory body regarding the registration status of an individual will also be informed if an individual is being considered formally under their fitness to practise procedures, in accordance with the appropriate rules governing disclosure of information to employers. This two-pronged approach strengthens protection for patients, staff and the public.

Appendix 1

List of Regulatory Bodies:

The Nursing and Midwifery Council

The Health Professions Council

Appendix 2

Standard contents for an alert notice

1. Always mark the covering letter **"ALERT NOTICE: MANAGEMENT IN CONFIDENCE**"

2. The notice must :

- be addressed to the Chief Executive of the body
- contain the subject's full name, their national insurance number and/or date of birth if known and the name of the body where they work or where they formerly worked (normally the body which triggered the alert system)
- include the registration number of the individual, if registered by one of the statutory regulatory bodies
- explain in what capacity the subject formerly worked and in what specialty and in what other capacity they can work
- state clearly the name, position, address and telephone number of the person to be contacted should the subject submit an application for employment

No further information about the individual or the case may be included in the alert notice.