

Witness Name: Patricia Marquis
Statement No: 1
Exhibits: PM1 – PM/68
Dated: 21 March 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF PATRICIA MARQUIS

I, Patricia Marquis, Director for England at The Royal College of Nursing (“**the RCN**”) of 20 Cavendish Square, London W1G 0RN, will say as follows: -

1. I make this statement in response to the Thirlwall Inquiry’s (“the Inquiry’s”) Request for Evidence under Rule 9 of the Inquiry Rules 2006, dated 13 November 2023. The facts and matters contained within this statement are within my own knowledge unless otherwise stated, and I believe them to be true. Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

Introduction

2. I qualified as a Registered Nurse in 1986 and became an RCN workplace representative in 1988. I became an RCN employee in 1996, working in various roles including Interim Director of RCN England in 2019 and 2021 before I was confirmed in my current role as Director of RCN England in January 2022.
3. This statement has been prepared following the collation and review of documents relevant to the scope of the Inquiry and after discussions with colleagues. I have sought to indicate where evidence is not within my personal knowledge.
4. In this statement I cover the following matters:
 - a. Brief overview of the role, function, aims and membership of the RCN

- b. A description of the ways in which the RCN supports individual members
- c. RCN governance and management structure
- d. RCN engagement with the Nursing and Midwifery Council (“NMC”), Care Quality Commission (“CQC”) and other stakeholders
- e. The role of the RCN in the education and competence framework and assessing the credentialling of the qualifications, experience and competence of nurses working in neonatal units
- f. RCN guidance, advice and support relevant to the Inquiry’s terms of reference
- g. Member data regarding the Countess of Chester hospital during the relevant period and key points of contact with the RCN
- h. RCN action following the arrest of Lucy Letby (“LL”)
- i. RCN Press statements
- j. Changes to RCN policies, protocols, standards and guidance since the allegations made and the subsequent conviction of LL
- k. The effectiveness of the current culture, governance, management structures and processes, regulation and other external scrutiny in keeping babies in hospital safe and ensuring the quality of their care
- l. Recommended changes to the current structures, culture or regulation to improve the quality of care and safety of babies and the accountability of senior managers

An overview of the role and function of the RCN as a professional body and trade union

- 5. The RCN was founded in 1916 as the College of Nursing Ltd as a professional organisation with just 34 members and was granted a Royal Charter in June 1929. The RCN is also a Special Register Trade Union under section 3 of the Trade Union and Labour Relations (Consolidation) Act 1992.
- 6. The RCN is the world’s largest professional body and trade union for nursing, with a membership of over half a million registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets. As a member-led organisation, we work collaboratively with our members to influence governments and other bodies, improve working conditions and campaign on issues to raise the profile of the nursing community.

7. We represent the professional interests of nursing staff working in the public, private and voluntary sectors. We are on the NHS Staff Council, which negotiates pay, terms and conditions for NHS staff, and are represented in social partnership arrangements in England, Scotland, Wales and Northern Ireland.
8. Our RCN workplace representatives are members who in a voluntary capacity, determined within legislation and by ACAS guidelines, take on their role in addition to their professional duties, to provide advice and personal support to our members in the workplace. Requests for support from members where there are no local representatives or requiring more complex or specialist expertise will be handled by colleagues from RCN Regions or the RCN Legal Services Department. RCN representatives and staff work with employers to promote good employment practices, increased investment in learning and development, and improved health and safety in the workplace.
9. There are 3 types of RCN workplace representatives:
 - a. **RCN stewards** – facilitate the fair treatment of members. They do this by working collaboratively with the RCN, employers, and other stakeholders to recognise and influence the management of risk in the workplace. They take part in collective bargaining mechanisms if established within their employer, provide advice and guidance and if necessary, represent a member through a range of workplace issues such as a disciplinary issue or escalating concerns internally.
 - b. **RCN learning representatives** – advocate for the provision of and promote the value of learning, offering support and assistance to members and working collaboratively with the RCN, employers, and other stakeholders.
 - c. **RCN health and safety representatives** – promote a safe working environment. They ensure members' rights to a safe and healthy workplace by working collaboratively with the RCN, employers, and other stakeholders to influence the management of risk in the workplace.

10. We support our members with free, confidential advice and information on legal and employment matters, nursing practice issues, career development, immigration, welfare, finances and more. RCN Learn provides instant access to the latest nursing, social and health care learning resources including clinical resources and library subject guides. Members can contact us for advice on a wide range of matters including their employment contracts, pay, parental rights and workplace bullying and stress.

The governance and management structure that was in place between June 2015 to date

11. The RCN is led by RCN Council, which includes a member from each of the three countries (Scotland, Northern Ireland and Wales), as well as a member from each region in England, a nursing support worker, and a nursing student. All Council members are elected by the members in the country, region or membership category that they represent. Collectively they set the strategic direction of the College on a voluntary, unpaid basis. RCN Council works with its committees and country and regional boards to ensure accountability to members and to ensure that the College adheres to its Royal Charter, Standing Orders, regulations and policies.
12. The day-to-day management of the RCN is the responsibility of the Executive Team which is led by the General Secretary & Chief Executive, Professor Pat Cullen. The Executive Team is made up of 9 Executive Directors within the RCN and is responsible for implementing the strategy that RCN Council sets through its management of RCN directorates and departments.
13. A chart depicting the RCN governance structure as of 2024 is exhibited to this statement [PM/1] The structure includes a number of Committees that make INQ0012452 recommendations to Council which is the Principal Executive Committee of the RCN and the sole decision-making body.

RCN engagement with the Nursing and Midwifery Council (“NMC”), the Care Quality Commission (“CQC”) and other stakeholders between 2015 to the present

NMC

14. The RCN’s nursing department meets with the NMC and CQC regularly both at collaborative events and individual meetings with their key leaders. There are occasional and ad hoc meetings between Regional RCN staff and staff from CQC. Regular meetings are also held with NHS England nationally and locally with senior leaders from NHS Trusts.
15. The RCN has formally responded to a number of consultations by the NMC, CQC and other stakeholders during the relevant period including:
 - a. The NMC’s consultation on “Standards of Proficiency for Registered Nurses; Education Framework: Standards for Education and Training; Prescribing and Standards for Medicines Management” in September 2017
 - b. The CQC’s consultation on 'Our Next Phase of Regulation' in August 2017 and
 - c. The DHSC consultation on the Hewitt Review in February 2023.
16. The RCN’s legal provision includes support and representation to the membership on NMC issues including fitness to practise, restoration and revalidation. The RCN currently attends monthly representative bodies meetings with the NMC’s Fitness to Practise directorate alongside other trade unions and Royal Colleges including Unison, Unite and the Royal College of Midwives. Matters routinely discussed include updates from the Professional Regulation Directorate including on matters of registration and revalidation, caseloads, trends and NMC guidance documents. The RCN also attends monthly meetings with the NMC’s policy team (again with the other trade unions above). This involves collaboration on NMC guidance documents which are then published on the NMC’s website. Additionally, a representative from the RCN legal department attends ad hoc meetings with the NMC which are arranged in response to current issues.
17. The RCN has also facilitated meetings between RCN senior legal officers managing our screening and adjudication teams with NMC counterparts to establish collaborative ways of working to benefit RCN members. We have facilitated training provided to our

staff and members by the NMC on topics such as current referral themes, the importance of evidence of strengthening practice and the NMC's Careline.

CQC

18. The RCN's legal provision does not extend to representing members with CQC registration issues. We provide ad hoc advice to the wider membership on specific issues when they arise. There is no regular contact between the RCN's legal team and the CQC.

Disclosure and Barring Service

19. The RCN's legal provision includes support and representation to members with barring and/or enhanced criminal records check issues with the Disclosure and Barring Service ("DBS"). There have been various meetings with the DBS over the years, and with other stakeholders who represent individuals before the DBS. The meetings with the DBS have been quarterly or six monthly at different times, but recently the meetings involving other unions/stakeholders have been ad hoc. One of the RCN's senior legal officers maintains contact with key personnel at the DBS and seeks to address key issues with them as they arise, including issues with particular member cases.

Department of Health and Social Care

20. There is ad hoc engagement with the Department of Health and Social Care ("DHSC"). This generally relates to RCN responses to DHSC consultations, for example regarding regulatory reform. The RCN Legal Department has also attended meetings with the DHSC around its work on appropriate clinical cover. The RCN operates a discretionary indemnity scheme for its members to cover the costs of a clinical negligence claim provided certain conditions are met and subject to exclusions.

The RCN's role in the education and competence framework and/or the assessing or credentialling of the qualifications, experience and competence of nurses working in neonatal units

21. The RCN has developed non-mandated education and competency frameworks as part of its role as the professional body for nursing in the UK. The framework for neonatal nursing in the UK is currently undergoing a routine review cycle, which takes place every 2 to 3 years and while there are changes anticipated, these are not significant and are as a result of the routine review as opposed to being prompted by concerns raised. The College does have an overarching advanced level nursing practice credentialling programme that commenced in 2017, however, we do not have a programme specifically for neonatal nurses. We do not have any neonatal programmes that assess an individual in practice.
22. The RCN is also participating as a stakeholder with a variety of working groups with NHS England regarding neonatal competence across a range of levels of nursing practice. The College is also a stakeholder on the NMC's Reform of Advanced Practice.
23. Details of associated RCN resources, some of which are, as indicated, available to members only can be found in the relevant section of Appendix 1.

Career, education and competence framework for neonatal nursing in the UK

24. The RCN published guidance, "Career, education and competence framework for neonatal nursing in the UK", in January 2015 [PM/2]. The framework was developed following significant developments in neonatal care in recent years as well as advances in supportive technology and pharmacology and innovations, including a range of benchmarks, standards and competences developed and designed to ensure safe and enhanced quality care. Current updates and quality assurance of the RCN competency framework are underway. The RCN neonatal nursing competencies are under review with an estimated publication date of 2025. The RCN is a stakeholder contributing to national work, such as the NHSE Neonatal Programme and the National Quality Board Effective Staffing for Childrens and Young Peoples settings Working Group which is due to commence April 2024.

INQ0012453

25. The RCN guidance, “Caring for Children and Young People - Guidance for nurses working in the independent sector” was first published in April 2014 [PM/3]. Although INQ0012454 this was before the relevant period for the purposes of this statement, the guidance remained in place until a further publication in December 2020 [PM/4]. The 2014 INQ0012455 document came about following the implementation of the Health and Social Care Act 2012 and subsequent guidance from the NHS Commissioning Board which enabled the purchase of some services from the NHS, independent sector and voluntary organisations, which increased the number of children and young people using independent sector health care. Similarly, independent and voluntary organisations provided services for children and young people in Wales, Northern Ireland and Scotland. The 2020 guidance reflected current guidance relating to the care of children in hospital settings and identified key points for organising children and young people’s health care services in independent settings (including hospitals and clinics). Changes to the 2020 guidance included reference to RCN research on age-appropriate care and additional content on the “Safety of care” including: governance frameworks, peer support and care reviews, revalidation guidance and the provision of equitable services for children and young people.

Resources for nurses delivering care in neonatal and special baby care units

26. The RCN has made a number of resources available to members and in some cases non-members in relation to delivering care in neonatal and special baby units from 2015 to date. Examples of the guidance, including updates are provided below. A summary of available guidance is provided at Appendix 1.
27. In 2016 the RCN published the guidance “Competences: an education and training competence framework for capillary blood sampling and venepuncture in children and young people” [PM/5] which includes a section on 0–1-year care. The guidance INQ0012456 acknowledges the skill as an extended role for the nurse in providing care for children and young people in which the practitioner must be competent and confident. The 2016 guidance included a small number of changes including reference to the 2015 Nursing and Midwifery Council Code of Conduct and the use of safety devices. The 2016 guidance remains current as at the date of this statement.
28. The RCN first published the document, “Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People” in December 2007,

before the relevant period [PM/6]. As with all RCN practice guidance, the document is [INQ0012457] an evidence-based consensus document, used to guide decisions about appropriate care of an individual, family or population in a specific context. The guidance was updated in 2013 [PM/7] to include current regulatory requirements, for example the [INQ0012458] NMC standards for pre-registration nursing education, 2010 and NMC record keeping guidance for nurses and midwives, 2009 as well as current clinical guidelines, for example National Institute for Health and Clinical Excellence (2007) "Feverish illness in children: NICE guideline". The guidance was again updated in May 2017 [PM/8] with [INQ0012459] the inclusion of the Paediatric Early Warning (PEWS) score as the major update. The 2017 guidance also included revisions, for example, to the need for competency packages and simulated practices as well as the need for critical thinking when vital signs fall outside the accepted 'norm' for the child. The guidance remains current as at the date of this statement.

29. The RCN also provides professional development updates on its external website, for example "Practice-based learning" which discusses the NMC education standards introduced in May 2018 to reflect the scope and requirements of current nursing practice relevant to delivering care in all healthcare settings including neonatal and special baby care units.

Medicines management, particularly the safe management of insulin

Neonates, children and young people

30. In November 2017 the RCN published a revised edition of the document, "Competences: an education and training competence framework for administering medicines intravenously to children and young people. Clinical professional resource" [PM/9] following initial publication in 2005. The 2017 edition was produced to take [INQ0012460] account of the common use of intravenous medicines for children and young people in recent years, with the intravenous route being the only method for giving some medicines. Therefore, it was an important skill for nurses caring for children and young people to develop and maintain. The 2017 document was published following work by the RCN Children and Young People's Forum.

Medicines management - general

31. Following the announcement of the withdrawal of the Nursing and Midwifery Council Standards for Medicines Management (2007), which occurred on 28 January 2019, the RCN worked closely with the NMC and other organisations, including the Royal Pharmaceutical Society and other colleges, to review available documents and develop new multi-professional guidelines.
32. The RCN originally published an online advice guide for non-medical prescribers in 2018 [PM/10]. This guide, which is updated on a regular basis as per standard RCN review processes, initially provided information on non-medical prescribing including types of nurse prescriber, keeping stocks of medication and the RCN Indemnity Scheme. The guide now includes a section on pharmacists and allied healthcare professionals and links to the NMC nurse prescribing course search facility. The guide also provides a list of further useful resources. INQ0012461
33. In January 2020 the RCN published the clinical practice resource, “Medicines Management - An overview for nursing” [PM/11]. This resource is intended for any registered nurse working with medicines as part of their role. The principles of medicines management, however, apply across all health care settings and for non-registered staff. Prior to this date the NMC medicines management standards were applicable. The publication provided an overview to direct nurses to the most appropriate information to support specific needs and could be used by education and learning facilitators in practice to support robust training and competence development in medicines management. INQ0012472
34. At the same time (January 2020) a web resource was also developed to provide guidance and clinical support for nurses and other health care professionals on all medicines matters including prescribing.
35. The RCN and Royal Pharmaceutical Society published a position statement titled “Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines in March 2020 [PM/12]. Prior to this date the Nursing & Midwifery Council standards were applicable. INQ0012483
36. The RCN also provides the following online support and guidance regarding medicines management, with an overview at [PM/13]: INQ0012494

- a. Medicines management in care homes [PM/14] INQ0012505
- b. Patient Specific Directions and Patient Group Directions [PM/15] INQ0012516
- c. Prescribing in pregnancy [PM/16] INQ0012523
- d. Professional Resources [PM/17] INQ0012524
- e. Medicine supply and administration [PM/18] INQ0012525

37. Additionally, a cluster of medicines management resources are available to members via RCN Learn, as detailed in Appendix 1.

Infusion therapy

38. The early years of the 21st century saw a changing landscape in infusion therapy. Treatment moved from primarily hospital care to delivery in a variety of settings. Patients and carers also began to administer this treatment. As a result, the RCN conducted a rapid review of the evidence to inform and support the update of the RCN's 2010 Standards for Infusion Therapy. The result was published by the RCN as "Infusion therapy standards. Rapid evidence review" in December 2016 [PM/19] INQ0012526 together with a summary document in the same month "Rapid evidence review for the RCN infusion therapy standards: a summary" [PM/20] INQ0012527

Diabetes

39. The RCN library provides an online subject guide on diabetes which brings together a number of up-to-date clinical resources of diabetes, including treatment options and a section on children and diabetes. A further subject guide for Children and young people: endocrinology and diabetes is also available.

40. Members can also access a number of current resources on diabetes and general medicines management via RCN Learn, referred to above. A summary of this guidance can be found at Appendix 1.

RCN guidance, advice and support offered to members from June 2015 to the present date

Member support

41. RCN Direct ("RCND"), is the contact centre through which members seek advice in the first instance and are referred to specialist RCN support and representation from

a variety of departments. RCND advisers will either resolve the query for members or will refer the member on for additional support and to colleagues in regional or specialist teams including:

- a) **Member support services:** Our careers service helps members with writing CVs, preparing for interview and planning their career. We offer members counselling for personal or work-related issues and financial advice and support including expert advice on benefits, debt and housing. We offer assistance on immigration issues and peer support on health and disability issues.
- b) **Legal support:** The RCN has the largest in-house specialist legal team of any union or professional body in the UK. We represent almost 1500 members facing NMC fitness to practise investigations a year and our team of in-house employment lawyers deal with all aspects of employment law. We invite members to contact us for support in relation to work-related criminal matters and if they are required to attend an inquest or Fatal Accident Inquiry. We can help with problems with the Disclosure and Barring Service. We offer a free 30-minute legal clinic on non-work matters and members can apply for assistance with personal injury claims, writing wills and setting up trusts and lasting powers of attorney.
- c) **Workplace discipline:** The RCN offers members a statement-checking service, practical advice on preparing for investigation meetings and support and representation at disciplinary and later-stage sickness meetings.
- d) **Indemnity:** In certain circumstances, the RCN indemnity scheme may cover members against the financial consequences of defending a clinical negligence claim.
- e) **Countries and regional teams:** The RCN countries and regional teams represent and promote RCN members collective interests at various political forums to shape policy and promote the nursing agenda. The RCN regional teams also provide support and representation to individual members who are subject to employer led processes such as investigations and disciplinaries. Though a network of workplace learning representatives, the RCN regional teams provide learning and practice updates to members.

42. Members are encouraged to contact RCND advice team via telephone, email and webchat for support and advice including about raising workplace concerns. The enquiries are captured on our case management system and are logged and

categorised according to the main reasons for the enquiry. Members can also access our advice guides via our website and can send messages via our social media accounts. Telephone calls from members are recorded and kept on file for 12 months. A list of RCN advice guides can be found at Appendix 2.

43. RCND data from 2015 shows that the enquiries received included a “whistleblowing” category. In 2017 the RCN changed its internal database system and has limited data for the year. In 2018 the “whistleblowing” category was changed to “raising concerns” with 3 sub-categories: advice, internal escalation, and whistleblowing.
44. The below table shows the total number of calls received in to RCND from 2015-2023 which have been categorised as raising concerns/whistleblowing contacts and in addition the total contacts which feature language suggestive of raising concerns/whistleblowing, but which have not been categorised as either raising concerns or whistleblowing.

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|-------|-------|------|-------|-------|-------|-------|-------|-------|
| Raising Concerns/Whistle Blowing | 609 | 1,030 | 255 | 706 | 1,418 | 1,224 | 1,728 | 1,725 | 1,644 |
| Total contacts which feature raising concerns/whistle blowing language | 3,557 | 2,443 | 633 | 2,968 | 2,721 | 3,676 | 2,822 | 2,622 | 2,634 |

45. We believe that the increase in enquiries from 2018 onwards is due to the introduction of a more all-encompassing category of “raising concerns”. The increase in raising concerns language outside of the raising concerns/whistleblowing category in 2020 onwards is likely due to Covid-19 contacts, where the member was looking to raise concerns about, for example, PPE, the workplace, management of infection, prevention and control policies etc., with this being categorised as Covid-19 related rather than “raising concerns” as the main category of the enquiry.

The requirement to report concerns relating to health, safety and wellbeing

46. The prospect of raising a concern about care being delivered or the environment one is working in, can be daunting to contemplate. However, in healthcare, it has long been recognised that a culture that promotes learning is required to ensure patient safety and promote high-quality person-centred care. It is important that leaders create a culture of psychological safety where staff at all levels feel able to discuss and raise issues that are of concern to them without fear. Whilst raising concerns or speaking up is not always easy, the health safety and wellbeing of healthcare professionals and their patients must be a priority and any delay in reporting concerns could have a negative impact on those individuals.
47. The requirement to report concerns is often included in employment contracts and within roles and responsibilities 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 regarding the health, safety and wellbeing of themselves, colleagues or those in their care.
48. Employers, under health and safety legislation, including the Health and Safety at Work Act 1974, have a duty of care towards their staff and the patients they care for, and should therefore take all reasonably practicable steps to address these concerns.
49. The NMC Code stipulates the professional standards that nurses, midwives and nursing associates must hold in order to practise in the UK. The values and principles set out in the Code are not negotiable or discretionary. Failure to comply with the Code can result in enforcement action being taken in the form of a fitness to practise referral. Nurses, midwives and nursing associates are expected to exercise their professional duty of candour and raise concerns immediately whenever they encounter situations that put patients or public safety at risk. In particular, they 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 practice.

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.

50. The RCN has published guidance encouraging members to raise concerns, [Exhibits INQ0012528 INQ0012529 INQ0012530 INQ0012531 **PM/21-24**], the most recent of which is the Raising and Escalating Concerns Guidance (June 2023) and Raising and Escalating Concerns Toolkit. As the Guidance makes clear, if a concern has not been resolved appropriately or cannot be escalated to someone senior (such as a nurse manager, associate director, director of nursing, Chief Executive), the issue should be raised externally to a regulator or via a whistleblowing line. The RCN's Raising and Escalating Concerns Guidance suggests that concerns may be raised to the following organisations:
- a. Nursing and Midwifery Council
 - b. Care Quality Commission
 - c. NHS England
 - d. Professional Standards Authority
 - e. General Medical Council
 - f. Regulation and Quality Improvement Authority in Northern Ireland
 - g. The Care Inspectorate (Scotland)
 - h. Healthcare Improvement Scotland
 - i. Healthcare Inspectorate Wales

Compliance with the duty of candour

51. Since 2014, organisations registered with the CQC in England have a statutory duty of candour. This is enshrined in Regulation 20: Duty of candour. Organisations run the risk of criminal sanctions if they fail to comply with the requirement to be open and honest when issues of concern are raised. The duty stipulates that a patient (or their relatives) should be informed if there has been a notifiable safety incident, which is defined at 20.8 as:

“any unintended or unexpected incident that...in the reasonable opinion of a healthcare professional, could result in, or appears to have resulted in:

- a) the death of the service user...or*
- b) severe harm, moderate harm or prolonged psychological harm to the service user.”*

52. The General Medical Council (“GMC”) and the NMC produced joint guidance on the professional duty of candour ‘Openness and honesty when things go wrong: the professional duty of candour’ [PM/25] which sets out the professional standards on what nursing staff in the UK should do if something goes wrong during patient care. Practitioners are expected to provide a face-to-face account, if possible, of the facts that are known at the time, as soon as possible after the mistake has been discovered. The practitioner should also advise on what further enquiries might need to be made and should make an apology. An apology does not mean that the practitioner is accepting legal liability for what has happened nor that the practitioner is accepting any personal responsibility for the mistakes of others or for systemic failings. This must be followed up in writing. Failure to comply with these principles could lead to a fitness to practise referral against registered nurses, midwives and nursing associates. The guidance, which was originally published in June 2015, was updated in June 2019 and again in February 2022.

INQ0012532

Raising a formal grievance

53. A grievance procedure enables staff members to raise concerns with management about workplace problems. An employer should have a grievance policy procedure in place and members are encouraged to review this policy as a starting point. To ensure a fair process is followed, the grievance policy should have three key stages: the option to resolve the issue informally, the first formal stage and the opportunity to appeal the

decision. In addition to an employer’s policy, the ACAS Codes of Practice set out the standards of fairness and reasonable behaviour that employers and employees are expected to follow in most situations when dealing with a dispute in the workplace.

54. RCN members are encouraged to contact RCN Direct in the first instance for advice before raising an issue, particularly if the incident is of a highly serious nature, the individual is considering making a formal complaint or taking legal action and/or if the individual is considering resigning. If the member wishes to proceed with raising the issue, they are referred to the appropriate country or region for local advice, support and representation.
55. RCND recorded the following numbers of enquiries concerning “grievances” between 2015 and 2023. Please note that changes to our internal records system mean that we have limited data relating to 2017.

| 2015 | 2016 | 2017 (limited data) | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------|-------|---------------------|-------|-------|-------|-------|-------|-------|
| 3,139 | 2,304 | 533 | 2,045 | 2,118 | 1,880 | 2,168 | 2,655 | 3,598 |

56. Members are encouraged to put their concerns in writing and to send it to their employer. The grievance should contain the grounds of their grievance, any supporting information and evidence, the details of any informal action taken and any suggested resolutions and desired outcomes.
57. The employer’s policy should outline the informal methods of dispute resolution. One informal method of resolving a problem is mediation, where an impartial third party assists those in dispute to try and reach an agreement. Mediation has the advantage of enabling both parties to express how they feel about the issue and explore mutually agreed terms. Mediation can be used at any stage of the grievance process.
58. Once a grievance has been lodged, the employer should carry out investigations to establish the facts of the case and arrange a formal meeting as soon as possible, known as a grievance hearing. Members are entitled to be accompanied at this hearing and can take an RCN representative or regional officer with them. Following the

hearing, the employer should communicate its decision to the individual. Should the individual wish to appeal, the RCN will assist in pursuing an appeal of the decision, where appropriate.

59. An employment tribunal claim may be an option available to the RCN member following a grievance outcome and they are able to seek advice from the RCN regarding this. An in-house employment lawyer will review the matter and determine the merits of such a claim and advise on subsequent next steps.

Capability procedures, workplace investigations, suspension and disciplinary proceedings

60. Registered nurses, midwives and nursing associates have a professional duty under the NMC Code to cooperate with internal and external investigations.
61. The RCN encourages its members to contact RCN Direct in the first instance for advice and support if they have been placed under investigation or have been suspended pending an investigation or have been invited to a capability meeting.

Capability procedures

62. Capability procedures should provide a way of supporting individuals if their performance is thought to be below the expected standard. Employers should not use the capability procedure to address misconduct or wilful acts which should instead be treated under disciplinary procedures. Capability issues may also arise because of long term and persistent ill-health, or sickness absence and these issues are usually dealt with under managing sickness absence policies.
63. If an employer identifies unsatisfactory performance, they should invite the individual to an informal meeting to discuss the concerns, establish the reasons for them and end with an agreement on how the individual can be supported to achieve the standards expected. Employees have a contractual responsibility to achieve satisfactory levels of performance and work with reasonable care and skill. The

capability process is about maintaining performance standards that should have been set out at the outset of a role. The standards should be realistic and achievable.

64. The RCN provides advice and support to members who are asked to attend a formal capability meeting. There are usually three stages to formal meetings. During the first meeting an action plan is agreed, detailing the improvements needed and giving reasonable timescales for achieving them. A second formal stage meeting may be held if the individual fails to meet their objectives. At each stage an employer must warn the individual of the consequences of failure to improve before moving to the next stage. The third stage meeting is usually the final meeting before dismissal is considered and is the last opportunity for the individual to demonstrate improvement. Failure to do so could result in dismissal and a referral to the individual's regulatory body may be made on the grounds of a lack of competence.

Workplace investigations

65. The RCN does not ordinarily represent members at investigatory meetings as such meetings are there to fact find. However, there may be cases of extreme complexity and/or vulnerability where it is necessary. If the RCN does not attend the meeting with the member, we would recommend asking a friend or colleague to accompany them as a witness and note taker.
66. Investigatory meetings can trigger a disciplinary process, and this may possibly lead to disciplinary action being taken against a member. Employers should follow their disciplinary process and at this juncture there is a statutory right to be accompanied at any disciplinary hearing by a trade union representative. An RCN representative will therefore attend such meetings with members.
67. Provided the individual was in membership at the time of the alleged incident under investigation, the member is entitled to receive RCN support to help prepare their case and support them through the process. The RCN provides an advice guide for witnesses at disciplinary hearings [PM/26] and a statement writing advice guide [PM/27] for those who have been asked to provide a statement for a workplace investigation. The RCN also has a statement checking team who will review the statement before it is handed to the member's employer.

INQ0012533

INQ0012534

68. If a member has been suspended, their employer should give a clear reason for the suspension and the member is entitled to know what the allegations against them are. A suspension should not imply guilt. If an individual has been suspended, they should be on full pay. The only exception to this is if there is a clause in their contract to allow an employer to suspend without pay. For agency or bank nurses, they may not be entitled to pay whilst suspended and members are encouraged to check their contract of employment and local policies.
69. An employer should act quickly and keep the suspension period to a minimum. The decision to suspend should also be kept under review.
70. Often employers will state that an individual cannot speak to their colleagues or clients during the period of suspension. An individual can object to this if it prevents them from being able to answer the allegations that have been made against them. Whilst suspended, the RCN representative can contact specified colleagues to help prepare the individual's case, where appropriate, although in practice this rarely happens.
71. The employer should have written policies and procedures for handling a disciplinary process. After the investigatory stage, an individual should be told in writing whether a disciplinary hearing has been arranged. They should be told the issue and potential penalties, when and where the hearing will take place, the names of any witnesses and their right to be accompanied. The individual is also entitled to all of the information and documents relating to the case, in advance of the hearing. This information will also be reviewed by the RCN representative thus enabling them to support the member in responding to the allegations and to provide any mitigation.
72. An RCN representative is allowed to confer with a member before and after their disciplinary hearing. During the course of the hearing, the RCN representative is entitled to address the hearing panel and ask questions on the member's behalf. The RCN representative can challenge any inaccuracies or procedural errors, present mitigating circumstances and sum up the member's case.
73. Following a disciplinary hearing, the details about any sanction given, including how long it will remain on an individual's record, should be confirmed in writing. Time limits

for any appeal must be set out clearly. The member's RCN representative will advise whether an appeal has sufficient merits and if so, will assist in lodging an appeal of the disciplinary outcome.

74. If an employment tribunal claim has sufficient merits, the RCN would refer the matter to its in-house employment legal team where the case would be allocated to a legally qualified officer who would advise and support the member to bring the claim. The RCN has produced an employment tribunals guide for members [PM/28]. INQ0012535

NMC fitness to practise investigations and hearings

75. The NMC regulates nurses and midwives across the UK and nursing associates in England. It investigates concerns about the nursing profession, assessing whether an individual's fitness to practise is impaired and makes sure registrants meet the requirements of the NMC Code and relevant standards.
76. The NMC can consider concerns from a range of sources including patients, members of the public, the police and employers. The NMC will investigate various concerns including:
- a. Misconduct
 - b. Lack of competence
 - c. Not having the necessary knowledge of English
 - d. Criminal behaviour
 - e. Serious ill health
 - f. Determinations by other health and social care organisations.
77. Registered nurses, midwives and nursing associates have an obligation under section 23 of the NMC Code to co-operate with all investigations and audits and to tell their employer about any criminal caution or charge, or conditional discharge they have received. Similarly, if an individual has been found guilty of a criminal offence, they must tell both the NMC and their employer.
78. If a member is in membership of the RCN at the time of the incident leading to the NMC referral, they can request legal assistance via RCND. The member will be

referred to the RCN in-house regulatory team where a member of the screening team will be assigned to their case.

79. The role of the RCN's regulatory legal team is to advise and support its members through the NMC process in order to achieve the best possible outcome for each member.
80. The NMC often calls interim orders hearing at short notice. Interim orders are urgent measures to temporarily suspend or restrict a nurse, midwife or nursing associate's practice whilst the NMC investigates the concern. There are two types of interim orders and their main purpose is to protect the public. Interim conditions of practice orders impose conditions which the nurse, midwife or nursing associate must comply with in order to continue working as a nurse, midwife or nursing associate. Interim suspension orders suspend the individual's registration which means that they cannot practise as a nurse, midwife or nursing associate whilst the suspension is in place. The RCN provides legal representation or written submissions for its members at these hearings.
81. The RCN's member support services provides further help and support for members during an NMC referral including the following services: counselling, financial wellbeing support, welfare support, careers advice and peer support.

Criminal investigations and prosecutions

82. The RCN's legal provision includes advice and representation on work related criminal matters.
83. If an RCN member is asked to attend an interview under caution as a potential suspect, the RCN will arrange for representation by one of our agent solicitors or by the duty solicitor or a solicitor of our member's choice. There is an advice guide available to members on the RCN's website titled "Cautions, convictions and interviews" which sets out the support and representation available for a work-related criminal issue INQ0012536 [PM/29].
84. The RCN does not ordinarily attend police interviews where the member is being interviewed in their capacity as a witness only. However, there are occasions where vulnerable members require additional support. In such cases, the RCN may support

a witness by providing general advice about police interviews and may attend in person during the interview, if necessary. They will not answer questions on behalf of the individual.

85. A summary of the RCN advice guides in respect of the above from June 2015 to date can be found at [PM/30-34], [INQ0012537], [INQ0012538], [INQ0012539], [INQ0012540], [INQ0012541]

Countess of Chester Hospital (“CoCH”) and RCN action

Concerns regarding the operation of the neonatal unit by RCN members

86. The table below shows details of enquiries from members working within the Countess of Chester Hospital as a whole for the relevant time period, categorised as raising concerns or whistleblowing. As can be seen, the number of total enquiries per year is relatively low.
87. From the below data, we are not aware of any enquiries from members regarding the management of the neonatal unit by RCN members during the relevant period.

| Year | Total Enquiries |
|-------------|------------------------|
| 2015 | 4 |
| 2016 | 3 |
| 2017 | 4 |
| 2018 | 2 |
| 2019 | 2 |
| 2020 | 7 |
| 2021 | 6 |
| 2022 | 3 |
| 2023 | 5 |

88. A number of enquiries do not clearly state where within the Trust the member is working. Of the above, we were only able to identify 3 enquiries over a 6-year period where members were “raising concerns” which related to “young person” wards rather than the neonatal unit specifically. They are:

- a. 2015 Staffing concern, member in children and young person ward raising concerns about staffing levels.
- b. 2019 Staffing concern, member works with children with complex care needs has concerns about staffing levels.
- c. 2021 Redeployment issue. The members worked on a paediatric ward and the ward had been closed with majority of staff redeployed to adult wards.

89. We understand from media reports that Lucy Letby (“LL”) attended training placements at Liverpool Women’s Hospital between October to December 2012 and January to February 2015. As an organisation, the RCN stores data on member enquiries from 1 January 2014. During 2014, the RCN had one contact from a member who wished to raise concerns by reporting a colleague who was **I&S**

I&S It is not clear what ward the member was working on.

90. We did not receive any enquiries in relation to “raising concerns” at Liverpool Women’s Hospital during the period of LL’s second placement in January and February 2015 nor for the remainder of 2015.

91. As explained earlier in the statement at paragraph 9, there are 3 types of RCN workplace representatives: RCN stewards, RCN learning representatives and RCN safety representatives. The RCN representative involved in the LL case was Ms Hayley Griffiths nee Cooper. To the best of our knowledge, no concerns were raised to her about the management of the neonatal unit by any members of the RCN.

92. To the best of our knowledge the RCN was not directly informed of the arrest of LL by Cheshire Police.

93. On 03 July 2018 our RCN rep, Ms Griffiths, contacted the RCN’s Senior Regional Officer Colm Byrne and informed him that LL had been arrested. Cheshire Police issued a press release that a female health professional was being held on suspicion of eight murders and six attempted murders.

94. Members of the RCN’s in-house legal team provided in person support sessions for members on a limited number of occasions; attended police interviews of some

witnesses who required support and reviewed police statements before onward submission. The RCN's in house legal team also liaised with police on occasion by passing on queries our members had raised about the police process.

95. Having reviewed our file and to the best of our knowledge, the RCN was not provided with copies of the service review report by the Royal College of Paediatric Child Health or the review by Jane Hawdon.

RCN Press statements regarding matters relevant to the Inquiry's Terms of Reference

INQ0012542

96. On 21 January 2015, the RCN issued a press release [PM/35] responding to the Health Select Committee report on complaints and raising concerns, stating that "*This report makes clear how crucial it is that NHS staff who raise concerns are properly supported.*"

INQ0012544

97. On 11 February 2015, the RCN issued a press release [PM/36] responding to Sir Robert Francis' Freedom to Speak Out Review. Dr Peter Carter, the then RCN Chief Executive and General Secretary, stated that "*there has been too much inconsistency and unfairness in the treatment of staff who have raised concerns and this comprehensive package of measures will go a long way towards redressing these issues*". He went on to say that "*the measures outlined in Sir Robert's review will create the conditions for staff to be able to speak out effectively and need implementation.*"

INQ0012545

98. On 19 October 2015, the RCN issued a press release [PM/37] responding to the Bliss baby report 2015, stating that "*the care of very tiny, vulnerable babies could be jeopardised by hard pressed staff being pushed beyond their limits should be a matter of great concern for the NHS.*"

INQ0012542

99. On 19 August 2019, the RCN issued a press release [PM/35] responding to the CQC's 'National Guardian Freedom to Speak up' training guideline. Christine Callender, Head of Nursing (Quality and Regulation), stated that "*Healthcare organisations become safer when nursing staff are confident that they won't be ostracised for reporting circumstances which could compromise patient safety.*" Ms Callender also raised concerns that training alone would not be sufficient in light of severe understaffing issues:

“With almost 40,000 nursing vacancies in England alone, it is difficult to see how the additional time would be found for our members to receive this training given the highly pressurised environment in which many currently work. This training could become one of the other programmes that nursing staff say should be attending but in reality are not able to.

100. The freedom to speak up is important but work needs to be done to address the concerns that are raised and those that have already been raised, such as the severe shortage of nurses causing unsafe levels of staffing. Ms Callender advised that:

“As almost a third of all cases raised with Freedom to Speak Up Guardians is by nurses, it is clear our members’ concerns run much deeper than their freedom to speak up. Until staffing for safe and effective care becomes a reality through legislation, whistleblowing training will be seen as helpful, but just a stopgap measure.”

INQ0012542

101. On 18 April 2023, the RCN issued a press release [PM/35] on the tenth anniversary of the Francis report. RCN Chief Nurse, Professor Nicola Ranger, commented that: *“In the decade since, there was initially a great deal of focus on the importance to good nurse staffing for the safety and care of patients but sadly the focus has waned over time...It is vital [that] nursing staff have the support to speak out about this situation and other things that concern them, and our toolkit gives valuable guidance...Before and since the Francis report was published, the RCN was calling for nursing support workers to be regulated and registered. For high quality patient care and professional standards, there should be further regulation of health care assistants and health care support workers just like for nurses.”*

Amendments made to RCN policies, protocols, standards and guidance post LL conviction

102. Since the allegations made and subsequent conviction of LL, we have reviewed publications as part of our usual quality assurance and update processes. The College’s Children and Young Persons Professional Forums (expert nurses working within this specialism) have reviewed the current publications database in light of the Letby case, and the College has also reviewed our Raising Concerns webpage. In

2020, this was updated as a routine plan as well as to complement the publication of the RCN Nursing Workforce Standards [PM/38]. It has since been further updated and includes a new flowchart to support our members to raise concerns [PM/39].

INQ0012546

INQ0012547

Barriers which could inhibit nurses from raising concerns about the safety of babies in hospital and ensuring the quality of their care

103. 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 and that any delay in reporting incidents could have a negative impact on the health, safety and well-being of individuals, including patients. Doing the right thing, i.e., reporting incidents, near misses and concerns, being candid about mistakes, talking openly about errors and sharing ideas for improvements, must be welcomed and encouraged. The focus should be on system learning and not individual blame. Furthermore, the healthcare worker must be psychologically safe when raising concerns according to the RCN's "Raising & Escalating Concerns: a guide for nurses, nursing associates, students and health care support workers" [PM/24] as well as the Raising concerns toolkit, an online resource available via RCN's website.

INQ0012531

104. Following previous public inquiries, including the Mid Staffordshire NHS Foundation Trust, there has been increasing emphasis on honesty and transparency in healthcare in recent years. As the RCN publication "Duty of Candour" states, "any culture of secrecy or cover-up in healthcare is to be challenged".

105. Evidence on the ground, however, appears to suggest that healthcare workers, including nurses are not always supported in raising concerns and that speaking up is not always appreciated.

106. Although not specific to the safety of babies in hospital, the results of the 2022 NHS staff survey [PM/40] suggest that although the majority of respondents (71.9%) felt secure in raising concerns about unsafe clinical practice, a significant proportion (more than 170,000 or 28.1%) did not. Fewer staff (56.7%) were confident their organisation would address clinical practice concerns with more than 270,000 staff (43.3%) not confident that action would be taken.

INQ0012548

107. In exploring specific areas of practice, there has been a decline in feeling safe to report concerns for both Registered Nurses (“RN”) and Midwives (“RM”), in recent years from an average of 65.9% (2020) to 61.8% (2022). Results also suggest that RMs are slightly less likely to be confident speaking up compared to RNs. The 2022 survey results confirm that nearly 2 in 10 RMs do not feel safe to speak up about concerns in their organisation (19.1%). This is higher than RNs from all fields. For comparison, just over 1 in 10 children RNs (11.5%) and less than 1 in 10 learning disability RNs (8.9%) feel unsafe to speak up.

108. Children’s RNs are the least confident of all the fields of nursing and midwifery in thinking their organisation would act on their concern if they spoke up. 2022 results show that 1 in 4 children RNs (24.8%) would not feel confident action would be taken. This is concerning as it may reinforce a reluctance to raise a concern even if nurses feel able to speak up.

109. Staff can be reluctant to raise concerns for a number of reasons including fear of retribution, discussed further below, or as the NHS staff survey may suggest, a sense that their concerns will not be addressed. Bullying and intimidation from senior management can also inhibit staff from speaking up, whereas a positive workplace culture encompassing a “psychologically safe workplace”, created through compassionate leadership, can promote the raising of concerns by staff (RCN UK Policy report, “Valuing Nursing in the UK” February 2023) [PM/41]. INQ0012549

110. RCN Foundation is an independent charity whose purpose is to support and strengthen nursing, midwifery, and social care to improve the health and wellbeing of the public. The Foundation achieves this by providing grants for hardship, education and research. RCN Foundation commissioned research, “The Courage of Compassion: supporting nurses and midwives to deliver high quality care” published by the King’s fund in September 2020 [PM/42] which advocates the need for a INQ0012550 workplace where staff can thrive in order to provide high quality care. This includes autonomy in the workplace, where nursing and midwifery staff have a voice and influence and can “act consistently with their values”. Autonomy in turn flows from inclusive leadership, ensuring that no groups, especially staff from ethnic minority groups, are disempowered and that the voice and influence of minority ethnic staff is equivalent to that of other staff. It requires that bullying, harassment and all

discrimination be eradicated. Concerns raised should be met with “listening, learning and compassion” rather than blame.

111. The Francis Inquiry report into the Mid Staffordshire NHS Foundation Trust called for a more honest and open learning culture within the NHS. Similarly, the NMC reported in its annual report 2021-2022 that it aimed to move away from a blame culture towards one of openness, honesty and learning. Nonetheless, one in five of our members (21%) surveyed in March 2022 felt unable to raise concerns [PM/43]. Of those who were able to raise concerns, just over a third (37%) of respondents were able to say that action had been taken to address the issue. A similar number (41%) said no action had been taken. One in five (22%) did not know if any action had been taken.

INQ0012551

112. A quote from the March 2022 RCN member survey [PM/43], attributed to a staff nurse in an NHS hospital in Scotland, is illustrative of the overall issue in raising concerns:

INQ0012551

“Concerns between staff are just whispers and hushed talks in clean utility rooms, because everyone is too scared to come forward and raise a concern. In the past, those brave few who have come forward with concerns have been meet with an insincere “I’m sorry you feel that way” and “we acknowledge your struggles and are trying our best to help”. However, nothing changes and we carry on, doing our job, feeling anxious, unheard, exhausted, underpaid and waiting for something to change.”

113. An investigation by the Nursing Times published on 1 December 2021 [PM/44] reaffirms the fears of nurses in general in raising concerns and offers further insight into why nurses may not speak up, with some being “actively silenced” by their employers. This included the threat of disciplinary action when highlighting limited personal protective equipment and fuel shortages on social media during the Covid-19 pandemic, or when posting about staffing issues. Other staff and students experienced the NMC Code being used against them i.e., the possibility of a referral to the NMC on fitness to practise grounds. Such incidents were not limited to social media. Nurses reported a “toxic” workplace culture and bullying by managers, which when investigated failed to result in consequences for the manager, leaving those nurses who had spoken up feeling suicidal or experiencing significant mental health problems.

INQ0012552

114. The Nursing Times article suggested that a significant factor in silencing staff was a longstanding history of NHS Trusts trying to prevent reputational damage. Responding to the Nursing Times report, the article quotes Ruth May, Chief Nursing Officer for England, as saying:

“The NHS is committed to creating a positive work environment and it is completely unacceptable for any member of staff to feel silenced or unable to speak about issues that are affecting them.”

115. She encouraged nurses to raise concerns with their Freedom to Speak Up Guardian and to *“know that if you do, you will be supported, listened to and the appropriate actions will be taken”*.

116. The Nursing Times article, however, suggested that the initiative for Freedom to Speak up Guardians has had variable results. The initiative was implemented following the Francis report to allow staff to raise concerns outside of usual reporting routes. The National Guardian’s Office (“NGO”) acknowledged the difficulties of the scheme and aimed to: increase quality assurance around the guardian network, improve continuing professional development for guardians and introduce more training and guidance for leaders.

117. The report also refers to the Impact of Covid-19 on Nurses (ICON) study which suggests that the pandemic led to a stalling of nurses speaking up. By way of example, redeployed nurses *“didn’t know what they didn’t know”* and therefore did not feel secure in raising concerns. Others felt as if they were *“shouting into a void”* as pressures on staff were immense.

118. The NGO’s annual report for January 2021 to March 2022 [PM/45] provides further INQ0012553 insight into barriers to speaking up, suggesting that healthcare workers’ voices continue to be suppressed. The report highlights NHS England’s investigation into the West Suffolk NHS Foundation Trust and the report by Donna Ockenden into maternity services at Shrewsbury and Telford Hospital NHS Trust. It is noted that *“these high-profile cases have a chilling effect on the whole sector and erode trust in the speaking up process.”*

119. The report found that the percentage of senior leaders who supported staff in raising concerns fell by almost 10% from 80% in 2021 to 71% in 2021-22. Access to Trust boards by Freedom to Speak up Guardians fell by 11% (94% in 2020-21, 83% 2021-22) during the same period. Similarly concerning was that 12% of respondents felt that senior leaders did not understand the role of Freedom to Speak up Guardians. 42% of respondents to the NGO's 2021 annual survey indicated that responses where staff had suffered "detriment" from speaking up were ineffective and that detriment continued to rise. The report acknowledged that *"more needs to be done to foster a Speak Up, Listen Up, Follow Up culture, where workers are listened to and appropriate action taken as a result."*

120. Respondents to the survey highlighted two key barriers to speaking up, namely fear and futility:

- a. Concerns nothing will be done (58.3%)
- b. Fear of retaliation/suffering as a result of speaking up (69%)

121. The report suggested that it is vital to support managers to listen and respond effectively to concerns to foster a culture where staff will raise concerns and yet high profile cases indicate that not all leaders welcome speaking up and the damaging effect that this has.

122. A summary of guidance and references on this subject can be found at Appendix 1. This includes training material and a recent literature search conducted by the RCN Library on raising concerns and whistleblowing for nursing staff. The results of the literature review include current guidance documents from the NHS, ACAS and the NMC. Abstracts of a number of academic papers and articles are also captured. Barriers to the reporting of concerns, several of which echo those already discussed, included the lack of a safe psychological environment, fear of punitive action, the hierarchy of the clinical setting and associated power imbalances, a poor team culture and high workloads.

Concerns regarding the effectiveness of the current culture, governance, management structures and processes, regulation and other external scrutiny in keeping babies in hospital safe and ensuring the quality of their care

123. The RCN Foundation's commissioned research, "The Courage of Compassion: supporting nurses and midwives to deliver high quality care" [PM/42] suggests that the quality of care provided to patients generally, rather than to babies specifically, is reflective of the health and well-being of nurses and midwives. High stress levels, all-time high staff vacancies and significant sickness/absence levels all negatively affect healthcare workers. Caring for staff is associated with better outcomes for patients. Compassion and kindness between leaders, those they lead, colleagues and patients, has been shown to have a beneficial impact on the outcomes of both patients and staff. INQ0012550
124. The RCN UK Policy report, "Valuing Nursing in the UK" [PM/41] published in February 2023, similarly suggests that a negative workplace culture can detrimentally impact patient care and that an encouraging, compassionate workplace is more likely to be associated with a good patient experience. Staff working in a positive environment, knowing that they will be supported by management to feel able to pursue high quality care, although this can be compromised due to staffing shortages. INQ0012549
125. The CQCs Maternity Survey [PM/46] which encompasses antenatal care through to eight weeks post birth indicates that the reported level of care has deteriorated in the last five years, although it is not clear to what extent this includes nursing staff or whether it is predominantly midwifery staff. This is echoed in the CQC State of Care 2023 report [PM/47] which indicates a decline in maternity services during 2022/23. The report underlines concerns in 2022 around "*the safety of maternity services, and the impact of poor training, poor culture and poor risk assessments on people's care*", "*the inequity in maternity services and the fact that women from ethnic minority groups continue to be at higher risk*". In 2023, the concerns remain, with safety and leadership featuring as particular issues. Staffing issues are identified as a key problem as is ineffective communication. Furthermore, inherent inequalities in maternity care continue with women from ethnic minority groups continuing to experience additional risks compared to women from white ethnic groups. INQ0012554 INQ0012555

Trust governance structures and processes on clinicians, managers, nurses, midwives regarding the reporting of any suspected criminal activity by a member of staff

126. In our experience, members ordinarily report their concerns to their line manager and follow the hierarchy of reporting as set out in Trust policies and act in accordance with the general custom and practice of 'reporting upwards'. The expectation being that those with line managerial responsibility would act on the information and escalate it to whomever necessary, including third parties external to the organisation. Once it is reported to someone senior, there is an implicit assumption that the matter is being considered and as such, individuals may not think to chase for an update or an outcome. Concerns have the potential to be escalated internally ad infinitum, or indeed not acted on at all if there is no clearly defined responsible person whose role is to investigate such concerns. Meanwhile the harm in question continues. It seems highly unusual in practice for an individual to report concerns outside of their organisation and directly to the police.

Proposed changes to the current structures, culture or regulation to improve the quality of care and safety of babies

127. The RCN recommends the following to improve the quality of care and safety of babies and to strengthen the accountability of senior managers:

128. There should be minimum safety critical staffing levels set by way of safe staffing legislation. Boards should have a clearly defined responsibility to ensure all clinical areas have safe nurse staffing levels and skill mix in line with advice from Royal Colleges.

129. Action needs to be taken to deal with bullying and harassment cultures which have been highlighted in staff surveys. Discrimination needs to be eliminated and a just and learning culture established to ensure staff felt more able to speak out. Similarly, there should be robust feedback when staff are raising concerns so that they know their concerns have been acknowledged and addressed.

130. The prominence of freedom to speak up guardians needs to be improved.

131. Every organisation should be mandated to have nursing specific roles from ward to Board, with clearly identified roles and responsibilities. These roles increasingly have additional responsibilities added which are of a more corporate nature and deviate and dilute the role of the senior nurse. Any change in the form of non-nursing specific additions to these roles should have to have formal consideration by an external body with the ability to determine if this impacts on nursing leadership and accountability.
132. General managers (i.e. non nurses) should not have responsibility for or to be enabled to make clinical decisions or decisions regarding the nursing workforce.
133. Specific responsibility should be placed on each Board, and other organisational committees and groups, to document issues raised by senior nurses, consideration of the advice, and decisions taken including if this against senior nursing advice.
134. Nurses should have job plans developed and agreed, which includes mandated access to continued professional development activities in the form of education, clinical supervision and peer review. This will bring the profession in line with other safety critical healthcare roles and indeed safety critical non-healthcare professions. Part of these job plans for senior nurses should have an allocation for time to be spent in clinical areas.
135. Area or speciality nursing specific key quality indicators should be developed across the UK. This will enable bench-marking with the ability to identify any issues. In addition, these should be available to the public.
136. Cultural reviews should be mandated across organisations with nursing specific considerations. A mandated responsibility on Boards to action areas of concern is key, rather than solely being the responsibility the Executive Nurse, to ensure organisational factors impacting upon nursing are addressed.
137. The mandating of reviewing organisational delivery is essential to enable the identification of risks and mitigations in order to prevent incidents occurring. Undertaking a cultural review can be beneficial for several reasons:

- a. **Understanding Cultural Dynamics:** A cultural review allows an organisation to understand the prevailing cultural dynamics within its workforce or target audience. This understanding can help identify both positive and negative aspects of the culture. This will provide exploration of all services and disciplines' approaches to care delivery, enabling early action and human factors approach to cultural breakdown or improvement needed to identify and reduce risk.
- b. **Enhancing Communication and Collaboration:** Cultural reviews can highlight communication barriers and areas of misunderstanding within and between teams or between different cultural groups. By addressing these issues, organisations can foster better communication and collaboration.
- c. **Identifying Strengths and Weaknesses:** By assessing cultural norms, values, and practices, organisations can identify their strengths and weaknesses. This understanding is crucial for leveraging existing strengths and addressing areas that need improvement.
- d. **Promoting Diversity and Inclusion:** Cultural reviews help organisations recognise the importance of diversity and inclusion. By understanding different cultural perspectives and experiences, organisations can create a more inclusive environment where all individuals feel and are valued and their voices respected.
- e. **Supporting Change Management:** When implementing organisational changes or initiatives, understanding the existing culture is essential. A cultural review can help identify potential challenges and develop strategies to manage change effectively.
- f. **Improving Employee Engagement and Satisfaction:** Cultural reviews can uncover factors that influence employee engagement and satisfaction. By addressing cultural issues and aligning organisational values with those of employees, organisations can improve overall morale and retention rates.
- g. **Enhancing patient satisfaction:** Understanding the cultural preferences and expectations of patients and relatives is crucial for providing care and services.

A cultural review can provide insights into patient's experiences, enabling organisations to tailor their offerings accordingly.

- h. Mitigating Risks: Cultural misunderstandings or conflicts can lead to various risks, including legal issues, reputational damage, and decreased productivity. By proactively addressing cultural issues identified through a review, organisations can mitigate these risks.

138. In essence, undertaking a cultural review enables organisations to gain valuable insights into their cultural landscape, which can inform decision-making, improve organisational effectiveness, and foster a more inclusive and productive environment. This provides the opportunity to nurse leaders to implement strategies and lead cultural change effectively. Nurse leads can contribute to creating a positive and supportive culture within healthcare settings, ultimately enhancing patient outcomes and overall job satisfaction among team members.

139. An Executive Nurse Network could be established, and hosted by a Royal College, with the aim of supporting people in these roles.

140. The development of a pathway or guidance for when the senior nurse manager's advice is rejected by Boards is essential, as is protection from organisational bullying if this is enacted.

141. Staff should receive regular updates and training on whistleblowing.

Other relevant documentation

142. Copies of the RCN's policies, protocols, standards and guidance that are relevant to the Inquiry's Terms of Reference are contained in the Appendices for ease of reference.

Closing remarks

I would like to thank the Inquiry Chair, on behalf of the RCN, for the opportunity to provide evidence in relation to the Inquiry. We recognise that this Inquiry presents a unique opportunity to identify and put in place actions to ensure that learning from the tragic events described in the Terms of Reference is implemented to ensure that they are never repeated.

The RCN is committed to working with the Inquiry throughout its investigations and we are happy to assist with any further requests.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated: 21 March 2024

Witness Name: Patricia Marquis

Statement No.:1

Dated:

THE THIRLWALL INQUIRY

INQ0012453

| Number | Question | Link/resource | Comments |
|--------|---|--|--|
| PM/2 | The extent to which the RCN has any role in the education and competence framework and/or the assessing or credentialing of the qualifications, | RCN Career, education and competence framework for neonatal nursing in the UK - RCN Guidance https://www.rcn.org.uk/Professional-Development/publications/pub-004641 Pub code: 004 641 | Originally published 23.01.15 (Currently being updated as part of standard RCN review process) |

| | | | |
|------------|--|--|---|
| | experience and competence of nurses working in neonatal units. | | |
| | | Introducing Critical Care https://www.rcn.org.uk/Professional-Development/Professional-services/Introducing-Critical-Care | This resource was created 2020 and updated 25.08.22 |
| | | Overview of children and young people's nursing https://rcnlearn.rcn.org.uk/Search/Children-and-young-people | Clinical information page on RCN Learn updated 22.08.22 |
| INQ0012558 | PM/48 | System-wide Paediatric Observations Tracking (SPOT) Programme https://rcnlearn.rcn.org.uk/Search/System-wide-Paediatric-Observations-Tracking-Programme | This clinical information page shared information of work commenced by NHSE in 2018 that the RCN has been a partner. This resource was update in 2023 when the related Paediatric early warning score was published https://www.rcn.org.uk/clinical-topics/Children-and-young-people/System-wide-Paediatric-Observations-Tracking-Programme: |
| INQ0012559 | PM/49 | Neonatal nursing https://rcnlearn.rcn.org.uk/Search/Neonatal-nursing | Clinical information page on RCN Learn (was updated 18.11.20, as part of standard RCN quality assurance/ update process) |
| INQ0012560 | PM/50 | Neonatal nursing case studies https://rcnlearn.rcn.org.uk/Search/Neonatal-nursing-case-studies | Clinical information page on RCN Learn updated 14.10.22 as part of standard RCN quality assurance/ update process. |
| | | Palliative and end of life care https://rcnlearn.rcn.org.uk/Search/Palliative-and-End-of-Life-Care-Nursing | Clinical information page on RCN Learn updated 08.08.22 |

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| | | | Touches on neonatal nursing |
| | | Education and training for palliative and end of life care nursing in children and young people https://rcnlearn.rcn.org.uk/Search/Skills-education-and-training | Clinical information page on RCN Learn updated 15/07/2023 Touches on neonatal nursing |
| | | Leadership programmes https://www.rcn.org.uk/Professional-Development/Professional-services/Leadership-Programmes | There are leadership programmes of learning for all levels and roles across the health and social care workforce which all have accountability and delegation embedded |
| INQ0012453 | PM/2 Guidance, advice and support provided to nurses in respect of the following: Career, education and competence framework for neonatal nursing in the UK. | RCN Career, education and competence framework for neonatal nursing in the UK - RCN Guidance https://www.rcn.org.uk/Professional-Development/publications/pub-004641 Pub code: 004 641 | Published 23.01.15 Page last updated 04.02.2021. Update due 2024. |
| | | Caring for Children and Young People . Guidance for nurses working in the independent sector Pub Code: 004 580 [e8e70e0d-2c6b-4d24-a38f-c6793e4ae9eb] Pub Code: 009 405 | Published December 2020 - review date December 2023 |

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| | | Library subject guide: Children and Young People: Medicines Management https://www.rcn.org.uk/library/Subject-Guides/children-and-young-people-medicines-management | RCN Library | |
| INQ0012456 | PM/5 | <p>Guidance, advice and support provided to nurses in respect of the following:</p> <p>Resources for nurses delivering care in neonatal and special baby care units (including statistics, safe staffing and 41reservice41e41n, different types of critical care needs and key concepts in caring for premature babies).</p> | <p>Competencies an education and training competence framework for capillary blood sampling and 41reservice41e in children and young people https://www.rcn.org.uk/Professional-Development/publications/pub-005700</p> <p>Pub Code: 005700</p> | <p>Includes a 0 – 1 year section</p> <p>Published 22.08.16</p> |
| INQ0012457 | PM/6-8 | | | |
| INQ0012458 | | Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People | | |
| INQ0012459 | | 2013 [931016d8-2695-4f27-8cc7-af5a1feddb76] | The second edition of the resource was published 12.05.17 this was updated with the introduction of Paediatric early warning scores as part of system wide paediatric observation tracking programs. | |

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| | | https://www.rcn.org.uk/Professional-Development/publications/pub-005942 Pub code: 005 942 | https://www.rcn.org.uk/clinical-topics/children-and-young-people/system-wide-paediatric-observations-tracking-programme |
| | | Promoting optimal breastfeeding in children's wards and departments: guidance for good practice 2020 | https://www.rcn.org.uk/Professional-Development/publications/rcn-promoting-breastfeeding-uk-pub-009470 |
| | | Children and young people's cardiac nursing: RCN guidance on roles, career pathways and competency development Third Edition 2021 | https://www.rcn.org.uk/professional-development/publications/children-and-young-peoples-cardiac-nursing-uk-pub-009-580 |
| | | Standards for the weighing of infants, children and young people in the acute health care setting [electronic resource]: RCN guidance for children's nurses and nurses working with children and young people Updated 2017 edition | https://www.rcn.org.uk/professional-development/publications/pub-006135 |
| INQ0012559 | PM/49 | Neonatal nursing Children and young people Royal College of Nursing (rcn.org.uk) | https://www.rcn.org.uk/clinical-topics/Children-and-young-people/Neonatal-nursing For current page access, you must be logged in as a member. Prior to 30 Aug 2022, clinical webpages were available without needing to login. Page updated on 20 Sep 2023, 30 Jun 2023, 8 Aug 2022, 10 Jun 2020. No 'updated dates' prior to 10 Jun 2020, though previous versions can be access through the Internet Archive's Wayback Machine. |
| | Safe staffing | | The RCN has a number of resources available on safe staffing in general rather than specific to neonatal and special baby care units as below |
| INQ0012549 | PM/41 | Valuing nursing in the UK : staffing for safe and effective care in the UK : interventions to mitigate risks to nursing retention (by Anna Argyrides), 2023 | https://www.rcn.org.uk/Professional-Development/publications/valuing-nursing-in-the-uk-uk-pub-010-695 |

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| INQ0012569 | PM/51 | | UK Staffing for Safe and Effective Care: state of the nation's nursing labour market : RCN biannual report February 2022 | https://www.rcn.org.uk/Professional-Development/publications/staffing-for-safe-effective-care-labour-nursing-market-2022-uk-pub-010-108 |
| INQ0012570 | PM/52 | | Progress and challenge in delivering safe and effective care 2022 : how NHS Wales has implemented the Nurse Staffing Levels (Wales) Act 2016. 2022 | https://www.rcn.org.uk/Professional-Development/publications/progress-and-challenge-in-delivering-safe-and-effective-care-2022-uk-pub-010-279 |
| INQ0012551 | PM/43 | | Nursing under unsustainable pressures : staffing for safe and effective care 2022 | https://www.rcn.org.uk/Professional-Development/publications/nursing-under-unsustainable-pressure-uk-pub-010-270 |
| INQ0012546 | PM/38 | | Nursing workforce standards : supporting a safe and effective nursing workforce. 2021 | https://www.rcn.org.uk/Professional-Development/publications/rcn-workforce-standards-uk-pub-009681 |
| INQ0012572 | PM/53 | | Staffing for safe and effective care in the UK : 2019 report : reviewing the progress of health and care systems against our principles 2020. | Physical copy (RCN HQ Library viewable by appointment) |
| INQ0012573 | PM/54 | | Staffing for safe and effective care in England 2019 | https://www.rcn.org.uk/professional-development/publications/pub-007999 |
| INQ0012574 | PM/55 | | Standing up for patient and public safety 2019 | https://www.rcn.org.uk/professional-development/publications/007-743 |
| INQ0012575 | PM/56 | | A safety representative's resource : staffing for safe and effective care 2019 | https://www.rcn.org.uk/professional-development/publications/pub-007722 |
| INQ0012576 | PM/57 | | Nurse staffing for safe and effective care : RCN position statement 2018 | https://rcn.access.preservica.com/uncategorized/IO_ec0cb981-54bf-48ce-8ee9-53da7b8a46ac/ |
| INQ0012577 | PM/58 | | Nurse staffing for safe and effective care : a resource guide for reps 2018 | https://rcn-saml.access.preservica.com/uncategorized/IO_c9ac64d7-8f5b-4054-9706-f0c555a5a434/ |
| INQ0012578 | PM/59 | | Safe and effective staffing : the real picture 2017 | https://rcn.access.preservica.com/uncategorized/deliverableUnit_0f89837f-209c-4261-b09c-c7d9c98df8b1/?view=render |
| INQ0012579 | PM/60 | | Safe and effective staffing : nursing against the odds 2017 | https://rcn-saml.access.preservica.com/uncategorized/IO_e8e2d591-6fc1-4b04-bb00-b6c014da30f8/ |

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| INQ0012580 | PM/61 | Medicines management, particularly the safe management of insulin | Competencies: an education and training competence framework for administering medicines intravenously to children and young people https://www.rcn.org.uk/Professional-Development/publications/pub-006302 Pub Code: 006 302 | Published November 2017 |
| INQ0012494 | PM/13 | | Clinical web resource https://www.rcn.org.uk/clinical-topics/medicines-management | RCN webpage |
| INQ0012472 | PM/11 | | Medicines Management https://www.rcn.org.uk/Professional-Development/publications/pub-009018 Pubs code: 009 018 | Published 29.01.20 "This resource is intended for any registered nurse working with medicines as part of their role. The principles of medicines management however, apply across all health care settings and for non-registered staff." Prior to this date the Nursing & Midwifery Council standards were applicable. |
| INQ0012483 | PM/12 | | Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines . Position Statement https://www.rcn.org.uk/Professional-Development/publications/pub-009013 Pubs code: 009 013 | Published 06.03.20 RCN AND RPS document Prior to this date the Nursing & Midwifery Council standards were applicable. |
| INQ0012505 | PM/14 | | Medicines management in care homes https://www.rcn.org.uk/clinical-topics/Medicines-management/Medicines-management-in-care-homes | Available via RCN medicines management clinical resources https://www.rcn.org.uk/clinical-topics/Medicines-management |

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| INQ0012516 | PM/15 | | <p>Patient Specific Directions and Patient Group Directions https://www.rcn.org.uk/clinical-topics/Medicines-management/Patient-specific-directions-and-patient-group-directions</p> | <p>Available via RCN medicines management clinical resources https://www.rcn.org.uk/clinical-topics/Medicines-management</p> |
| INQ0012523 | PM/16 | | <p>Prescribing in pregnancy https://www.rcn.org.uk/clinical-topics/Medicines-management/Prescribing-in-pregnancy</p> | <p>Available via RCN medicines management clinical resources https://www.rcn.org.uk/clinical-topics/Medicines-management</p> |
| INQ0012524 | PM/17 | | <p>Professional resources https://www.rcn.org.uk/clinical-topics/Medicines-management/Professional-Resources</p> | <p>Available via RCN medicines management clinical resources https://www.rcn.org.uk/clinical-topics/Medicines-management</p> |
| INQ0012525 | PM/18 | | <p>Medicine supply and administration https://www.rcn.org.uk/clinical-topics/Medicines-management/Medicine-supply-and-administration</p> | <p>Available via RCN medicines management clinical resources https://www.rcn.org.uk/clinical-topics/Medicines-management</p> |
| | | | <p>Diabetes Essentials - https://rcnlearn.rcn.org.uk/Search/Diabetes-essentials</p> <p>Overview of diabetes - https://rcnlearn.rcn.org.uk/Search/Diabetes</p> <p>Education, prevention and the role of the nursing team https://rcnlearn.rcn.org.uk/Search/Education-prevention-and-the-role-of-the-nurse</p> <p>Complications and treatments of diabetes</p> | <p>These are general RCN diabetes topics. Diabetes Essentials includes information on children and young people and diabetes. These are not relevant for neonatal nursing.</p> |

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| | | https://rcnlearn.rcn.org.uk/Search/Complications-and-treatment | |
| INQ0012580 | PM/61 | <p>Competencies: an education and training competence framework for administering medicines intravenously to children and young people https://www.rcn.org.uk/Professional-Development/publications/pub-006302</p> <p>Pub code: 006 302</p> | This was Published 20.11.17 following work by our Children and Young Persons forums. |
| INQ0012585 | PM/62 | <p>A cluster of medicines management resources on RCN Learn, grouped together here:</p> <p>Safety in numbers https://rcnlearn.rcn.org.uk/Search/Safety-in-numbers</p> | Last updated 22.08.22 clinical page |
| INQ0012586 | PM/63 | <p>Medicines management support and guidance https://rcnlearn.rcn.org.uk/Search/Medicines-management</p> <p>Tackling number problems https://rcnlearn.rcn.org.uk/Search/Tackling-number-problems</p> <p>Dosage for solid medicines https://rcnlearn.rcn.org.uk/Search/Dosage-for-solid-medicines</p> | <p>Last updated 19.08.22 clinical page</p> <p>Last updated 03.08.22 clinical page</p> |
| INQ0012594 | PM/64 | <p>Metric units https://rcnlearn.rcn.org.uk/Search/Metric-units</p> <p>Estimation</p> | Last updated 03.08.22 clinical page |

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| | | https://rcnlearn.rcn.org.uk/Search/Estimation Dosage for liquid medicines https://rcnlearn.rcn.org.uk/Search/Dosage-for-liquid-medicines Flow rate and IV drugs https://rcnlearn.rcn.org.uk/Search/Flow-rate-and-IV-drugs Patient Specific Directions and Patient Group Directions https://rcnlearn.rcn.org.uk/Search/Patient-specific-directions-and-patient-group-directions Medicine supply and administration https://rcnlearn.rcn.org.uk/Search/Medicine-supply-and-administration | Last updated 10.01.22 clinical page Last updated 03.08.22 clinical page Last updated 03.08.22 clinical page Last updated 03.08.22 clinical page Last updated 23.03.22. Last updated 03.08.22 clinical page |
| | What, if any, barriers inhibit nurses from raising concerns about the safety of babies in hospital and ensuring the quality of their care? | | |
| PM/24 | | Raising and Escalating Concerns. A guide for nurses, nursing associates, students and health care support works https://www.rcn.org.uk/Professional-Development/publications/raising-and-escalating-concerns-uk-pub-010-714 | Published 05.06.23. previous update was Nov 2020. |

INQ0012531

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| | | Pubs code: 010 714 | |
| | | Raising concerns toolkit https://www.rcn.org.uk/employment-and-pay/raising-concerns | Webpage – launched Nov 2020. Standard internal review in 2023. |
| INQ0012595 | PM/65 | Training materials | RCN Staff resource for 'Raising concerns' to facilitate learning to members, non-members and stakeholders |

Other relevant RCN guidance available on RCN's website

| Title | Entity ref / Link |
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| Accountability and delegation | https://www.rcn.org.uk/Professional-Development/Accountability-and-delegation Contains resources including a pocket guide for members |
| Bullying harassment and stress | |
| Definition and Principles of Nursing | |
| Managing stress | |
| Nursing Workforce Standards | PM/38 INQ0012546 |
| Nursing Workforce Standards FAQs | PM/66 INQ0012606 |

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| Prioritising personal safety | |
| Protection of Nurses Working with Children and Young People | |
| RCN Position on preserving safety and preventing harm – Valuing the role of the registered nurse | |
| Record keeping: The facts | |
| Safeguarding | PM/67 INQ0012611 |
| Safeguarding children and young people | PM/68 INQ0012612 |
| Statements, investigations and discipline | |

| RCND Advice Guides | | | |
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| | Document | Date of publication | Changes in advice from previous version |
| | Discipline | 11.12.2017 | <ul style="list-style-type: none"> • N/A no prior version available on system • Includes advice on investigations, suspensions, hearings etc |
| | Discipline | 20.12.2017 | <ul style="list-style-type: none"> • Separates out guidance on employment tribunals for England, Scotland and Wales from NI • Adds link to Labour Relations Agency for NI |
| | Discipline | 11.10.2018 | <ul style="list-style-type: none"> • N/A |
| | Discipline | 13.12.2018 | <ul style="list-style-type: none"> • Removes section on reading employers disciplinary policies and investigations (separate advice guide on investigations published). • Includes guidance in speaking to colleagues. Rewords the hearing process. • Removes section on disciplining union representative, capability and counselling, |
| | Discipline | 16.04.2019 | N/A |
| | Discipline | 13.10.2020 | N/A |
| | Discipline | 13.10.2022 | <ul style="list-style-type: none"> • Includes facility to contact the RCN online |
| | Discipline | 09.07.2023 | <ul style="list-style-type: none"> • Advice on keeping copies of correspondence. • Includes a section on personnel records. |
| | Discipline | 29.11.2023 Current version – page last updated 19.12.2023 | <ul style="list-style-type: none"> • Adds section on the contents of personnel file |
| | Duty of candour | 20.12.2017 | <ul style="list-style-type: none"> • N/A no prior version available on system |

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| | | | <ul style="list-style-type: none"> • Signposts to GMC and NMC guidance and the Francis report "Freedom to speak up review" |
| | Duty of candour | 11.10.2018 | N/A |
| | Duty of candour | 16.04.2019 | N/A |
| | Duty of candour | 13.10.2020 | <ul style="list-style-type: none"> • Rewritten to include more comprehensive guidance. • Includes sections on statutory duty, professional duty and candour in practice. |
| | Duty of candour | 02.02.2023 | N/A |
| | Duty of candour | 03.08.2023 | N/A |
| | Duty of Candour | 01.01.2024 | N/A |
| | Duty of care | 25.10.2017 | <ul style="list-style-type: none"> • N/A no prior version available on system • Includes information on legal and professional duty of care, what to do when duty of care conflicts with employer's instructions, being a 'Good Samaritan' and further information • Includes reference to the NMC Code of conduct re professional duty • Advises that the employer's indemnity insurance would not apply in a 'Good Samaritan' situation although the RCN indemnity insurance would |
| | Duty of care | 11.10.2018 | <ul style="list-style-type: none"> • Adds link to RCN referencing guide |
| | Duty of care | 16.04.2019 | N/A |
| | Duty of care | 13.10.2020 | <ul style="list-style-type: none"> • Adds more comprehensive guidance on the legal duty of care • Indicates a possible fitness to practice referral to the NMC may occur if the professional duty of care is breached • Recommends the use of DATIX or other incident recording systems to capture data regarding the concern raised |

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| | Duty of care | Current version – page last updated 24.07.23 | <ul style="list-style-type: none"> Updated to refer to guidance on safe staffing and unsustainable pressures |
| | Fitness to Practice (FTP) Concerns | 10.11.2016 | <ul style="list-style-type: none"> N/A-no prior version on system Includes advice on the NMC code, how to raise concerns, support and investigations |
| | Fitness to Practice Concerns | 09.08.2017 | N/A |
| | Fitness to Practice Concerns | 11.10.2018 | <ul style="list-style-type: none"> Adds a link on how to self-refer to NMC |
| | (NMC) Fitness to Practice Concerns | 16.04.2019 | <ul style="list-style-type: none"> Adds what the NMC is, where referrals come from and examples of what they will investigate. Provides links to NMC website for process information and virtual tour. Comments on registrants in unregistered roles. Advises that non registrants can be investigated if on register at time of incident, also on restoration to NMC. Advises to call RCND if received letter from NMC and obligation to inform employers if FTP questioned |
| | (NMC) Fitness to Practice Concerns | 13.10.2020 | N/A |
| | (NMC) Fitness to Practice Concerns | 25.06.2021 | N/A |
| | (NMC) Fitness to Practice Concerns | 30.06. 23 | <p>Comprehensive rewrite:</p> <ul style="list-style-type: none"> Makes it clear the NMC is set up to protect the public Includes determinations by other health and social care organisations in concerns investigated list Provides more information on when to self-refer and takes out the "what to do if facing investigation" section, covers in NMC investigations section Provides more information on restoration after striking off Provides information for overseas nurses and advice on RCN immigration service |

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| | | | <ul style="list-style-type: none"> • Provides information on member support services-counselling, financial, careers, peer support • Advice to tell new employers of FTP referral • Advice on RCN Legal Department support for members • Provides advice for witnesses • Provides guidance on career and restrictions on practice |
| | (NMC) Fitness to Practise Concerns | 29/11/2023 | <ul style="list-style-type: none"> • N/A |
| | NMC Fitness to Practise Concerns | 29/12/2023 | <ul style="list-style-type: none"> • |
| | Grievance | 17.11.2017 | <ul style="list-style-type: none"> • No earlier version available |
| | Grievance | 11.10.2018 | <ul style="list-style-type: none"> • Updated to refer to updated witnesses advice guide and remove reference to the guide on positive workplace relationships |
| | Grievance | 27.11.2018 | <ul style="list-style-type: none"> • Updated to refer to alternatives to a grievance – incident reporting, raising concerns, and complaints about bullying and harassment • Updated to reflect that it does not apply to Northern Ireland and refers to separate advice for NI • Updated to refer to ACAS Code • Updated to refer to ACAS advice on early conciliation • Updated to refer to disciplinary advice guide • Updated to refer to investigations advice guide • Further information updated links to reflect NI differences |
| | Grievance | 16.04.2019 | <ul style="list-style-type: none"> • Updated to reflect the need to take part in Early Conciliation before you can make an Employment Tribunal claim • Updated to explain RCN process for the support available for legal representation at Early Conciliation stage • Updated to provide links to RCN support for counselling, statements investigations and |

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| | | | discipline, and bullying harassment and stress. |
| | Grievance | 13.10.2020 | <ul style="list-style-type: none"> Update to link to employment tribunal, discrimination, and unfair dismissal resources |
| | Grievance | 20.09.2023 | <ul style="list-style-type: none"> Updated to give examples of what may lead to a grievance Updated to give guidance on when to contact the RCN and explain the importance of checking your employer's policy Updated guidance on grievance hearing Updated to refer to employment tribunal advice guide |
| | Grievance | Current version – page last updated 03.01.2024 | <ul style="list-style-type: none"> N/A |
| | Health and safety concerns | 17/11/2017 | <ul style="list-style-type: none"> No prior version available |
| | Health and safety concerns | 11/10/2018 | <ul style="list-style-type: none"> No apparent changes |
| | Health and safety concerns | 16/11/2018 | <ul style="list-style-type: none"> Updated to refer to the Assaults of Emergency Workers (Offences) Act 2018 |
| | Health and safety concerns | 16/04/2019 | <ul style="list-style-type: none"> Updated to give examples of health and safety concerns Guide shortened |
| | Health and safety concerns | 13/10/2020 | <ul style="list-style-type: none"> No apparent changes |
| | Health and safety concerns | 09/07/2023 | <ul style="list-style-type: none"> Updated guidance on causes of stress and managing stress and updated references to dealing with stress Updated reference to the Nursing Workforce Standards Updated reference to measures to protect against violence at work Updated guidance on hazardous substances – significant additional detail on types of exposure and risk including asbestos |
| | Health and safety concerns | Current version – page last updated 19.10.2023 | <ul style="list-style-type: none"> Updated to refer to RCN resources on health, safety, and wellbeing Updated to refer to specific guides on asbestos and violence in the workplace |

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| | Investigations | 08.09.2017 | <ul style="list-style-type: none"> • N/A-no prior version on system • Includes advice on preparing for the meeting, during the meeting and disciplinary action |
| | Investigations | 11.10.2018 | N/A |
| | Investigations | 16.04.2019 | N/A |
| | Investigations | 13.10.2020 | N/A |
| | Investigations | 03.02.2023 | <ul style="list-style-type: none"> • Signposts to advice on unsustainable pressures and raising concerns • Notes importance to raise concerns |
| | Investigations | Current version – page last updated 01.01.2024 | <ul style="list-style-type: none"> • Introduces “Tell us your story” the effect of staffing levels etc. • Link to dedicated investigation enquiry form |
| | Nursing and midwifery council (NMC) | 11.10.2018 | <ul style="list-style-type: none"> • N/A no prior version available on system • Advice on registration, preceptorship, revalidation, NMC investigations, restoration to the NMC register, registered nurses/midwives, working as HCA or other non-registered support roles and links to further information |
| | NMC referral support | 08.09.2017 | <ul style="list-style-type: none"> • N/A no prior version available on system <p>Advice on the NMC, member’s case, RCN support, career, financial support, self-referrals, changing employers, support for overseas nurses</p> |
| | NMC referral support | 11.10.2018 | <ul style="list-style-type: none"> • Adds links to further information and related topics |
| | NMC referrals support | 12.02.2019 | N/A |
| | NMC Referrals and hearings | 16.04.2019 | N/A |
| | NMC Referrals and support | 13.10.2020 | <ul style="list-style-type: none"> • Adds links to the RCN’s guide on legal representation by the RCN |
| | NMC referrals support | 07.06.2022 | <ul style="list-style-type: none"> • Includes a link to the RCN welfare service |
| INQ0012537 | PM/30 Police interview cautions and convictions | 11.10.2018 | <ul style="list-style-type: none"> • N/A-no prior version on system • Includes advice on attending a police interview under caution, arrest, police powers of |

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| | | | | disclosure, gross negligence/manslaughter charges, Implications of accepting a police caution, Informing the NMC, cautions, convictions and penalty notices, disciplinary procedures at work that relate to the offence, Informing your current employer of a caution or conviction If you are a nursing student, renewal of NMC registration, Nurses with drug or alcohol related convictions, further information |
| INQ0012538 | PM/31 | Police cautions, convictions and criminal procedures | 16.04.2019 | N/A |
| INQ0012539 | PM/32 | Police cautions, convictions and criminal procedures | 11.08.2020 | <ul style="list-style-type: none"> Includes advice on gross negligence, manslaughter charges and taking part in a protest |
| INQ0012540 | PM/33 | Police interview, cautions and convictions | 19.10.2020 | <ul style="list-style-type: none"> Includes advice on driving offences |
| INQ0012541 | PM/34 | Cautions, convictions and interviews (RCN website) | Current version - page last updated 13.07.2023 | <ul style="list-style-type: none"> Advice guide rewritten. Format changes although much of the content remains the same. Includes enforcement powers of regulatory bodies. Provides link to separate document on guidance for members on attending a demonstration or protest. |