MAKING YOUR VOICE HEARD

The Whistleblowers Guide for Nurses
The 4:1 campaign supports Patients First and acknowledges support from Patients first in writing this guide.

Patients First

www.patientsfirst.org.uk

If you would like more information on creating positive change in your workplace please visit Public World. Their guidance provided much of the material for this pamphlet.

www.publicworld.org

The 4:1 campaign is also supported by Unite the Union
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Introduction

This guide is a collaboration between the 4:1 Campaign and Patients First. Its aim is to provide nursing staff, whether working in primary care, acute, psychiatric or community settings, with a guide on your rights and duties at work.

An essential duty is knowing how to raise concerns about understaffing and under resourcing which may risk poor care in your workplace. After the scandalous events in Mid Staffordshire we all know the price of not effectively raising concerns.

Nurses are increasingly faced with challenges imposed by staff cuts and austerity in the NHS. Cuts may well deprive services of the necessary staff and resources to carry out our work safely, and place greater burdens on nursing staff as they are forced to cover the work of other nurses and other specialities.

For nurses who wish to challenge this, it is essential you understand the concept of the "duty of care", how this applies to yourself and your obligations, your employer and the patients. This will better equip you to raise concerns and challenge unsafe practice by staff, management and NHS organisations.
Duty of Care
The Duty of Care

All nurses have a duty of care to patients, colleagues and themselves. This duty of care is present at all times.

The courts have said that the standard of care that can be expected of any individual health care worker is the standard of a “reasonable man or woman” whilst for professional staff such as nurses, the standard is of “the ordinarily competent” professional of that particular type.

That means that while a healthcare professional does not have to be the best nurse, they must practise at the standard of the “reasonably competent” practitioner. Such an ordinarily competent skilled healthcare professional is expected to:

- Keep their knowledge and skills up to date
- Provide a service of no less a quality than that to be expected, based on the skills, responsibilities, and range of activities within their particular trade or profession
- Know what must be done to ensure that the service is provided safely
- Keep accurate and contemporaneous records of their work
- Not delegate work, or accept delegated work, unless it is clear that the person to whom the work is delegated is competent to carry out the work concerned in a safe and appropriately skilled manner
- Protect confidential information except where the wider duty of care or the public interest might justify disclosure
- Comply with statutory duties such as those around health and safety, equality and human rights
- Draw to the attention of appropriate persons any concerns that they are not able to meet those standards.

These requirements apply whatever setting you work in, whatever the nature of your employment, and whether your employment is within the NHS, the private sector or the voluntary sector.

Across healthcare, a range of policies, protocols, and standards assist compliance with the duty of care and help achieve effective practice within each service and within each episode of care, treatment, support and advice.

Your employer’s framework of “clinical governance” should complement these specific policies, protocol and standards. You are expected to know and understand the policies, protocols and standards that apply to your particular profession and service. Any working arrangements or proposals for service delivery and available resources must ensure the staff duty of care can be met and take proper account of authoritative guidance in doing so.
Your employers Duty of Care

All NHS Organisations have a duty of care towards all patients and employees. They must:

- Provide a comprehensive and integrated health service.
- Be able to demonstrate that appropriate priorities have been chosen within the available resources.
- Ensure that patients and their carers have been appropriately consulted and informed about their care and treatment.
- Ensure that patients and their carers (and staff) have been treated in a manner that accords with the equality and human rights duties of the provider.
- Ensure, insofar as is reasonably practicable, that the environment within which staff are treated and cared for, and the equipment and substances used, are safe.
- Ensure that those providing care, treatment and advice are able to practice safely and carry out their duty of care (and that of the employer) to each patient.

Since the NHS does not have limitless resources, it is not possible for the NHS as a whole, or any individual NHS provider, to undertake every possible operation or provide care in all conceivable circumstances. Therefore, failure to do so would not necessarily be a breach of its duty of care.

However, the courts have made clear that the healthcare provider must ensure that whatever is done is done safely and competently, that what cannot be done is made clear and that treatment and advice are provided with appropriate priority and urgency.

Failure to do so opens a healthcare provider to an allegation of breaching its duty of care, and this can provide staff with a useful benchmark for decisions about issues such as workloads and skills mix. That means employers must be able to demonstrate they have taken reasonable practicable step to ensure that the work environment in which staff practise is itself safe and that their staff are able to meet their own duty of care as set out above. Employer should do this by complying with minimum requirements of professional regulatory bodies, conducting regular risk assessments and responding with appropriate urgency and timeliness to any concerns staff or patients draw to their attention.

Employers can be held vicariously liable for any breach of the duty of care owed to an individual, whether a patient or employee.
Duty of Care

All employees have obligations and rights. Some of these are to be found in your written “statement of terms and conditions”, and include details of job title, salary, holiday entitlement, and hours of work. It should also refer to other documents, such as the job description, the employer’s disciplinary and grievance procedure, clinical protocols and standards, and works rules including health and safety arrangements.

Together these documents constitute your written contract of employment, but some other “implied” duties, developed through jurisprudence, are assumed to be part of every contract of employment.

**These include an obligation on an employer to:**

- Employ a competent workforce
- Provide a safe working environment
- Take reasonable care for the safety of the employee including as set out in current health and safety legislation
- Act in good faith towards the employee and not act in a way that undermines the trust and confidence of the employment relationship
- Behave reasonably towards their employees
- Not breach, or cause their employees to breach, any statutory duty they are owed or owe
- Deal promptly with grievances
- Act in good faith and fidelity
- Not act arbitrarily, capriciously or inequitably.

**Employees, for their part, must:**

- Obey reasonable and lawful orders;
- Take care of the employer’s equipment;
- Co-operate with their employer
- Exercise skill and care in the performance of their work
- Comply with any responsibilities arising from their status as a registered professional

Understanding these terms helps you know when and how you can and must question, challenge or refuse to carry out instructions or accept working conditions that are unsafe for your patients or for you.
The Duty of Care in relation to understaffing and lack of resources

Workloads, staffing and skill mix are the most common issues that healthcare professionals raise concerns about. Labour costs are the largest single cost in healthcare. Rising healthcare demand from a growing population and an increasing proportion of elderly patients has led to very high bed occupancy levels and very high caseloads for community nurses such as district nurses, community psychiatric nurses, learning disability nurses, health visitors and school nurses. Real terms NHS funding is being cut. Resources are under immense pressure.

Employers are seeking to reduce staffing costs in particular by:

- Reducing the numbers of staff
- Diluting the skill mix so that more lower paid (and less skilled) staff are deployed, transferring doctors work to nurses or nurses’ work to healthcare assistants, for examples
- Getting staff to work more intensively
- Reducing pay, terms and conditions including by outsourcing.

These are very likely to have a negative impact on patient care and staff wellbeing, and must be responded to accordingly.

The NMC Code of Conduct for nurses states:

- You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk
- You must inform someone in authority if you experience problems that prevent you working within this Code or other nationally agreed standards
- You must report your concerns in writing if problems in the environment of care are putting people at risk

Cuts may well lead to situations where there a insufficient resources, lack of competent staff or lack of supervision. Your duty of care requires you to raise these issues with management as the environment created by cuts puts patients and staff at risk, and compromises your ability to carry out your duty of care. This is not an optional extra if you’re feeling brave that due. You owe a duty to patients to do so, and risk being blamed if something subsequently goes wrong and you haven’t raised a concern.

The effects of understaffing and cuts cannot be used as a defence of poor care by yourself, unless you have previously brought the situation to the attention of management, as you are required to in your code of conduct.
If you knew, or might reasonably have been expected to know, that there were insufficient resources (appropriately competent staff or equipment for example) then you must raise your concerns about this to an appropriate person, normally your line manager in the first instance.

It is not any defence to argue that you were “instructed” to work unsafely or that everyone else thought it was safe or appropriate. You must raise your concerns about unsafe staffing levels and lack of resources with management, otherwise you have failed your duty of care to raise concerns about conditions which are detrimental to patient safety.

The NHS and individual Trusts are expected to prioritise the care, support, treatment and advice required and to ensure that the standards of care, treatment, support and advice remains at the level which should be provided by ordinarily competent professionals.

A failure by an NHS Trust to provide all the services required at the time and place where they are needed does not mean they have breached their duty of care since there are not limitless resources in the NHS or elsewhere.

However, the obligation of an employer, manager and healthcare professional is to:

- Ensure that what is actually done is done safely and appropriately
- Make clear what cannot be done, or at least be done safely
- Ensure the patient is treated with the appropriate urgency.

So is staff numbers or services resources are reduced due to cuts, resulting in there being too few staff to undertake certain work or roles safely, then an employer may:

- Prioritise some work and stop other work
- Bring in additional staff in sufficient numbers with the right skills to assist with the work
- Change the way some work is done as long as the new arrangements meet the employer’s and the staff duties of care.

What the employer cannot do is to spread the available resources so thinly that what is expected to be done cannot be done safely. If they do this, employers are violating their duty of care towards staff and patients. In this situation staff can insist that their management reduce their workload to a safe level, or bring in extra resources or staff to meet the needs of the service, or reorganise the work to ensure staff are able to do it safely and meet their duty of care.

Management who do not do this are likely to be violating their, and their staffs, duty of care.
**Responding to understaffing and lack of resources**

If you have good reason to believe that workloads, skill mix, working environment or other working arrangements may not be safe then your duty of care requires you to raise your concerns and not stay silent.

This could involve:

- Collating the evidence of the potential risk or harm and identifying specific concerns
- Cross-checking these concerns against relevant trust or national policies and protocols
- Discussing these issues with colleagues
- Thinking about how to raise concerns and ensuring they are recorded
- Resolving issues with management when possible and, if that doesn’t happen, involving your union or professional body
- Ensuring that a clinical risk analysis and a staff health and safety risk analysis are undertaken if there are significant changes to workloads, staffing levels, skill mix or other working arrangements.

The following pages are on the steps to take when raising concerns.
RAISING
CONCERNS
ABOUT
UNSAFE
CARE
Raising Concerns
RAISING CONCERNS
Step 1. Raising Concerns

When conditions are unsafe due to understaffing, the first requirement is to raise the issue with management. This can be done informally, but we recommend you also confirm your concerns in writing or submit an incident report straight away, so you have a record of raising them.

Way to raise concerns:

Informal discussion followed by an email

This could be through a conversation, on the ward, in the lab, or at a health centre, with your manager. It’s important to follow the conversation with a short low key email confirming the concern you wish to raise, the clarification you seek, or the action agreed in the conversation.

In a formal discussion followed by an email

If your concern or your situation makes an informal discussion inappropriate, you might need to arrange a formal meeting with the appropriate representatives of your employer. In seeking such a discussion, you might set out your concerns in writing, or it might sometimes be better to place them on the record in an email afterwards, possibly by suggesting towards the end of the meeting that you will write to set them out with any evidence. It is important to spell out the specific risks to patients or service users rather than make general comments about matters being “unsafe”. Sometimes it can be more appropriate or effective to raise your concern as a question and ask for advice on how it should be addressed.

In a meeting, such as a team meeting

Raising a concern during a team meeting can have a double benefit because others may chip in and corroborate your views or endorse your concerns. If so make sure those concerns are recorded in any minutes or drop your manager an email confirming them afterwards. And if others don’t share your concerns, it’s best to know where you stand. Make sure your concern is recorded appropriately in the minutes. If it is not, or if it is recorded incorrectly, then send a low-key note to everyone at the meeting with your suggested wording. In any email keep the tone polite and do not knowingly exaggerate.

In the notes of supervision

Your employer’s clinical supervision policy will normally require that key concerns and outcomes are recorded and agreed. If they are not, or not accurately, again correct them with a low key email.
**In an incident report**

Your employer will have procedures for logging incidents, near misses, concerns and risks. Precisely how this is done may vary so you will need to check your local procedures for:

- Notifying untoward incidents
- Logging near misses
- Asking that concerns be placed on the clinical risk register

**Make sure you keep a copy of any report you make.**

Many NHS Trust incident alert systems (e.g. Datix) now alert managers if they have been notified of an incident and have not yet responded.

If staffing levels are unsafe due to cuts or lack of cover for sickness, you must submit an incident report. This counts as having raised the issue with management and having fulfilled your duty of care by bringing the matter to management’s attention.

Incident reports are collected by all Trusts, they are your proof that you have raised the issue. When submitting a report, make sure to make a copy of the report for your own records. This may be necessary to demonstrate when you first raised concerns.

Although reports can be long and time consuming to submit, especially at the end of a long and busy understaffed shift, it is absolutely necessary that you do this to raise the issue and to fulfil your duty of care.

Incident reports serve as valuable data which can be used by hospitals and researchers to demonstrate where conditions are unsafe, to track trends in adverse incidents and identify where changes need to be made. If your ward or department suffers from chronic understaffing, ensuring your management receive copious incident reports is one way to highlight this.

Sometimes you may find that your concerns were not as serious as you thought. That doesn’t matter as long as you had a "reasonable belief" you were correct. Better safe than sorry.

**In a health and safety report**

Anything that poses a reasonably foreseeable risk should be risk assessed. This applies whether it is a concern about workloads, equipment, stress, working alone in the community, and so on. Any member of staff is entitled to ask if a risk assessment has been, or will be, undertaken. Alternatively, a health and safety representative can ask. Your local policy should explain how risk assessments are done, when, who by and your own involvement in them.
Gathering Evidence

To support your case, you will need to gather as much evidence as possible. Evidence may take the form of:

- Witness statements from colleagues, service users, or carers to corroborate your claims, but make sure such statements are dated and signed and that witnesses are prepared to stand by their evidence under challenge.

- Records of previous adverse incidents, your employer’s risk register might show this.

- Health and safety data on accidents and illness, and risk assessments.

- Survey information and data on staffing levels, caseloads and workloads.

- Monitoring data on discrimination showing how particular groups of staff or service users have been treated.

- Data on the health needs of the local community, in the form of reports to NHS Trust Boards and local authority Overview and Scrutiny Committees which may also include information on cuts and future plans for services.

Always check your employer’s policies and procedures, established good practice, or legal requirements. These can show a discrepancy between what happened and what should have happened.

Anyone can submit a Freedom of Information claim for almost any information an NHS organisation holds by sending an email to the organisation’s Freedom of Information officer who must reply within 20 working days. If you make a request too large it can be refused or charged for, so it can be better to send two short requests rather than one long one.

Management response

The NMC has made clear in its most recent guidance how managers are expected to SUPPORT staff raising concerns (http://www.nmc-uk.org/media/Latest-news/ Helene-Donnelly-to-launch-updated-NMC-guidance-on-Raising-Concerns-for-nurses-and-midwives/).

Talking to colleagues

It’s important to discuss any issues with your colleagues, if they share similar concerns you should encourage them to raise the concern together. Workplace meetings, whether part of the workplace like ward or team meetings, or those organised by unions are places to discuss issues and make the case for raising them collectively. Raising issues collectively ensures you are not alone and you have the support of workmates if you encounter obstruction, bullying or intimidation by management or other colleagues.
Step 2. Escalating Concerns

Written concerns to senior managers

If you have submitted incident reports and raised the issue informally and formally with local management and they have not acted to resolve the issue, then the next step may be to submit your concern in writing to senior management. This may be as a formal "whistleblowing" claim (see below)

This could take the form of a letter to the Director of Nursing or Chief Nurse, names Trust Board member or Chief Executive laying out your concerns and demonstrating your evidence.

If you have discussed the issue with colleagues you should submit a collective letter from you all laying out your concerns, and what you think can be done to resolve the issue.

Submitting a collective letter prevents any one individual being singled out for scapegoating or victimisation. It is not a guarantee but will make it harder for management to paint you as a troublemaker or isolate you. If you cannot put your concerns forward collectively, make sure you have sought the advice of a union, a lawyer or whistleblower support group like Patients First.

If you are raising concerns on your own, you should certainly consider whether you need to make a formal whistleblowing claim using the Trust procedure.
Making a formal whistleblowing claim

This should be your last resort, either because other means have failed or because the matter is so urgent it needs to avoid the usual timescales. If you make such a claim, it is very important that you set out:

- What your concerns are about
- Why a whistleblowing claim is necessary
- What risks you are identifying
- What you want done

Before making such a claim, it is essential to take advice, having consulted your employer’s policy on whistleblowing.

Remember, you are protected by the nursing code of conduct in raising issues. You are required to bring any issue which puts patients at risk or prevents you meeting nationally agreed standards or fulfilling your duty of care. If senior management, the Director of Nursing, Medical Director, the Board or Chief Exec are not acting on your concerns, or are attempting to silence you then they are violating their duty of care, and can be held accountable.

Management have a duty of care towards you and the patient to ensure the environment you work in is safe, and allows you to carry out your work and meet your duty of care to your patients. Do not let them discourage you from raising concerns. It is your duty to the patient, your colleagues and yourself to raise issues which may be harmful, like chronic understaffing or cuts which rob a ward or department of vital resources.

Ensure you check what your employer’s "whistleblowing procedure” states. Now guidance from NHS Employers makes clear concerns should be taken seriously and there should be NO victimisation of staff who do raise concerns (http://www.wbhelpline.org.uk/resources/raising-concerns-at-work/)
Step 3. Finalising Concerns

If you have raised your concerns with senior management, with the hospital Board of Directors and/or Chief Executive (using the whistleblowing policy if necessary) and not seen any appropriate response, your next step is to raise the issue with a regulatory body.

The main regulatory body for the NHS is the Care Quality Commission. Disclosures to the CQC are protected under the Public Interest Disclosure Act 1998, if they meet certain criteria.

Protection for whistleblowers was introduced by the Public Interest Disclosure Act 1998 (‘PIDA’), which amended the Employment Rights Act 1996 (‘ERA 1996’). It protects whistleblowers from being dismissed or treated detrimentally after making a ‘protected disclosure’. A protected disclosure is a ‘qualifying disclosure’ that has been made to a particular category of person under the law.
A 'qualifying disclosure' is the disclosure of information which in the reasonable belief of the worker shows one or more of the following types of wrongdoing:

- That a criminal offence has been committed, is being committed or is likely to be committed;
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject;
- That a miscarriage of justice has occurred, is occurring or is likely to occur;
- That the health or safety of any individual has been, is being or is likely to been dangered;
- That the environment has been, is being or is likely to be damaged; or
- That information tending to show any matter falling within any one of the preceding paragraphs (a) to (e) has been, is being, or is likely to be, deliberately concealed.

In order for a qualifying disclosure to be a protected disclosure it needs to be made to a category of person detailed in PIDA. The law encourages disclosure to the employer (internal disclosure) as the primary method of whistleblowing.

Disclosure to an employer is a protected disclosure if it is made in good faith.
In some circumstances, disclosures to third parties are also permitted as follows:

- Responsible third parties. Where the worker reasonably believes a third party (such as a client or supplier) is responsible for the wrongdoing, they can report it to that third party in good faith, without telling their employer.

- Prescribed persons. Parliament has approved a list of ‘prescribed persons’ to whom workers can make disclosures in good faith, provided the worker believes the information is substantially true and concerns a matter within that person’s area of responsibility. They include HMRC, the Health and Safety Executive and the Office of Fair Trading. There is no need to alert the employer.

- Government ministers. Workers employed by a person or body appointed under statute can report matters in good faith to the relevant minister.

- Legal advisers. Workers can disclose matters to their legal adviser in the course of obtaining advice.

**Wider disclosure.**

Disclosure to anyone else is only protected if the worker believes the information is substantially true and acts in good faith, not for gain. Unless the matter is “exceptionally serious”, they must have already disclosed it to the employer or a prescribed person, or believe that, if they do, evidence would be destroyed or they would suffer reprisals. Disclosure to that person must also be reasonable. If the information is a qualifying disclosure, and made to the appropriate person as detailed above, then it will be a protected disclosure provided that:

- It is made in good faith; a disclosure motivated by malice or personal gain will not qualify for protection.

- The information and any allegation contained within it is believed by the person making the disclosure, and the belief is reasonable;

- It is not made for personal gain;

- It is reasonable in all the circumstances of the case to make the disclosure.
Who is Protected – and against what?

The law offers protection to ‘workers’, which has a broad definition including employees, agency workers, freelance workers, seconded workers, home workers and trainees. The dismissal (including constructive dismissal) of an employee will be automatically unfair if the reason, or principal reason, is that they have made a protected disclosure. The same applies to selection for redundancy.

There is no qualifying minimum period of service, and the damages recoverable in the event of an unfair dismissal for reasons of having made a protected disclosure are not subject to the usual statutory cap that applies to unfair dismissal and are potentially unlimited.

It is unlawful for an employer to subject one of its workers to a detriment (including threats, disciplinary action, loss of work or pay, or damage to career prospects) on the ground that they have made a protected disclosure.

Whether an employer is "vicariously liable" for reprisals meted out to a whistleblower by colleagues or other third parties has been clarified recently, remains unclear although the law has been improved recently. Whistleblowers can now bring claims against fellow employees, not just their employer, if they are victimised by co-workers for raising concerns. Employers can also be vicariously liable for actions of their staff who subject a whistleblower to "unfair treatment", bringing the protection in line with discrimination protection under the Equality Act 2010.

As with all areas of vicarious liability, employers will need to show that they took all reasonable steps to prevent workers from victimising people who raise concerns. They will need to show that they have taken steps to ensure whistleblowers are not victimised and that staff understand that any ill-treatment towards whistleblowers will not be permitted.

When you raise the concern with the CQC you can ask them to conduct an inspection, or unannounced inspection of your workplace to check your claim. Disclosures to the CQC can be anonymous but are much more effective if they are not.
Step 4. Taking it to the Public

If you have raised your concerns with senior management, with the Directors and Board of the hospital or service, and raised them with the CQC, and the situation has not changed, one of the last resorts is going to the media and the public.

The media and social media can be powerful tools. Media coverage can be a great ally. However it is essential that you are very careful about how you use them. Most health service organisations have a policy restricting the right of their staff to speak to the media or posting information on Facebook or Twitter. You don’t want to be on the wrong end of disciplinary action when you want the focus on your concerns about care standards.

It is generally unwise to speak with the media until you can demonstrate you have tried to raise and resolve your concern internally. There may be exceptions where a matter is so urgent and poses such a risk that you should “go public”, but take advice before doing so.

Ask yourself:

- Are you sure you want to tell the media about what is happening?
- Is it the right time?
- Is it necessary at all?
- Are you sure of your facts?
There can come a time when involving the media is necessary and desirable – but don’t make that judgement by yourself: take advice first.

If you speak openly then your employer may well challenge you, but if you have followed procedures you may be legally protected. If you speak anonymously it may be harder to target you but your employer may have suspicions as to who has spoken to the press anyway, and you might have breached procedures.

Whatever media you are using, be extremely careful to protect patient confidentiality unless you have the explicit permission of the patients concerned, and are sure you won’t accidentally compromise other patients or staff confidentiality.

There is legal protection for workers who take concerns to the media under PIDA. A number of additional tests apply when going outside the hospital or regulatory bodies, including:

- Whether it is an exceptionally serious concern.
- Whether the matter has already been raised.
- Whether there is good reason to believe that the individual will be subject to a detriment by his employer if the matter were raised internally or with the appropriate regulator.
- Whether disclosure was reasonable given all the circumstances.

PIDA covers all workers including temporary agency staff, people on training courses and self-employed staff who are working for and supervised by the organisation. It does not cover volunteers. It also makes it clear that any clause in a contract that purports to gag an individual from raising a concern that would have been protected under PIDA is void.

Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of PIDA, they can bring a claim for compensation in the Employment Tribunal. Awards are uncapped and based on the losses suffered.

You may wish to see the national guidance to employers about social media.

However, remember, though PIDA may provide protection if you suffer detriment it may not stop your employer trying to single you out.
CAMPAIGN FOR CHANGE
Step 5. Campaign for change

Nurses duty of care is a powerful tool to protect patient safety and prevent dangerous situations arising due to poor management decisions or ill advised cuts and austerity.

The fact that this guide has been written points to serious failings within the healthcare system both in its provision of safe care, and in its openness, honesty and transparency when dealing with concerns raised by staff about incidents and potentially harmful situations.

These issues will not be resolved by nurses whistleblowing, but require more systematic change in the NHS, in the way it operates, governs itself, its management culture and its use of resources.

The 4:1 campaign and Patients First were set up to address specific issues, the appalling understaffing across NHS hospitals, and the continued victimisation and gagging of whistleblowers within the NHS. Both organisations are committed to campaigning to improve the NHS and make it better for patients and staff.

Whistleblowing is a very individual undertaking, and while absolutely necessary, it cannot create the same change that collective action can. Nurses who seriously want to address understaffing need to get organised to start excercising their power as nurses and as healthworkers to press for the improvements and changes we need to make the NHS better.

Nurses can join and become active in their union and, can organise staff forums where staff can raise concerns in a supportive environment, form a 4:1 campaign group and lobby NHS management for mandatory minimum staffing levels, or join Patients First and support other whistleblowers raising concerns and standing up to management.

Developing collective organisation in the workplace empowers staff to raise concerns, and can develop their power and ability to oppose decisions which are detrimental to patient and staff safety. We urge all who read this guide to join their unions, participate in campaigns, develop workplace organisation and become active in trying to change the NHS for the better.
What is 4:1?

4:1 is a grassroots campaign of nurses who want mandatory minimum staffing levels to be implemented in the NHS. We are arguing for ward-appropriate mandatory minimum staffing ratio for nurses, so for example, for every 4 patients there is 1 nurse, with more staff as required by specialist wards or units.

We have members of UNISON, the RCN and UNITE who believe that mandatory minimums are needed to safeguard quality patient care and provide us with a safe working environment.

4:1 is open to all NHS staff, health workers and supporters of the health service to join.

Contact us:

Fourtoonecampaign@gmail.com

www.4to1.org.uk

Facebook: 4:1 Campaigning for mandatory minimum staffing levels in NHS services

Copies of leaflets, petitions, model motions and letters are available on the 4:1 website.

What is Patients First?

Patients First are nurses, doctors, managers and other staff who have made patients their first concern by raising concerns about poor standards of care and unsafe practice and in doing so, have often suffered reprisals in the workplace for highlighting such concerns.

PF is a network of such health professionals & their supporters. We work to protect whistleblowers and create an NHS where they are no longer needed.

Our purpose is to reduce death and harm in the NHS by campaigning for the UK Government to create policies and laws that ensure the NHS becomes open and accountable and we will actively support all those who raise concerns about patient safety.

Contact us:

patientspfirst@aol.com

www.patientsfirst.org.uk
**What you can do:**

Submit an incident report whenever there is understaffing in your ward or department.

Fill out our staffing survey on: surveymonkey.com/s/staffingratiosurvey

Send in your Nursing experiences to our website or email*  

Sign our 38 degrees petition: you.38degrees.org.uk/p/4to1

Join 4:1 and start distributing the pamphlet in your hospital.

Send in your ideas for campaigning and organising.

Form a campaign group at your hospital

Ask your union branch to support the campaign

Write to the press saying you support mandatory ratios.

*Confidentiality will be maintained; no names or specific wards or Trusts will be revealed publicly unless permission is given by you individually.
MAKING YOUR VOICE HEARD