Whistleblowing and Guidance for Student Nurses and Student Midwives

Whistleblowing

The official name for whistleblowing is “making a disclosure in the public interest”. It means that you have a reasonable and honest suspicion there is wrongdoing which affects others in your workplace (e.g. poor care, fraud, safety rules or guidelines have been broken, risk or malpractice). Generally when someone “blows the whistle” they are raising a concern about a danger or illegality that affects others (e.g. clients, members of the public or their employer). The person blowing the whistle* is usually not directly, personally affected by the danger or illegality (HMSO, 1998; Public Concern at Work, 2014; Scottish Government, 2011). Consequently the whistle-blower rarely has a personal interest in the outcome of the investigation with their concern.

*Importantly the whistle-blower is raising the concern so that others can address it.

This is different from a complaint where the individual is seeking redress for themselves (e.g. grievance or bullying and harassment) and has a vested interest in the outcome. The individual, therefore, is directly involved in the process and in presenting the evidence to support the concern. In this situation the whistleblowing guidance would not be the most appropriate route for dealing with such a concern. If you are making a complaint regarding personal ill treatment, in these circumstances, you should follow your university or employers complaints procedure.

In some situations, it may be difficult to make the distinction between a complaint and whistleblowing and advice should be sought from an appropriate source such as your University (e.g. Personal Tutor or Programme Leader).

Terms used within the Whistleblowing Guidance for Student Nurses and Midwives

Safeguarding

Safeguarding the health and wellbeing of those in your care means that clients, carers and the wider public should not be exposed to abuse (NMC, 2013). Safeguarding covers a range of activities aimed at upholding an adult’s fundamental right to be safe. Included in this is the right for a person to be safe from financial exploitation (financial misappropriation).

Financial Misappropriation

Financial misappropriation (or asset abuse) is characterised by the misappropriation of an impaired person’s funds, property, or assets by dishonest or self-serving means. In the UK financial abuse is the second most prevalent type of mistreatment after neglect (Crosby et al. 2007) and includes financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits (Department of Health, 2000). Misappropriation of finances in health care also extends to theft or fraudulent behaviour relating to NHS or independent sector property.
**Malpractice**

This would be improper, illegal or negligent behaviour by anyone in the workplace. Complaints about alleged malpractice or impropriety should be dealt with according to the Public Interest Disclosure Act (1998). Allegations of malpractice will be investigated within the requirements of whistleblowing.

**Victimisation**

This is any detriment carried out against a student nurse or midwife because a disclosure was made. This potentially covers a wide range of unfavourable treatment including failure to pass the clinical experience, refusal of training or other opportunities, unjustified disciplinary action, bullying or harassment. The University recognises that the decision to report a concern can be a difficult one to make, not least because of the fear of reprisal. The University will not tolerate victimisation and will take action to protect you when you raise a concern in good faith.

**Your responsibilities as a Student Nurse or Student Midwife**

The University operates an open, ‘no blame’ culture in which students and staff can safely raise concerns about malpractice, risks or issues which may cause harm to patients, clients and carers. In the pursuit of service excellence and patient care, Edinburgh Napier University encourages all staff to seek continuous improvement in the way in which they carry out their day to day responsibilities. As a student nurse or midwife you have a responsibility to make the safeguarding and personal interests of patients, clients and carers a priority and take action where required to protect them if you consider they may be at risk (NMC, 2013). Regardless of the context of care delivery it is important that you are aware of the mechanism to report concerns appropriately so that at all times you are practicing within The Code: Standards of conduct, performance and ethics for Nurses and Midwives (NMC, 2008).

You may worry that raising a concern may feel disloyal to those with whom you work; however the health, wellbeing and safety of members of the public and those in your care must remain your primary concern. Raising a concern in a timely manner can prevent harm or injury and prevent more serious or significant events arising.

**Key stages in the whistleblowing process**

1: If you have a concern – raise it immediately. If you are aware or concerned about misconduct taking place that you think may damage or undermine the interests of the wider public or put someone at risk of harm, seek help immediately by informing your Mentor, Nurse or Midwife in Charge or Supervisor of Midwives. We undertake that if you raise a genuine concern under these guidelines, these will be treated seriously and sensitively and you will not be at risk of suffering any form of retribution as a result. Providing you are acting in good faith, it does not matter if you are mistaken.

2: If you have raised the matter directly with clinical staff, you should also notify the issue to the Link Lecturer/Practice Education Facilitator allocated to the clinical area or your Personal Development Tutor at the earliest opportunity. Please complete the Reporting Form so that you can note relevant details regarding the concern. Please use this form only to document relevant details,
there should be no patient identifiable details recorded. This should then be discussed with and passed to your Link Lecturer within your university.

3: Once you have told us of your concern, details recorded on the reporting form will then be passed to the Chair of the Practice Learning and Education Committee (within 24 hours). The completed form will facilitate communication with our practice partners and will inform their internal investigation process. At this point you may be asked for additional details but only where necessary. If requested to do so please contact your PDT to obtain their support. Any investigation is essentially a fact finding exercise to establish whether any further action is necessary.

4: Following completion of any investigation the student who raised the concern will be informed when the process is complete and any appropriate action that has been taken to resolve the matter. Feedback provided to the student will be for learning purposes and subject to any confidentiality clause and/or legal constraints.

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<th>Key points to remember</th>
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<td>1 Take immediate action if you have a concern</td>
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<td>2 Ensure that your concern is escalated immediately to a Senior Nurse or Midwife</td>
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<td>3 Protect client confidentiality</td>
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<td>4 Refer to the university whistleblowing guidance to lead you through the process</td>
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<td>5 Record your concerns and any action taken on the Whistleblowing Reporting Form</td>
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<td>6 Maintain contact with your PDT who will offer on-going support until the investigation is complete</td>
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References


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