LEADERSHIP IN PRACTICE | MODULE 09

Safety, candour, complaints and speaking up

Respond to concerns as information for safety, with immediate action, fair process and reliable follow-through.

✓ 17 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education	This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

First protect patients and staff. Then preserve facts, listen without retaliation, use the correct local process and keep the person informed. A concern is not an inconvenience to manage away.

Three next actions

- Know the urgent clinical escalation and Freedom to Speak Up routes in your organisation.
- When a concern arrives, record immediate risk, action and ownership.
- Set a date to update the person even if the investigation is not complete.

Learning objectives

- Respond to safety concerns, complaints and speaking-up issues without collapsing their different processes.
- Protect immediate safety while preserving evidence, fairness and candour.
- Close the organisational loop with proportionate feedback and visible learning.

Why this matters

The first hour after a serious concern has several purposes. Patients and staff may need immediate protection. Facts and records may need preservation. People affected may need honest communication and support. The organisation may need to decide which clinical, employment, safeguarding, complaints or speaking-up process applies. Acting quickly does not require reaching a premature verdict.

Leaders damage trust when they treat a concern mainly as a threat to reputation. They also create unfairness when every report is assumed to prove wrongdoing. A safe response protects people, separates processes, uses evidence and returns with learning.

The first hour has more than one purpose

Begin with immediate clinical or personal safety. Arrange care, senior review, staffing change, safeguarding action or temporary controls as required. Preserve relevant records and identify who will coordinate the response. Avoid altering documentation or asking people to produce a shared account before individual recollections are secured.

Support matters too. Patients, families and staff may need a named contact and an explanation of what is known. People directly involved may be distressed. Support should not depend on a conclusion about blame, and it should not interfere with a fair review.

Do not collapse different processes

An incident review asks what happened and how safety can improve. A complaint responds to a person's experience and concerns. Duty of candour has defined professional and organisational requirements. A conduct or capability process examines an individual's practice through a fair employment or regulatory route. Speaking-up arrangements provide channels and protection for concerns. These processes may interact but are not substitutes for one another.

At the outset, record which questions each route is expected to answer and who owns it. Sharing relevant information may be necessary, but a complaint response should not silently become a disciplinary finding, and an incident review should not be designed primarily to prove an individual's fault.

Candour is more than a carefully drafted letter

Candour requires timely, honest and compassionate communication when things go wrong. Explain what is known, apologise appropriately, describe what will happen next and provide a contact. Do not wait for every detail before acknowledging the person's experience, but distinguish confirmed facts from matters still being reviewed.

The patient is not an audience for organisational reassurance. Avoid defensive language, speculation or a promise that the same event can never recur. Return with the outcome and learning when available, within legal and confidentiality limits.

Fairness does not remove accountability

A fair response considers the event, individual actions, system conditions, expected standard, actual capability and foreseeability of harm. Human error, performance under poor conditions, reckless behaviour and deliberate misconduct are not the same. The evidence may remain incomplete, and the correct route may change as facts emerge.

Temporary restrictions can sometimes be necessary to protect safety, but they should be proportionate, reviewed and clearly distinguished from a final conclusion. People raising concerns need protection from detriment; people responding to allegations also need due process and support.

Different concerns need usable routes

A concern may be raised through clinical escalation, line management, incident reporting, safeguarding, educational supervision, HR, trade union or professional-body support, Freedom to Speak Up arrangements, or external routes. The appropriate route depends on urgency, subject, jurisdiction and local policy. Doctors should know the immediate safety route before a crisis occurs.

A route is credible only if people can use it. Consider access outside normal hours, confidentiality, language, disability, employment insecurity and the fear of losing ordinary opportunities. Publishing a policy is not enough if staff reasonably expect silence, delay or retaliation.

The receiver's first minute

Thank the person for raising the issue, check immediate safety, clarify what they have observed and avoid demanding proof that only an investigation could obtain. Explain your role and what you can do. Do not promise anonymity if it cannot be guaranteed, and do not ask the person to keep a material safety issue secret.

Separate mistaken, unsubstantiated and malicious concerns. A concern may be genuinely held yet not supported after review. That is different from deliberate fabrication. Leaders who use 'unsubstantiated' as evidence of bad faith make future reporting less safe.

Protection includes ordinary opportunity

Detriment may be obvious, such as threat or disciplinary misuse. It can also appear through ordinary decisions: exclusion from meetings, loss of development, poor references, rota disadvantage or a new reputation for being difficult. Leaders should monitor what happens after someone raises a concern, not only whether formal retaliation is reported.

Provide proportionate feedback. Confidentiality may limit details about another person's employment process, but it rarely prevents explaining whether the concern was considered, what general action or learning occurred and when the person can expect further contact.

Turn review into visible learning

A report is not the end of improvement. Actions need an owner, resource, deadline, measure and review. Examine whether the action changes work as it is actually done rather than adding a policy to work as imagined. Involve the staff and patients who understand the affected process.

Return later to test whether the change reduced risk and whether burden moved elsewhere. Communicate learning in a way that protects confidentiality but demonstrates that speaking, candour and review led somewhere.

- Immediate safety protected.
- Relevant processes and owners identified.
- Evidence and records preserved.
- People affected supported and informed.
- Action, measurement and feedback completed.

Common mistake

Avoid this	Treating a concern as a communication problem to contain instead of information that may reveal risk.

Pause and reflect

Would a junior colleague expect your response to make speaking up safer next time?

Takeaways

- Act on immediate risk first.
- Use fair, non-retaliatory process.
- Close the loop with visible learning.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What is the first priority when a serious concern is raised?

A. Protect organisational reputation

B. Address immediate safety while preserving evidence and coordinating the response

C. Draft the final report

D. Reach a conclusion about blame

2. Why should an incident review and conduct process remain distinct?

A. Conduct can never affect safety

B. They can never share information

C. They ask different questions and require different safeguards

D. Complaints always replace both

3. What is appropriate candour before every fact is known?

A. Say nothing until the investigation ends

B. Acknowledge what happened, apologise appropriately, separate known facts from review and explain next steps

C. Promise the event cannot recur

D. Speculate about individual blame

4. An allegation leads to a temporary restriction. What makes this fairer?

A. Keeping it indefinite

B. Withholding all support

C. Making it proportionate, explaining its purpose and reviewing it

D. Treating it as a final finding

5. A concern is not supported after investigation. What follows?

A. All future concerns from the person should be ignored

B. The concern should never have been raised

C. The person acted maliciously

D. Lack of substantiation should not automatically be treated as bad faith

6. Which may represent detriment after speaking up?

A. Only formal dismissal

B. Independent review

C. Exclusion from ordinary development, meetings or fair rota opportunity

D. A proportionate progress update

Answers and explanations

1. B — Address immediate safety while preserving evidence and coordinating the response

Immediate protection and evidence preservation can occur before a final judgement.

Review 'The first hour has more than one purpose' and list the parallel actions required.

2. C — They ask different questions and require different safeguards

Each process has a different purpose, owner and fairness requirement, even when information overlaps.

Return to 'Do not collapse different processes' and identify the question owned by each route.

3. B — Acknowledge what happened, apologise appropriately, separate known facts from review and explain next steps

Timely honesty can coexist with clear limits about what remains uncertain.

Review 'Candour is more than a carefully drafted letter'.

4. C — Making it proportionate, explaining its purpose and reviewing it

Temporary controls may protect safety but should not be confused with a conclusion and must be reviewed.

Review 'Fairness does not remove accountability'.

5. D — Lack of substantiation should not automatically be treated as bad faith

A genuinely held concern can remain unsubstantiated; malicious fabrication is a different finding requiring evidence.

Review the distinction between mistaken, unsubstantiated and malicious concerns.

6. C — Exclusion from ordinary development, meetings or fair rota opportunity

Retaliation can operate through routine opportunity and reputation as well as formal sanctions.

Return to 'Protection includes ordinary opportunity' and consider what should be monitored.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

NHS Leadership and Management Framework
England and Wales · https://www.england.nhs.uk/leaders/nhs-leadership-and-management-framework/

NHS England: Freedom to Speak Up
England · https://www.england.nhs.uk/ourwork/freedom-to-speak-up/freedom-to-speak-up-development-and-support/

Patient Safety Incident Response Framework
England · https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/

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