



Raising concerns in the workplace: guidance for SoR members

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Summary

The Society of Radiographers (SoR) publishes this guidance to make clear that members need to be aware of both their duty to raise concerns and how to do so. It is important that members recognise that it is their professional duty to raise any concerns they may have. The SoR will support members and offer appropriate advice and support to members who do raise concerns although it is important to stress that the SoR can neither raise concerns on behalf of members nor is it the body to whom the concerns are raised. This guidance is relevant for all members; students and trainees, the professional workforce at all levels of practice and it is pertinent in all sectors and environments.

The HCPC have published advice for registrants on raising concerns at <http://www.hcpc-uk.co.uk/registrants/raisingconcerns>.

Introduction

As a result of the Francis Report (<http://www.midstaffspublicinquiry.com/report>) into the events at Mid-Staffordshire NHS Trust, the Society of Radiographers (SoR) believes that members need to be aware of both their duty to raise concerns and how to do so. It is important that members recognise that it is their professional duty to raise any concerns they may have. The SoR will support members and offer appropriate advice and support to members who do raise concerns although it is important to stress that the SoR can neither raise concerns on behalf of members nor is it the body to whom the concerns are raised.

As part of our work to ensure members are encouraged to raise any concerns they have and to ensure that their concerns will be welcomed by their employer and acted upon appropriately, we have adopted six principles that all employers, whether in the NHS or elsewhere, are encouraged to adopt. We would urge members to discuss these principles with managers to ensure they have widespread circulation and, where appropriate, seek the support of local staff sides to ensure that their Trust/Health Board adopts these principles. The SoR will also promote these principles nationally through the Social Partnership Forums.

The principles that NHS and other healthcare providers need to adopt are:

1. Commit to always improve patient care
2. Employ leaders who trust the clinical judgment of staff, allowing them space to exercise their judgment
3. Employ healthcare professionals committed to the continuing development of patient care

- based on rigorous analysis of techniques and procedures
4. Regard speaking out on clinical and professional matters as a key mechanism facilitating this development
 5. Investigate errors of judgment as part of the continuing development process and not solely and immediately to apportion blame
 6. Show clear commitment to the continuing professional development of all healthcare professionals.

Duty of care

These principles, if adopted, provide the framework to support members in exercising their professional duty. All staff, regardless of grade or qualification, have a duty of care towards the patients with whom they come into contact, whether this is within their work area, the waiting area or on a ward.

Radiographers are obligated, as registrants of the Health and Care Professions Council (HCPC), to uphold the Standards of Conduct, Performance and Ethics (<http://www.hcpc-uk.org.uk/aboutregistration/standards/standardsofconductperformanceandethics/>). Failure to do so may result in a caution, suspension or even being struck off.

Standard One makes it clear that acting in the best interest of service users is the prime responsibility of all registrants. It emphasises the fact that registrants have a personal responsibility to report any concerns regarding patient safety to a senior colleague or another appropriate person.

The Society of Radiographers (SoR) Code of Professional Conduct (<http://www.sor.org/learning/document-library/code-professional-conduct>), paragraph 4.2, states: 'You must report any concerns you have about malpractice or patient safety to your manager or other, senior professional, ensuring that you follow up such a report where appropriate.'

If you believe that patients are being put at risk by the malpractice of another member of the workforce, you have a duty to report your concerns using local systems for whistle-blowing.'

Although the Code of Professional Conduct is aimed particularly at our radiography membership, many aspects of the code, including this one, are equally applicable to non-radiographers.

Examples of Issues of Concern:

- You suspect a colleague of drinking alcohol at work although you have no 'proof'.
- The equipment you are using is old and has been decommissioned in most departments. You are concerned that the images you are obtaining are not showing all possible information which might lead to incomplete diagnosis.
- You are concerned by the rough way in which a nurse colleague in Accident and Emergency treats a patient while they are helping you position them for a mobile examination.

Roger Kline and Shazia Khan have produced a handbook containing practical advice on the duty of care of healthcare professions and their employers towards the patients in their care and what must be done to help protect both patients and staff:

(http://www.publicworld.org/files/Duty_of_Care_handbook_April_2013.pdf). The advice contained is endorsed by the SoR as being applicable to our members.

Whistle blowing

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Where members' concerns have been raised and not dealt with, or they are of an urgent nature then members may be left with little or no alternative than to whistle blow. In an everyday sense, whistle blowing can be described as 'a mechanism through which concerns, real or imagined, can be raised'. Whistle blowing can be distinguished from a 'complaint' because it is done 'in the public interest' rather than simply in the interest of the employee(s). It is critical that SoR members understand the difference. Always contact your local SoR representative for advice in the first instance **before** raising a concern. Critically, whistle blowers are protected by law against victimisation whereas those raising individual or collective employment issues generally speaking are not.

Examples:

- A radiographer who feels that they are being asked to work too many nights will probably have an individual complaint against the employer and should seek to address this through the Trust/Health Board's Grievance Procedure.
- A group of radiographers who believe that the rota is too demanding will probably have a collective complaint and this should be addressed as a collective grievance.
- An individual or group of radiographers who believe that the work system causes stress, tiredness, lack of concentration to an extent that it compromises patient safety may have cause to 'whistle blow'.

Again it is important to stress that the SoR will offer advice and support to any member or group of members who feel they need to blow the whistle. However, we are not able to blow the whistle on behalf of members and we are not the body to whom the whistle should be blown. Our role, however, will be to ensure that members understand their responsibility and, should they need to blow the whistle, that their concerns are treated professionally and with respect without any fear of reprisal.

We therefore support the role of the Whistle Blowing helpline and would encourage members to read their comprehensive guide, 'Raising Concerns at Work' (<http://www.wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf>), which the SoR endorses. We recommend that all members familiarise themselves with this guide.

The Francis Report has provoked much discussion and advice. Sir Robert has just completed a review into Whistle Blowing in the NHS and the results are expected in early 2015 (<https://www.gov.uk/government/groups/whistleblowing-in-the-nhs-independent-review>). The SoR will respond to the outcome with appropriate advice for reps and members.

The Public Interest Disclosure Act 1998 came into force in July 1999, and its aim is to give statutory protection against victimisation and dismissal, to workers who speak out against corruption and malpractice at work. Workers are often in the best position to know when the public's interest is being put at risk and the legal protection of the Act should allow workers to raise these concerns without fear of reprisal.

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

The National Confidential Alert Line for NHSScotland employees was initially launched as a pilot on April 2, 2013. The national helpline is run by Public Concern at Work (PCaW), an independent whistleblowing charity. See <http://www.pcaw.org.uk/>

Further reading is also available at: <http://www.gov.scot/Resource/Doc/364407/0123806.pdf>

All links accessed (26/3/15)

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