

# Guidance on Escalating Concerns about Patient Safety and Unsafe Working Conditions



**February 2018**

Ophthalmologists, including trainees, may find that they observe, or are involved in, situations in which there is potential or actual risk of significant harm to patients which they feel warrant preventative action. The health service is under significant pressure with unprecedented levels of demand, which increases the risk of being involved in such a situation.

Issues may include:

- Unable to contact consultant or senior ophthalmologist whilst on call
- Understaffing and gap rotas: these may result in being asked to work more hours than scheduled or cover large areas of work
- Too many patients to cope with in theatre or outpatients
- IT issues
- Lack of supervision
- Lack of suitable arrangements for returning to work
- Concerns about the competence or performance of colleagues
- Unsafe environment or equipment

Patient safety is paramount and all staff have a duty to act to protect safety. The GMC guidance states *'Raising and acting on concerns about patient safety (2012) sets out our expectation that all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety.'*

In addition, the GMC explicitly advises:

- Your duty to report overrides personal and professional loyalties
- You can raise concern without a burden of proof
- Whistleblowing is legally protected

## **References**

[GMC Guidance – Ethical guidance and raising concerns](#)

[GMC Guidance - Promoting excellence – standards for medical education and training](#)

## **Guidance on escalating**

Employing trusts have local policies of raising concerns which should be followed, including reporting events formally as incidents. At all stages document all your actions, communications and responses you receive, particularly highlighting when and to whom concerns were raised; document and retain records of all phone calls, emails, incident reports and so on.

Follow the various routes until the situation is resolved or managed satisfactorily. Although you must protect patient safety, you also need to have a sense of proportion about how you pursue

issues in terms of balancing the level of risk and how quickly it is reasonable and safe for action to be taken against how high and how quickly you escalate further.

### To manage and escalate concerns

1. Immediately **coordinate with colleagues to manage the situation** as best as possible to provide the safest possible care
2. Bring **the matter to the attention of your clinical supervisor, educational supervisor, immediate senior, consultant or hospital manager** at the earliest juncture
3. Remember there will be a consultant and a hospital manager on call out of hours
4. **Locate, read and follow the local trust escalation pathway** to ensure you are raising concerns in the correct route and to see how your concerns should be acknowledged and addressed
5. Other routes in the hospital include the **clinical lead consultant for ophthalmology, clinical or divisional consultant director for the wider department** (eg head and neck or elective services) which covers ophthalmology, **senior nurses or nurse managers in ophthalmology or the directorate, staff in or heads of the clinical governance and/or risk departments**. Higher still you can approach the **Nursing Director or the Medical Director**. In addition, there is the **Chief Executive or Board members** including **non-executive directors** whose remit is to challenge the Board and the trust leaders including on safety issues
6. If you are struggling to get action or resolutions to your raised issues, read the **trust whistleblowing policy**, identifying the trust's **whistleblowing champions** where available
7. If you need to go outside the trust there are the following options:
  - For trainees the Deanery or Local Education and Training Board eg Training Programme Director, Postgraduate Dean or Head of School
  - In England The Guardian of Safe Working can be contacted by trainees
  - Your medical defence organisation
  - GMC Confidential Helpline (0161 923 6399)
  - The NHS Whistleblowing Helpline (08000 724 725)
  - The Care Quality Commission
  - Public Concern at Work

As a trainee you should not feel the need to act alone, but should always seek the support of your clinical or educational supervisors throughout the process. More senior trainees or fellows can also support you.

Only escalate publicly if **absolutely all other routes are exhausted**.

### References

The GMC provide a very useful pathway guiding your escalation of concerns:

[https://www.gmc-uk.org/interactiveflowchart/documents/Raising\\_concerns\\_flowchart.pdf](https://www.gmc-uk.org/interactiveflowchart/documents/Raising_concerns_flowchart.pdf)

[NHS Whistleblowing Policy](#)

[Public Concern at Work](#)

[Guardian of Safe Working](#)

[Care Quality Commission](#)

### **What to do if you are unable to contact the consultant on call?**

This does sometimes happen and it can be purely accidental eg the consultant not hearing his/her phone or being temporarily in a place with no signal. It is important that on call consultants are available without too much delay and that if, for instance, they are operating, they let people know how to contact them OR ensure someone can hold their phone, take calls and messages and ensure they get back to the caller.

It is a wise precaution for trainees to have access to an accurate timetable, with contact numbers, for where exactly on call consultants are to be found during the week and a list of all the consultants contact numbers. In some cases, trainees may also need the contact numbers for consultants in adjacent units in the region. It is not acceptable for the consultant on call to be uncontactable for hours and trainees can ring the Medical Director or the on-call trust manager if there are serious issues on the day.

### **Should you refuse to work if you think conditions are unsafe?**

You should recognise when cognitive load is overwhelmed or you are fatigued, which means that your decision making can be compromised to the detriment of safe patient care.

The GMC says that you should raise your concerns with a senior colleague either directly or ask someone to raise concerns on your behalf. You should work with colleagues to find a solution to provide the safest care possible in the circumstances to all your patients.

### **How the RCOphth can help**

You are encouraged to follow your employer's local pathway for escalation in the first instance and then potentially the other routes. However, if you are struggling to know what to do, need further advice or feel local channels are exhausted, the RCOphth will endeavour to signpost you, in confidence, to appropriate assistance. Remember that the RCOphth also provides an external review service to ophthalmic units which can be suggested if units are having difficulty implementing improvements or complex service problems.

### **E-portfolios**

Your e-Portfolio work-based assessments and reflections are an educational tool, not a medical tool and the content should be managed accordingly.

The aim is for all professionals to become reflective practitioners who are able to learn from experience. The aim of recording any reflection in the e-portfolio is for trainees to demonstrate they are actively engaged in learning in this way - learning from reflection is assisted by open and honest discussions with a supportive supervisor to increase the trainees understanding and insight. The outcome can be affirming good practice and/or actions to make improvements in the future.

Therefore, the reflection recorded in the e-portfolio should evidence that such learning has occurred. This is not to be confused with the factual report that trainees may be required to write in response to an untoward event.

Remember to:

- Fully anonymise all data including other practitioners and staff involved
- Avoid using initials to refer to the patient, instead refer him/her as patient X
- Avoid any unique characteristics that could allow a patient to be identified in conjunction with other easily accessible information
- Seek advice if a subject access request under Data Protection legislation is made. It is likely but not an absolute, that a self-reflective log is exempt from disclosure under S7(4) of the Data Protection Act 1998
- Keep reflections factual, without criticising or passing judgments on yourself or others
- Avoid writing reactionary reflections, written in the heat of the moment
- One-to-one verbal reflections with your supervisor provide an opportunity to reflect on aspects that may be sensitive. These discussions could be used to inform how reflections are committed to the e-Portfolio, if appropriate
- Aim to concentrate on the learning rather than a detailed account of a particular event

**Mike Burdon**, President

**Fiona Spencer**, Chair Training Committee

**Melanie Hingorani**, Chair Professional Support

**David Miller**, Chair Ophthalmologists in Training Group