



PCRS safeguarding and wellbeing policy

Introduction

The Primary Care Respiratory Society (PCRS) is a multi-disciplinary, membership society of respiratory-interested healthcare professionals (HCPs) working in primary or community settings. We provide support, education, guidance, and unique respiratory expertise to help HCPs deliver best practice respiratory care. We do not directly work with members of the public or provide services to patients with respiratory conditions¹. Neither do we directly work or provide services to adults or children who have care or support needs.

However, PCRS is a trusted, professional organisation and we recognise that all charities and organisations have a duty of care to those we support and those with whom we work – whether those working with the charity are volunteers (i.e. Committee members), employees (i.e. staff or paid lead roles), delegates (i.e. at events or our Annual Conference), or contractors who help us to deliver our charitable activities (i.e. our operations team at Red Hot Irons, medical writers or freelance designers). As such we are committed to creating an environment which promotes effective safeguarding and wellbeing.

This document sets out our policy and expectations on wellbeing and safeguarding and outlines a process to report and address when and if problems occur.

This policy should be read in conjunction with the PCRS Code of Conduct, our Conflicts of Interest Policy, and our Equality, Diversity and Inclusion Policy, as well as the Annual Business Plan which outlines the values of the Society.

Scope of Policy

The policy applies across the whole Society – including Trustees, Committee members, staff, contractors and volunteers – and applies to all of its activities, including conferences and educational meetings.

All healthcare professionals are required to undertake regular safeguarding training as a part of their mandatory training – safeguarding and wellbeing are therefore a fundamental and core part of who we are and what the Society stands for.

We value all those that contribute to the Society and we take seriously our commitment to look after their mental and physical wellbeing. The Society has identified a number of values which are threaded throughout our activity. For example, we aim to “think comprehensively about the whole person”, “to involve them in decision making”, “to challenge complacency”, “to raise the bar through passion for excellence” and “prioritise respect, inclusivity, joy, and camaraderie - bringing people together/providing the catalyst for change”.² These values underpin our approach to everything we do and by default are fundamental to our historical approach to safeguarding and wellbeing. This policy, however, aims to go further to clarify our responsibilities to protect and promote the wellbeing of all those who work with or for PCRS and retains kindness and compassion at its core.

¹ We have established a small patient reference group who advise and feedback on our activity – this feedback provides us with a patient perspective and helps to ensure we are achieving our goal of patient centred care. We do not provide this group of patients with clinical or medical advice however. In line with this policy and good practice any patient that sought advice from a clinician within PCRS would be advised to seek advice from their own GP.

² Quotes taken directly from the Society’s Values.

Whilst we do not work directly with vulnerable adults or children, and those we work with are not typically perceived to be at risk, we may nevertheless come across issues of concern during the course of our activities. Any individual may identify or be concerned about the wellbeing or safety of a colleague, volunteer, or fellow delegate – for example, as a result of physical or mental abuse, overwork, stress, bullying, discrimination, illness, addiction, or anxiety etc.

PCRS advocates a culture of “speaking up” where people feel empowered to share their opinions, ideas and concerns and encourages everyone in the organisation to look out for and raise safeguarding issues and concerns. This is why PCRS aims to have a Safeguarding and Wellbeing representative on each of its committees.

The policy aims to protect staff, contractors, Trustees, Committee members, volunteers (clinical leads or patient representatives) and those attending our events from harm, prioritising their mental and physical wellbeing.

The policy is applicable to all areas of activity – including, but not limited to our work in committee meetings, activity to deliver professional development (e.g. Respiratory Leaders and mentoring), our Annual Conference and other events, clinical guidance, to produce publications, policy, and resources, in our administration, governance and communications and in the recruitment of staff, committee chairs and policy leads.

It should be noted that PCRS does not provide medical advice to members of the public, or to patients directly. Where individuals (whether members of the public or members of PCRS) approach PCRS for medical advice for their own purposes, they should be encouraged to seek help from their own GP.

Policy Principles

The guidance is based upon the principles of safeguarding (as set out in the Care Act) – empowerment, prevention, proportionality, protection, partnership and accountability.

Healthcare professionals understand all too well that every individual thrives best in a supportive, safe, understanding and caring environment and everyone is potentially vulnerable to harm whether as a result of abuse, neglect, overwork or stress. As such we are committed to supporting and encouraging a safe working environment, in which all can express their views and opinions without fear of harm, judgement, bullying or abuse and will take action where we feel support or intervention is appropriate, reasonable and proportionate. Where we are able to help, and where it is appropriate and/or incumbent on PCRS to do so, we will provide support, assistance and guidance to those whose wellbeing or health is at risk.

Actions

We will take the following actions to help ensure the safeguarding and wellbeing of those that work with and for PCRS.

- We will foster a supportive and compassionate environment in which views and opinions can be expressed free from abuse, discrimination, judgement, or harm.
- We will take a genuine interest in our colleagues’ welfare and wellbeing and provide opportunities in which individuals can raise concerns
- We will encourage individuals to report any issues of concern so that appropriate action can be taken.
- We will record all relevant incidents and regularly review to ensure we identify any trends or patterns of concern.

- We will respond promptly and proportionately where issues are raised, offering support, guidance, and solutions, where it is possible and appropriate to do so. By way of example, interventions may include discussions with those involved, measures to address problems such as modifications or adaptations to behaviour, support to reduce workload, responsibilities or working hours, training to promote education, understanding and awareness, or signposting to appropriate agencies for help.
- We will build an environment of trust and confidence
- We will respect the privacy, feelings and individual circumstances of others.

We will ensure that all those in the Society are aware of their responsibilities under this policy and understand what to do if they have concerns, either in relation to themselves or others.**Process**

Any concerns regarding safeguarding or wellbeing of staff, volunteers, Committee members delegates or Trustees should be reported in confidence to the Executive Director, Trcia Bryant. Alternatively, if on site, at a conference or learning event for example, the reporting should be to the lead person at the event who will in turn report the concern to the Executive Director.

Where the concern relates to the Executive Director, the concern should be reported to the Executive Chair or Chair of Trustees.

In most circumstances the Executive Director will, in discussion with the Executive Chair (or where the concern relates to a delegate with the Event lead), agree appropriate and proportionate intervention if it is felt necessary, appropriate and helpful to do so (being mindful of individual circumstances and the privacy of individuals).

Where the concern relates to either the Executive Director or Executive Chair, the discussion will be held with the Chair of Trustees.

Where the concern relates to any member of the Operations Team at Red Hot Irons, the Executive Chair should be informed as well as the Operations Manager. All incidents or issues of concern will be recorded by the Executive Director in a confidential file. The file will contain an overview of the safeguarding or wellbeing concern, who raised the concern, the date (and where appropriate the location/event) the concern was raised and the date (if relevant on which the incident took place), what action was taken, and any outcomes. The file will remain confidential and accessible only by the Executive Chair and Chair of Trustees. Where the incident relates to the Executive Director, the report shall be made by the Executive Chair.

PCRS will, where required by law, report any safeguarding issues to the relevant authorities.

It is impossible to map out the action required for every scenario, as each step taken should be informed by the six principles of safeguarding (as outlined above) and be informed by discussions with those concerned. However, the table below outlines potential safeguarding and wellbeing areas of concerns, signs and indicators to look out for, and the action that might be taken once the concern has been identified.

Type of concern	Signs/Indicators	Action
Physical Illness	Regular or unexplained absence from meetings Physical signs of illness, weight loss, tiredness, bruising, persistent cough, breathlessness.	Contact individual to establish wellbeing or raise concerns. Establish if individual needs to seek advice from own GP

		<p>Establish if adaptations needed to ease workload, change priorities, or increase support</p> <p>Maintain communication and support, the frequency of contact to be made in agreement with individual</p> <p>Alert others as appropriate and with consent of individual</p>
Anxiety, depression or other mental health concerns	<p>Regular or unexplained absence from meetings</p> <p>Quiet/withdrawn</p> <p>Weight loss</p> <p>Lack of communication</p> <p>Lack of confidence, loss of self-esteem, visual signs of self-harm. Increased emotional state – crying, irritability, loss of temper etc.</p>	<p>Contact individual to establish wellbeing.</p> <p>Establish if individual needs to seek advice from own GP</p> <p>Establish if adaptations needed to ease workload, change priorities, increase support</p> <p>Maintain communication and support, frequency in agreement with individual</p> <p>Alert others as appropriate and with consent of individual</p>
Physical, emotional or sexual abuse, neglect	<p>Unexplained injuries</p> <p>Bruising, broken bones, burns, scalds, fear, signs of neglect, unkempt, malnourishment, signs of manipulation or control – e.g. financial dependence, lack of freedom, individual becomes withdrawn/frightened</p>	<p>Make enquiries as to wellbeing, raise concerns with individuals involved</p> <p>Establish whether action is needed to stop abuse/neglect and if so who can take this action</p> <p>Encourage individual to seek help from appropriate authorities with signposting if possible and appropriate</p> <p>Follow up, keep in touch, monitor and maintain contact with individual to offer continued support and signposting</p> <p>If required report to relevant authorities</p>
Racial abuse, discrimination, bullying or harassment	<p>Visible lack of respect evident (e.g. at meetings, in conversations or events), verbal abuse, racial slurs, sexist comments or behaviour.</p>	<p>Make enquiries as to wellbeing of individual, identify if action and intervention is needed to protect individual and modify/address behaviour of perpetrator.</p> <p>e.g. adaptations in behaviour, training, removal of individuals from committees,</p> <p>Continued monitoring of the situation</p>

It should be noted that as PCRS is a virtual organisation, there is limited opportunity for people to meet up in person and therefore opportunities to spot types of abuse or to enquire after the physical or mental wellbeing of the colleagues is considerably less. As such, all members of the Society are encouraged to make even greater efforts to maintain contact, enquire after each other's health and look out for signs that might cause concern and/or require intervention.

Roles and Responsibilities

The Board of Trustees is ultimately responsible for safeguarding and wellbeing within PCRS and will be responsible for approving and scrutinising policies on a regular basis.

It is the responsibility of the Executive Director and Executive Chair to ensure that staff, contractors, Trustees, clinical leads and volunteers are aware of their responsibilities under this policy.

The Executive Director will ensure the policy is reviewed annually by the Board of Trustees and Executive Committee.

The Executive Director, Board of Trustees and Executive Chair will ensure that the principles of the policy are also enshrined and delivered through the policies, processes, practices, ethos, and activities of the charity.

Where PCRS works closely with a service provider (e.g. Red Hot Irons) the Executive Director is responsible for ensuring they are aware of their responsibilities under this policy and expect similar values to be present within any service provider with whom we have a very close working relationship.

Review

The policy is reviewed annually by the Executive Committee and Trustee Board.

The policy is next due for review in **February 2027** unless earlier changes are required by law.