School of Health and Social Care
Faculty of Health and Medical Sciences

Standard Operating Procedure for the Escalation of Students’ Practice Concerns

Protecting vulnerable people who access health and social care services is the responsibility of everyone; those who teach and support health and social care students as well as those who work within these services.

The following standard operating procedure (SOP) applies to students within the School of Health and Social Care and is to be used alongside other guidance for supporting student learning within practice environments; such as the Fitness to Practise Policy. There is an expectation that all School of Health and Social Care students will act to protect vulnerable people and raise concerns if they witness abusive, unsafe and poor standards of care within their workplace or practice placement (appendix 1: background information).

The Lead for Escalating Student Practice Concerns (LESPC) within the School of Health and Social Care at the University of Surrey is:

Dr Katherine Curtis
Phone: 01483 684563 or email k.curtis@surrey.ac.uk

The LESP C co-ordinates a small support group of expert academic staff who discuss learning from cases and provide University support and annual leave cover for the LESP C role as required. This work feeds into on-going staff and mentor development within the School of Health and Social Care.

The Aim of this Standard Operating Procedure:

The aim of this SOP is to guide and promote confidence in staff and students in engaging with raising and escalating concerns. It has been developed through collaboration between the School of Health and Social Care, safeguarding leads from health and social care organisations and county councils, service users, and other senior staff responsible for quality and standards within practice or placement provider organisations (appendix 2: contributors). It will enable timely and appropriate action to be taken to safeguard vulnerable people, staff and students when concerns are raised by students. It will also serve to enhance student learning in relation to ensuring high quality and safe care and students’ professional responsibility for public protection.
The SOP has been developed to:

- Protect the interests of patients, clients, carers and students, and all health and social care service users
- Obtain witness reports from students that are factual and detailed, that will enable swift and appropriate multi-agency actions to be taken (appendix 3: writing witness reports);
- Ensure appropriate staff are made aware of concerns without delay and students and staff are provided with feedback following a concern escalation
- Empower students to be professional in their public protection and safeguarding responsibility and ensure they feel safe in their reporting through on-going support;
- Ensure multi-agency safeguarding principles are understood by all students
- Engender among students compassionate and caring responses to concerns about the care of vulnerable people
- Ensure timely action is taken and feedback is provided through appropriate channels;
- Ensure accurate and confidential records are kept in relation to the raising and escalating of student practice concerns
- Enable learning by students from the concerns raised and their management, so they can become leaders of high quality and safe health and social care; e.g. through sharing of anonymised case examples with student groups, as well as staff and safeguarding leads

General Examples of Students Practice Concerns:

The following is not an exhaustive list and illustrates the conceptual areas of concern:

- A breach of the professional code of conduct towards a patient, client, carer, another member of staff or student by a member of staff within a workplace or practice placement
- Unethical behaviour by a member of staff or another person towards a patient, client, carer, another member of staff or student within a workplace or practice placement
- Sexual harassment by a member of staff or another person towards a patient, client, carer, another member of staff or student within a workplace or practice placement
- Ill treatment involving abuse of power by a member of staff or another person towards a patient, client, carer, another member of staff or student within a workplace or practice placement
- Illegal or fraudulent behaviour by a member of staff or another person within a workplace or practice placement
- Disregard by a member of staff or another person for the health and safety of a patient, client, carer, another member of staff or student within a workplace or practice placement
- Concerns that do not have immediate safeguarding implications may include students reporting that a practice mentor is temporarily unavailable or they have insufficient learning opportunities,
and these are managed through programme staff such as Practice Liaison Teacher (PLT) or Personal Tutor responsible for student learning in practice placements.

These conceptual areas of concern are further developed within a **portfolio of fictional but realistic examples** to enhance student understanding (content and e-access under development).

**Possible outcomes following an escalation of student concerns:**

- the student concerns did not have safeguarding implications and therefore did not warrant escalation, so were resolved through management by placement provider and programme staff.
- the student concerns had safeguarding implications and were escalated, investigated and upheld, and actions undertaken to protect the public and to prevent recurrence;
- the student concerns were escalated, investigated and there was insufficient evidence to uphold the concerns, however actions were undertaken to address the concerns raised;
- the student concerns were escalated, investigated and the students concerns were not upheld and therefore no actions were required.

Following an escalation and investigation, it is acknowledged that partnership working may require further support and development. Wherever possible, the Health and Social Care staff who liaise directly with that workplace or placement (such as the PLTs or Personal Tutors) will provide supportive communication in preparation for on-going partnership working. Following an escalation and investigation, it is acknowledged that students may require on-going support to reflect and learn from the experience, and the Lead for Escalating Student Practice Concerns will offer that support alongside other University or workplace staff as appropriate, including providing opportunity to access the University Well-Being Centre. This **SOP will be reviewed every 6 months** and a record of concerns will be shared with the Health Education Kent Surrey and Sussex Deanery (HE KSS) for monitoring and quality assurance purposes, using data that maintains the anonymity of the student.

**Student responsibilities include:**

- to familiarise themselves on the local safeguarding procedures
- if uncertain about whether what they witness should be of concern - **ASK** the LESPC
- to raise concerns immediately according to the SOP
- to be factual in reporting details
- to be available to meet with the LESPC and provide a witness report as requested without delay
- to provide on-going witness accounts through interview or statement requests as a result of Police or County Council investigations
- to maintain the confidentiality of the concerns by not disclosing details to anyone other than those identified within the SOP or involved in the investigation.
Flow Diagram for SOP Raising and Escalating Student Practice Concerns: applicable to all programmes - refer to The Key for different role equivalents (appendix 4: narrative version).

**STUDENT IDENTIFIES A POSSIBLE PRACTICE CONCERN**

Normally within 48 hours

Student is expected to discuss and raise any practice concern immediately with mentor/supervisor of midwives, or senior practice staff such as safeguarding lead or LEL and alerts Lead for Escalating Student practice Concerns (LESPC) who informs PLT

LESPC (or Supervisor of Midwives) takes written witness report from student and using professional judgement either escalates concern to senior practice staff (no safeguarding implications) or escalates through County Council (CC) safeguarding helpline

If CC identifies concern is TOI 1-4, formal investigation takes place as per CC multi-agency procedures. All communication with student is through the LESP. Student interview, support, updates and feedback is managed through the LESP. Investigation lead updates LESP on progress within 28 days of strategy discussion for feedback to student

Within 4 weeks of completion of the investigation, the investigation leader will provide a written report to the LESP and brief written or verbal feedback opportunity to the student with LESP or Supervisor of Midwives present

The LESP provides ongoing support/debriefing to student and feeds back to PLT/EL of outcomes/actions to enable re-auditing of placement prior to further student allocations if the placement was temporarily closed

Outcome: practice concerns managed appropriately to safeguard vulnerable people in a timely manner, with student supported and encouraged to report again if concerns arise in the future

**Phases:**
- Escalating
- Raising/Managing
- Resolving

**KEY:**
LESPC = Lead for Escalating Student Practice Concerns (email: k.curtis@surrey.ac.uk or phone: 01483 684563)
Mentor = equivalent roles may be Practice Teacher, Workplace Supervisor, Supervisor of Midwives, Employer LEL = Learning Environment Lead or equivalent role providing workplace or placement learning support TOI = CC Threshold of Intervention (Levels 0-4) in the Multi-Agency Procedures (0 = no action; 1 = intervention by service provider; 2 = intervention by appropriate team; 3 = safeguarding enquiry; 4 = senior strategy enquiry) PLT = Practice Liaison Teacher or equivalent roles may be Personal Tutor or Professional Tutor QA = School of Health and Social Care Quality Assurance Staff, Directors of Studies and Faculty Registrar
References


General Medical Council (GMC) (2012) Raising and acting on concerns about patient safety. Manchester: GMC.


Appendix 1: Background Information

When an employee raises and escalates concerns about a potential risk or unethical or illegal conduct by a person or people within an organisation, that individual is acting to safeguard staff and the public. Organisations normally have procedures in place to encourage and support staff in such situations, often contained within their whistle blowing policy.

People accessing health and social care services are often vulnerable and therefore protecting their well-being through raising and escalating concerns is a fundamental expectation on those caring for them, as indicated within professional behaviour guidance and codes of conduct (NMC, 2008; BPS, 2009; NMC, 2010; HCPC, 2012; GMC, 2012).

Students in the School of Health and Social Care registered on modules or programmes within Professional Preparation, Continuing Professional Development, Foundation Degree and Improving Access to Psychological Therapies (IAPT) have an important role to play in safeguarding vulnerable people. Students are exposed firsthand to health and social care within their workplace or during their practice experiences/placements, working alongside health and social care professionals, such as mentors, practice teachers, work based supervisors, professional tutors, or clinical case management supervisors. Students are expected to develop the knowledge and skills to provide compassionate care, to recognise practice concerns, and act to raise or escalate concerns through appropriate channels. However, it is acknowledged that students can find this daunting and feel vulnerable when exposed to dissonance between professional expectations and the practice reality (Curtis et al., 2012a). Students can feel unsure what to do if they witness unsafe care, unethical practice, or are worried about the general quality of care; and they need support and guidance to challenge poor practice (Curtis, 2012b; Curtis, 2013). Within placements, students can feel vulnerable to personal consequences if they raise a concern, particularly as they rely upon practice staff to complete their assessments and occasionally those staff may be implicated within the concern. One of the Francis Enquiry (2013) recommendations to Universities is that when students raise concerns they need to be followed up and investigated, and the student should not be exposed to ‘inappropriate pressure or bullying by staff’ (Francis, 2013: 59). The Francis Report also recommends that healthcare workers need encouragement to report concerns (Francis, 2013: 105). Raising and escalating practice concerns by health and social care students is therefore an essential activity that can protect the public, staff and other students, and the SOP has been developed to encourage and support students in this important aspect of their development.

The School of Health and Social Care staff take their professional responsibility for protection of the public and their duty of care to students very seriously, therefore students who raise practice concerns will be supported to ensure their interests are safeguarded and there will be no repercussions or reprisals from voicing honest and genuine concerns. The School of Health and
Social Care will not tolerate any harassment or victimisation of a student as a result of raising a genuine concern in good faith (University of Surrey Harassment and Bullying Policy, 2009).

The SOP has been developed to help students to communicate their concerns in a professional, timely and factual manner. Extensive evidence is not necessary to raise a concern and if a student concern warrants escalation, the student will be supported through this process by University and practice staff, overseen and managed by the Lead for Escalating Students Practice Concerns. Anonymous reporting is not encouraged as health professional preparation students are expected to develop and demonstrate the moral courage to safeguard the public using the support available to them. However, the student’s concern will be treated in a way to protect the confidential nature of their concern and any subsequent investigation. The student and the organisation where the concern was raised will be expected to maintain confidentiality as far as possible in relation to who raised the concern, the details of the concern, and any subsequent investigation and actions arising. The University expects students to be able to access appropriate learning opportunities to meet the expectations of their programme (University of Surrey General Regulations, 2012: Section G, Part 2) and learning within placements and from exposure to practice experiences would normally come within this expectation. If a student raises a practice concern, this would be dealt with according to the same principles of maintaining confidentiality as far as is possible and the timeliness of action and communications that are used when a student raises a complaint about learning opportunities (University of Surrey General Regulations, 2012: Section G, Part 2: 11-13).

Students who act maliciously, provide unjustified vexatious or intentionally false accusations, or make accusations for personal gain, may be subject to disciplinary action through the University Fitness to Practise procedures.
Appendix 2: Contributors to the Workshop for Development of the Standard Operating Procedure for Escalating Student Practice Concerns within the School of Health and Social Care at the University of Surrey

Contributors:

Katherine Curtis, Lead for Escalation of Student Practice Concerns (University of Surrey)

Meena Sharma, Service User Representative

Janet Holah, Service User and Lay Representative at SDCCG

Sharon Goodchild, Workforce Development Facilitator (Hampshire Hospitals NHS Foundation Trust)

Shelley Cummings, Safeguarding Trainer (Royal Surrey County Hospital NHS Trust)

Louise Davies, Supervisor of Midwives (University of Surrey)

Mel Dawson, Education Lead (First Community Health and Care)

Heather Smith, Safeguarding Lead (Surrey and Sussex Healthcare NHS Trust)

Jane Mitchell, Safeguarding Lead (Southeast Coast Ambulance Service)

Deborah Macartney, Senior Tutor in Risk and Patient Safety Education (University of Surrey)

Carrie James, Safeguarding Lead (Ashford and St.Peter’s Hospitals NHS Trust)

Barbara Stewart, Learning Environment Lead (Frimley Park Hospital NHS Foundation Trust)

Dino Adams, Practice Development Facilitator (Central Surrey Health)

Sue Ryle, Lead for Quality Assurance (University of Surrey)

Sue Kewell, Head of Safeguarding Adults (Southern Health NHS Foundation Trust)

Lisa Barbier, Adult Safeguarding Lead (Frimley Park Hospital NHS Foundation Trust)

Linda DeBaradelaben, IAPT Programme Clinical Lead and Consultant Clinical Psychologist

Deanna Hodge, Learning Environment Lead (Royal Surrey County Hospital NHS Trust)

Fiona Holley, Learning Environment Lead (Ashford and St.Peter’s Hospitals NHS Trust)

Philip Tremewan, Safeguarding Lead for Adults (Sussex Community NHS Trust)

Amy Stubbs, Supervisor of Midwives (University of Surrey)

Sheila Muller, Learning Environment Lead (Virgin Care Ltd.)

Ian Winkworth, Learning Environment Lead (Southern Health NHS Foundation Trust)

Pat Colliety, Safeguarding Module Leader (University of Surrey)

Alison Smith-Robbie, Learning Environment Lead (Sussex Community NHS Trust)
Invited and unable to attend (where feedback was provided on the draft SOP, this was included in workshop discussions):

Mary Grattan, Service User Representative
Henry Oblie, Learning Environment Lead (Surrey and Borders Partnership NHS Foundation Trust)
Claudine Cox, Safeguarding Advisor Southwest Management Team (Surrey County Council)
Anne Martin, Practice Education Facilitator (Sussex Partnership NHS Foundation Trust)
Helen Greatorex, Safeguarding Lead (Sussex Partnership NHS Foundation Trust)
Jayne Bruce, Safeguarding Lead (Central Surrey Health)
Bev Morgan, Safeguarding Manager (West Sussex County Council)
Helen Hudson, Safeguarding Lead (Hampshire Hospitals NHS Foundation Trust)
Naomi Cornford, Safeguarding Lead (West Sussex Clinical Commissioning)
Julie Hullf, Safeguarding Lead (Virgin Care Ltd.)
Tricia Rigby, Learning Environment Lead (Western Sussex Hospitals NHS Trust)
Michele Harrison, Locality Clinical Manager in Children’s Division (Southern Health NHS Foundation Trust)
Sue Walters, Director of Children and Families (Central Surrey Health)
Mayvis Oddoye, Child Safeguarding Lead (Surrey and Borders Partnership HNS Foundation Trust)
Stephen O’Connor, Safeguarding Lead (Hampshire Hospitals NHS Foundation Trust)
Annie Blackwell, Safeguarding Lead (Western Sussex Hospitals NHS Trust)
Fiona Keeling, Safeguarding Lead (Western Sussex Hospitals NHS Trust)
Kim Coote, Safeguarding Lead (Central Surrey Health)
Fiona Crimmins, Safeguarding Lead (Surrey and Sussex Healthcare NHS Trust)
Dr Paola Valerio, Safeguarding Lead (Surrey and Borders Partnership NHS Foundation Trust)
**Appendix 3: Writing a Witness Report** (2 pages)

**Writing a Witness Report**

This document is produced as guidance for students who raise a practice concern with the Lead for Escalating Student Practice Concerns (LESPC) in order to collect an accurate written record; a *witness report*. In your witness report you should include:

1. Your full name and the work/placement name and address where the practice concern/s arose
2. Your programme of study (or standalone module) at the University of Surrey and date of commencing this study
3. Please start the report with a declaration of your involvement; e.g. I am a student nurse/health visitor and was on placement/working when …..
4. Please write in the first person (I saw, heard, did…)
5. Your report should be clear, logical and factual (avoid any assumptions, personal opinions, unsubstantiated beliefs, or speculation on what you think other people were doing or thinking)
6. Include a factual narrative of what you saw, what you did, who you spoke to and please refer to who else was present at the time and could possible substantiate your concerns
7. Give as much detail as possible in relation to the date and time of every event and the full names, titles or roles of the people involved (e.g. staff, patients or clients, or residents of care homes)
8. Provide details of who you spoke to immediately in relation to your concerns and your reasons for any delays in communication or omission to act on your concerns
9. The report should be capable of standing on its own, do not assume the people who read it know the staff or placement identified or any aspect of the day to day practice
10. Witness reports should be typed and written without abbreviations
11. Please add your signature at the end and the date of writing the report.
12. You are advised to discuss your written report with the LESPCC before sending the final version in electronic format to the LESPCC
13. Lastly, keep a copy for yourself

A suggested template for the witness report is provided below.
WITNESS REPORT
I am writing this report for the University Lead for Escalating Student Practice Concerns.

Student Name: Firstname Surname

Work/Placement Name and Address:

University of Surrey Programme or Module and start date
Programme or Module: 
Start date:

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Event/s of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I am..... (see guidance notes page)</td>
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<tr>
<td></td>
<td>Concern 1:</td>
</tr>
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<td>Date/time</td>
<td></td>
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<td></td>
<td>Concern 2:</td>
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<td>Date/time</td>
<td></td>
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<tr>
<td>etc.</td>
<td>Where you have more than one concern or have witnessed several practice events</td>
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<tr>
<td></td>
<td>related to one area of concern, set them out in chronological order with most</td>
</tr>
<tr>
<td></td>
<td>recent event provided last.</td>
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</tbody>
</table>

This text box can be expanded to several pages if required, to accommodate your typed report

This report is true to the best of my knowledge and belief, written in good faith with the intention of raising concerns I have in relation to health and/or social care practice that I have witnessed. I am happy for the report to be shared with whoever requires this information in the process of investigating my concerns, such as the police, county council safeguarding team, placement provider and University staff.

Your Signature: ............................................................... Date of report: ...........

- Emailing this report via your University account verifies your identify
- A signed printed copy may also be requested
Appendix 4: SOP narrative version:

Safeguarding concerns are those that indicate a risk of harm to vulnerable adults or children, or actual harm having taken place. It can sometimes be difficult for students to identify practice concerns as having safeguarding implications and therefore any practice concerns should be discussed immediately with the Lead for Escalating Student Practice Concerns (LESPC) and practice staff. If following reflection a student later identifies they have missed an opportunity for reporting a concern, they should do so without further delay.

- Students who identify a practice concern are expected to raise it immediately so that it can be escalated quickly and appropriately. Whenever possible, they should discuss their concern immediately with a placement member of staff such as their mentor, workplace supervisor, Learning Environment Lead (LEL) or equivalent practice learning support staff, or the local NHS Trust Safeguarding Lead; the person who the student informs will depend upon local staff availability at that time. They should ALSO inform the LESP or the Supervisor of Midwives (for midwifery students only) through email or phone call (leaving a voice message if no immediate answer).
- The LESP will discuss the details of the student concern with the student and arrange for them to come onto campus to complete a witness report, normally that day or the next.
- If the concern does not have safeguarding implications and/or is resolved at this stage, then there may be no further action required.
- If the concern has potential safeguarding implications, the LESP will escalate initial details through the relevant County Council contact centre helpline. The time frame for a student identifying a concern and the LESP reporting it as a safeguarding concern to the County Council would normally be within 48 hours due to the University working week (practice staff may have already reported the concern).
- If the concern has potential student safeguarding implications and/or serious practice learning implications, the LESP will liaise with the Practice Liaison Teacher (PLT) team and the LEL or equivalent practice learning or placement provider, and may decide to temporarily close the placement to on-going student allocations, requesting that any currently placed students are moved to alternative practice areas. This information would also be communicated to the School of Health and Social Care Quality Assurance (QA) staff (the QA leads, appropriate Head of Programme and Director of Studies, and the Faculty Registrar).
- The LESP will support the student to write their witness report with a typed electronic version sent to the LESP from the student’s University email account for the LESP to forward on to those taking forward the investigation.
The LESP C will support the student throughout the investigation process. If indicated, the LESP C will direct the student to further sources of support such as Personal Tutor or the University Well-Being Centre.

All communication from the investigation lead to the student will be through the LESP C and the LESP C will be responsible for regularly updating the student throughout the investigation process; accompanying the student during an investigation interview if required.

Investigation interviews if required will normally take place within the University campus and should be arranged in a timely manner with as much notice as possible notice given to all participants.

It is acknowledged that on occasions the Police, Crown Prosecution Service, Professional Regulatory Body may all need to be alerted and follow through with their own parallel investigative processes, and the LESP C will support the student through these processes as required.

The investigation leader will be expected to provide the LESP C with written feedback on the investigation outcomes within 4 weeks of its completion, identifying findings and actions (while protecting the confidentiality of staff identifies as required).

The student will also receive feedback within 4 weeks of the investigation completion, either verbally with the LESP C present or in writing via the LESP C.

The LESP C will report back to the relevant practice based student support team and the School of Health and Social Care QA staff on any actions arising from the escalation or concern investigation; e.g. if a placement is closed to students during an investigation the LESP C will alert the PLT team if re-auditing is required before reallocation of students.

Documentation storage periods will depend upon the date of investigation completion and the nature of the concern and the client group involved (normally 5 years but may be 18 years for child safeguarding concerns, or 21 years for midwifery safeguarding concerns). Only the LESP C, the School of Health and Social Care QA staff, and the LESP C support group will have access to these reports to maximise the confidentiality of the contents.

The LESP C will be responsible for communicating this SOP to students, the School of Health and Social Care staff, County Council contacts, and practice partners such as placement providers. Learning from the raising and escalation of student concerns (with anonymity protected) will also be shared by the LESP C with staff who teach and manage safeguarding to promote learning through experiences.