

# Guidance for Raising and Reporting Practice Placement Concerns

All staff and students within the Faculty of Health Sciences (FHS) have a professional responsibility to raise any concerns that they have in relation to the safety or wellbeing of people within health and social care placements. It is recognised that raising concerns about practice requires courage, so the faculty will support all those that have taken the step to raise their concerns.

Examples of situations which may require students or staff to raise concerns about the safety or wellbeing of people in health and social care placements, includes, but is not exclusive to:

- Suspected or witnessed instances of unsafe or poor practice
- Students being asked to practise beyond their role, experience, and training.
- Danger or risk to people's health and safety
- Breaches of patient confidentiality
- Concerns related to equality and diversity
- Misuse or unavailability of clinical equipment
- Staffing levels perceived to be unsafe.

## **In the case of immediate risk, do not wait to alert University staff:**

Act immediately if you witness or suspect that there is a risk of immediate harm by reporting your concern verbally to the person in charge of the team or unit. Follow the placements organisation policy and report your concerns verbally and later, in writing to an appropriate person such as the safeguarding lead/unit or ward manager/practice educator/supervisor/shift lead. In such cases keep a note of times, persons involved and what your concern is, this will be invaluable later when asked to recall the event.

## **Who to report a concern to:**

As a student you can report a concern to your practice supervisor/educator/assessor/unit or ward or team manager/matron/personal supervisor/academic link lecturer. This must be done as soon as possible after you have witnessed or experienced something that causes you to have concerns. It will help if you make written notes including date, time, location, who was involved and what concerns you have at the time, as you may be asked to write a statement later, detailing your concerns.

All practice placement related concerns must be reported to [FHS-Quality@hull.ac.uk](mailto:FHS-Quality@hull.ac.uk) by completing the **Raising Practice Concerns** form. The form is available on the University of Hull Placement Team webpage along with the FHS Raising Practice Concerns policy.

## **What happens once the form is submitted to [FHS-Quality@hull.ac.uk](mailto:FHS-Quality@hull.ac.uk):**

All concerns raised are shared with the relevant programme director and academic lead for placement learning. An investigative review will take place. You may be contacted for further details. You will be kept informed of the progress of your concern and you will receive a summary of action taken, no later than 6 weeks following submission of the form.

# Reporting Practice Concerns

This form is to be used in all cases where staff or students have concerns about the safety or wellbeing of people in their care, *even if the case has reached a satisfactory conclusion*. If there is an immediate risk of harm, report your concerns immediately to the appropriate person or authority such as the unit/ward manager/safeguarding lead/practice supervisor/practice educator/matron/ head of service/department.

This form should be submitted to [FHS-Quality@hull.ac.uk](mailto:FHS-Quality@hull.ac.uk)

Section 1 Practice Concern Details	
Date and Time of Incident:	
Name of Person raising concern	
Designation: <i>please circle and provide details</i>	Staff / Student
Staff Details:	Name: Email address:
Role:	
Student Details:	Name: Email address:
Registration Number:	
Programme of Study:	
Year of Study and Trimester:	
Name of Organization / Placement provider:	
Name of Placement (ward/department/service)	

Section 2 Brief description of concerns:	
Please refer to roles rather than names wherever possible. Please do not contain any patient identifiable information.	
Has any action been taken so far?	YES/NO If yes, please provide details:
Who has the concern been raised with?	

Name of Person Completing form:	
Job Title:	
Contact Telephone Number:	
Email Address	
Signature:	
Date:	

**FOR FACULTY USE ONLY**

Brief description of action taken:

To be completed by Programme Director:

Date Received:	
Name of Programme Director:	
Signature of Programme Director:	
Date:	

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