

# University of Suffolk

---

## School of Health, Sciences and Society Securing Educational Standards in Practice Placements

### Policy & Procedure

#### 1. Purpose and Scope

This policy sets out the University of Suffolk's approach to proactively monitoring, managing, and escalating concerns relating to the educational quality and safety of practice placements (hereafter "placements") within the School of Health, Sciences and Society. This policy does not replace, and should be read in conjunction with, the University policy on assuring Fitness to Practise and relevant regulatory and professional standards. The Fitness to Practise Procedure addresses the safety and competence of individual students within placement areas as opposed to placement areas themselves.

The Securing Educational Standards in Practice Placements policy's aims are to:

- Protect students' learning opportunities and professional development.
- Safeguard patients, service users, and carers.
- Maintain compliance with professional, statutory, and regulatory bodies (PSRBs) such as the NMC, HCPC, GDC and others.
- Promote a culture of openness, psychological safety, and transparency where concerns are raised and addressed constructively.
- Ensure robust governance of placement learning across all partners, whether NHS trusts, private practices, community organisations, or independent providers.

This policy covers all practice placements within the School, regardless of profession, provider type, or funding source.

#### 2. Principles

1. Safety first – patient, service-user, and student safety always take precedence.
2. Psychological safety – students and staff who raise concerns will be listened to, supported, and will not face detriment for speaking up.
3. Proportionality – responses are commensurate with the level of risk or concern.

4. Transparency – all decisions and actions must be documented, justified, and reported.
5. Shared responsibility – placement partners and the University share responsibility for placement quality.
6. Multiple evidence sources – monitoring draws on regulator reports (e.g. CQC, Ofsted, PSRBs), partner intelligence, student feedback, complaints, and audits.
7. Timeliness – concerns must be acknowledged within 7 days, follow-up initiated within 14 days, and feedback provided within 28 days (or sooner for urgent cases).
8. Closing the circle – feedback on the outcome of concerns will be shared with the student(s) or staff who raised them, as far as confidentiality allows.
9. Continuous learning – lessons learned will be reviewed and used to strengthen practice education and governance.
10. Generic applicability – applies across all professional groups and placement types.

### 3. Roles and Responsibilities

**Associate Dean (Practice Education):** Strategic lead for placement quality and standards; owns this policy; chairs the Practice Education Forum; escalates to School Executive and University governance; liaises with PSRBs.

**Manager for Placements and Health Partnerships:** Day-to-day oversight of placement quality; first point of contact for concerns; maintains placement risk register; ensures timely escalation.

**Course Leader:** Ensures programme compliance with PSRB standards; integrates placement intelligence into course quality monitoring.

**Lead Midwife for Education (LME):** Statutory role to maintain oversight of any and all concerns raised relating to quality of placements where student midwives are placed, including action plans to address concerns raised to ensure NMC standards continue to be met.

**Link Lecturer / Academic Link:** Primary University contact with placement provider; conducts audits and visits; gathers feedback; raises early warnings.

**Placement Partner** (terminology may vary - Provider Manager / Education Lead / Education Facilitator/ Practice Lead): Ensures placement meets regulatory and educational standards; selfnotifies University of concerns; collaborates in corrective action.

**Practice Education Forum** (School-level): Meets monthly to review placement concerns, risk register, and themes; recommends actions and escalations.

**School Executive Committee:** Receives summary reports; assures governance; ensures resources and oversight.

SES Policy update

Version 5.0 (September 2025)

Owner: Placement Administration

**University Quality Committee:** Ensures alignment with institutional quality systems; received reports from school executive; receives annual thematic reports; liaises with external quality assurance processes.

#### 4. Proactive Monitoring

The School will maintain a Placement Risk Register reviewed monthly. Inputs include:

- Concerns arising from student evaluations.
- Complaints or concerns raised by students, staff, service users, or carers.
- Reports from Link Lecturers and/or academic audits.
- Placement partner self-reports (governance meetings, incident reports).
- Regulator / inspectorate reports (CQC, Ofsted, PSRB inspections, etc.).
- Government quality assurance programmes (e.g. national oversight frameworks and league tables).
- Outcomes from independent investigations commissioned by the Secretary of State for Health and Social Care.
- Notifications from NHS trusts, private practices, or other providers regarding emerging risks.

The School Placement Manager or delegate will proactively review CQC and other regulator websites monthly, cross-checking against the placement register.

Placement partners are required to self-notify the University of adverse events, internal governance concerns, or regulatory actions relevant to student safety or learning. This is made explicit in placement partner agreements.

All intelligence is logged and reviewed monthly at the Practice Education Forum.

#### 5. Concern Levels and Examples

Concerns are classified at three levels. Examples below are indicative, not exhaustive.

**Level 1 (Early Warning):** Minor deviation from optimal learning; if unaddressed, may impact outcomes.

Examples: Temporary confusion over supervisor allocation; induction delayed; occasional mismatch of learning opportunities.

**Level 2 (Elevated Risk):** Persistent deviations or multiple issues; students may be unable to achieve outcomes; potential safety/professionalism risk.

Examples: Students repeatedly unsure of supervision arrangements; persistent staff shortages affecting learning; regulator rating “Requires Improvement.”

**Level 3 (Critical Risk):** Non-compliance with PSRB standards; evidence of unsafe care or learning environment; patient/student safety at risk.

Examples: Unsafe practice observed; discriminatory or abusive behaviour; regulator rating “Inadequate”; non-supernumerary placement where students counted as staff.

Concerns may also include unprofessional behaviour, criminal activity, sexual safety, bullying/harassment, or events jeopardising health and safety. All such issues must be raised immediately.

## 6. Escalation Pathway

### Step 1: Initial Reporting

- Anyone (student, staff, partner) can raise a concern using the Placement Concern & Escalation Form (See Appendix).
- Concerns should be reported to the relevant Link Lecturer, Course Leader, and Manager for Placements and Health Partnerships within 24 hours where possible.

### Step 2: Triage

- Placement Manager (or delegate) reviews within 24 hours, assigns provisional concern level, and initiates next steps.

### Step 3: Action

- Level 1: Resolved locally by Course/Link Lecturer within 48 hours; logged and monitored.
- Level 2: Joint meeting with partner within 3 working days; action plan agreed; monitored at Forum. If concern relates to placement where student midwives are placed, notify LME.
- Level 3: Immediate removal of students; urgent escalation to Associate Dean (Practice Education) and School Exec (of which the LME is a member); students reallocated; formal investigation launched.

### Step 4: Feedback (“Closing the Circle”)

- Student(s) and staff who raised the concern will receive acknowledgement within 7 days, updates within 14 days, and an outcome summary within 28 days (or explanation if longer).

### Step 5: Oversight and Reporting

- All concerns logged in Placement Risk Register.
- Practice Education Forum reviews monthly.

- Level 2/3 escalations reported to School Exec and University QA.

## 7. Student Support and Well-Being

Students raising or affected by placement concerns will be offered access to student support services, personal academic coach (PAC) guidance, and (if needed) counselling or occupational health referral.

Where a student feels unsafe to remain in the placement environment, the University will normally reallocate them promptly.

Anonymous concerns will still be logged and considered, even if investigation is more limited.

## 8. Placement Suspension and Restoration

Placements may be suspended (“rested”) where concerns reach Level 3. Restoration requires: - A joint University–Provider Restoration Plan.

- A full Education Audit mapping achievable outcomes.
- Reduced student capacity (normally 50%) during first return placement.
- Enhanced Link Lecturer visits and student briefings.
- Mid-point and end-placement evaluations shared with Associate Dean (Practice Education) and with the LME where appropriate.
- Positive outcomes before reinstating full capacity.

## 9. Reporting and Oversight

Practice Education Forum: monthly review of concerns, action plans, and themes.

School Executive: monthly summary of risks, themes, and underperforming partners. Annual

Thematic Report: produced by Associate Dean (Practice Education) for School Exec and University QA, capturing volumes, themes, PSRB issues, and recommendations.

## 10. Glossary

Placement Partner – any organisation providing student practice learning.

Link Lecturer – University academic linked to a placement provider.

Practice Education Forum – School-level group monitoring placement standards.

Concern & Escalation Form – standard template for logging all placement concerns.

Rested Placement – a placement temporarily suspended due to concerns.

SES Policy update

Version 5.0 (September 2025)

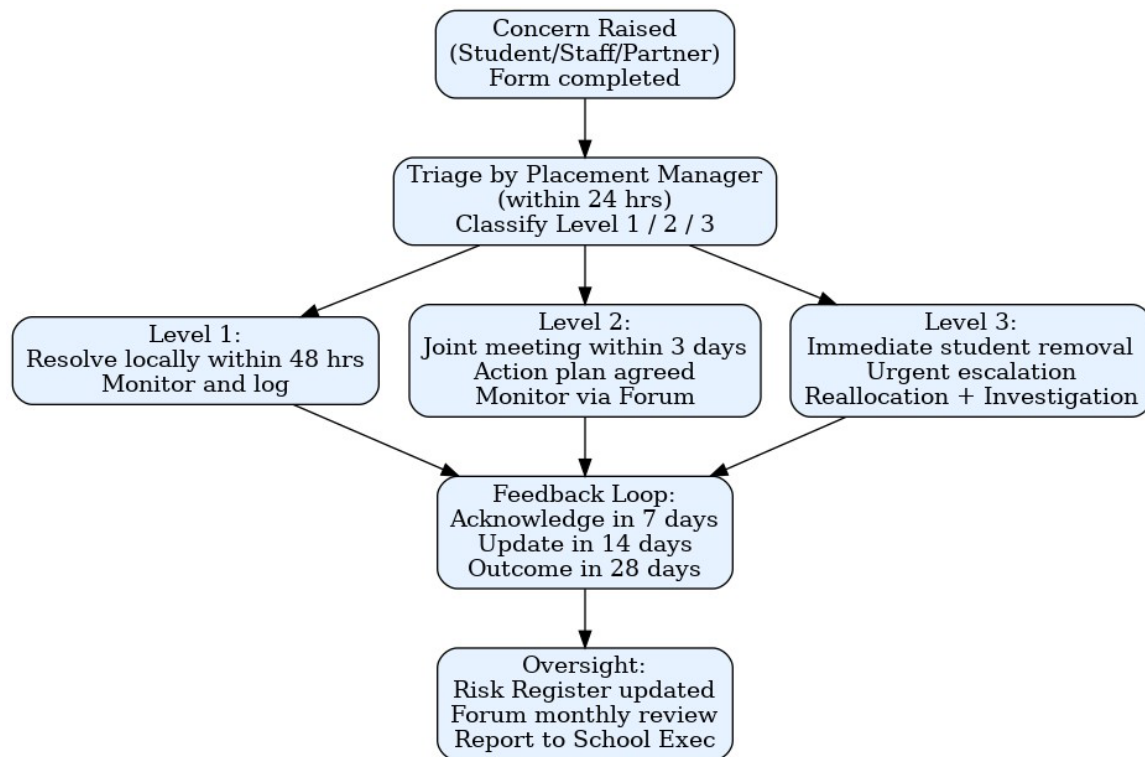
Owner: Placement Administration

PSRB – Professional, Statutory, and Regulatory Bodies (NMC, HCPC, GDC, etc.).

Psychological Safety – an environment where students/staff feel able to raise concerns without fear of reprisal.

## Appendices

### Appendix A: Flowchart – Escalation Pathway for Placement Concerns



## Appendix B: Guidance on Restoring Rested Placements

- a) Action planning may be considered when a Placement Partner – University joint working meeting concludes that consideration can be given to returning an area to use.
- b) The Director of Education at the Placement Provider, (or equivalent), and the Executive Dean of the School of Health, Sciences and Society at the University of Suffolk must agree that the area is ready to be prepared.
- c) A full education audit should be completed before the decision is made to prepare an area for use. This audit must define those programme outcomes that may be achieved within the placement – this will define in which part of the programme a student may attend the area.
- d) Student capacity will be defined as usual using QA mechanisms criteria and local decision making. However, capacity for the first placement(s) after return will be no more than 50% of that figure, (rounded up to the nearest whole number).
- e) Assessment must be made of the support required by practice staff who support learning (practice educators, practice supervisors, practice assessors, clinical supervisors) during the return phase and the action plan will define how that will be provided from PEP and university resources.
- f) Those students allocated to the area are to be briefed by the university before starting the placement to ensure they are aware of channels and processes for escalating concerns.
- g) Regular and sufficient visits to the students in placement should be planned by the Link Lecturer.
- h) Placement evaluations must be completed at the halfway point for extended placements (longer than two weeks) and on completion of the placement. These evaluations must be made available to the Associate Dean for Practice Education (and the LME where appropriate) at the University of Suffolk within one working day of each point.
- i) An education audit review must be completed at the end of the first placement. This review and all evaluation evidence must be made available to the next Placement Partner - University joint working meeting who may recommend an extension of the action plan or a return to use at the full audited capacity.



## Appendix C: Placement Concern & Escalation Form (Template)

Date/Time: \_\_\_\_\_

Raised by (Name/Role): \_\_\_\_\_

Placement Provider/Site: \_\_\_\_\_

Students affected: \_\_\_\_\_

Nature of Concern (tick all that apply):

☐ Supervision / learning environment

☐ Patient/service user safety

☐ Professional behaviour

☐ Discrimination / harassment

☐ Other (specify): \_\_\_\_\_

Level (initial): ☐ 1 ☐ 2 ☐ 3

Description (factual): \_\_\_\_\_

Immediate actions taken: \_\_\_\_\_

Escalated to (Name/Role): \_\_\_\_\_

Follow-up required by: \_\_\_\_\_

## Appendix D: External Intelligence Trigger Table

| External Source / Trigger                                 | Example(s)                                                                                                                                                                                           | Default Concern Level                     | Expected University Response                                                                                                                                                                                             |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CQC inspection outcome – “Requires Improvement”</b>    | Acute trust, community service, dental practice, or care home rated as “Requires Improvement” in overall quality or in a domain directly relevant to placement learning (e.g. “Safe” or “Well-Led”). | <b>Level 2</b>                            | Risk assessment undertaken by Placement Manager and Associate Dean (Practice Education). Action plan agreed with provider. Students may remain in placement with enhanced monitoring. Logged on Placement Risk Register. |
| <b>CQC inspection outcome – “Inadequate”</b>              | Any placement partner rated “Inadequate” overall or in key domains.                                                                                                                                  | <b>Level 3</b>                            | Suspension of placements normally required. Immediate removal/reallocation of students. Joint restoration plan agreed with provider before return.                                                                       |
| <b>PSRB adverse report</b>                                | Regulator (e.g. NMC/GDC/HPC/GPhC) review highlighting significant weaknesses in learning environment, supervision, or safety.                                                                        | <b>Level 2–3</b><br>depending on severity | Triaged by Associate Dean (Practice Education). At minimum, action plan with provider. Where risks are immediate, escalate to Level 3 with removal of students. Reported to School Exec and University QA.               |
| <b>Partner selfnotification of internal investigation</b> | NHS Trust or dental practice informs University of ongoing investigation into safety, care standards, supervision, or misconduct affecting placement areas.                                          | <b>Minimum Level 2</b>                    | Placement Manager undertakes triage. University requests details of scope and mitigations. May impose restrictions, enhanced monitoring, or suspension depending on risk.                                                |
| <b>Serious Incident (SI) / Safeguarding concern</b>       | Never Events, safeguarding alerts, or patient harm events in placement areas.                                                                                                                        | <b>Level 3</b>                            | Immediate review. Students removed if risk of exposure to unsafe practice. Escalated to Associate Dean and School Exec. Reported to regulator as required.                                                               |

|                                        |                                                                                                                                      |                                                   |                                                                                                                                                            |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National oversight frameworks</b>   | National league tables or oversight reports (e.g. NHS national staff survey, Ofsted outcomes) indicating concerns at provider level. | <b>Level 1–2</b>                                  | Placement Manager reviews data. Issues logged on risk register. Where multiple negative indicators arise, escalate to Level 2 and agree mitigating action. |
| <b>External Source / Trigger</b>       | <b>Example(s)</b>                                                                                                                    | <b>Default Concern Level</b>                      | <b>Expected University Response</b>                                                                                                                        |
| <b>Complaints from external bodies</b> | Regulator (e.g. NMC/GDC/HPC/GPhC) or ICB raises concerns directly with University about placement environment.                       | <b>Level 2–3</b> depending on nature of complaint | Placement Manager and Associate Dean review immediately. Risk assessment and action plan agreed. May involve temporary suspension.                         |
| <b>Media / whistleblowing reports</b>  | Credible media coverage or whistleblowing raising concerns about care quality at partner sites.                                      | <b>Level 1–2</b> initially, pending verification  | Fact-finding undertaken by Placement Manager. Escalate to Level 3 if substantiated. Monitor closely until resolution.                                      |

## Appendix E: Example Scenarios (What Constitutes a Concern)

| Scenario                                               | Typical Concern Level           | Why It Matters                                                                                                                                      | Likely University Response                                                                                                                                                                |
|--------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Student not allocated a supervisor</b>              | Level 2                         | Lack of allocated practice supervisor/assessor means student cannot achieve required outcomes and may not be adequately supported.                  | Placement Manager and Link Lecturer contact provider within 24 hrs to resolve. If persistent, action plan required. Logged on Placement Risk Register.                                    |
| <b>Students used in staffing numbers</b>               | Level 3                         | Students counted as part of workforce rather than supernumerary undermines learning, breaches PSRB standards, and risks safety.                     | Immediate escalation to Associate Dean (Practice Education). Students normally removed from placement. Placement suspended until restoration plan agreed.                                 |
| <b>Persistent poor induction processes</b>             | Level 2                         | Failure to induct students consistently leaves them unfamiliar with safety protocols, reporting lines, or learning opportunities.                   | Action plan with provider to strengthen induction. Enhanced monitoring. If unresolved across multiple cohorts, escalate to Level 3.                                                       |
| <b>Racially discriminatory behaviour observed</b>      | Level 3                         | Any discriminatory, harassing, or abusive behaviour threatens psychological safety, breaches Equality Act and PSRB standards.                       | Immediate escalation and removal of student(s) from unsafe environment. Investigation with provider. Possible suspension of placement. Reported through University safeguarding channels. |
| <b>Patient complaint about unsafe practice</b>         | Level 2–3 depending on severity | Complaints may signal isolated issues (Level 2) or systemic unsafe care (Level 3).                                                                  | Placement Manager investigates with provider. Students may be removed if risk confirmed. Action plan agreed. Logged and reviewed at Forum.                                                |
| <b>Delayed learning opportunities due to rota gaps</b> | Level 1–2                       | Short-term delays may limit learning but not threaten safety (Level 1). Persistent or severe shortages preventing outcomes raise concern (Level 2). | Link Lecturer works with provider to adapt learning opportunities. Persistent cases escalated to Placement Manager for action planning.                                                   |

