

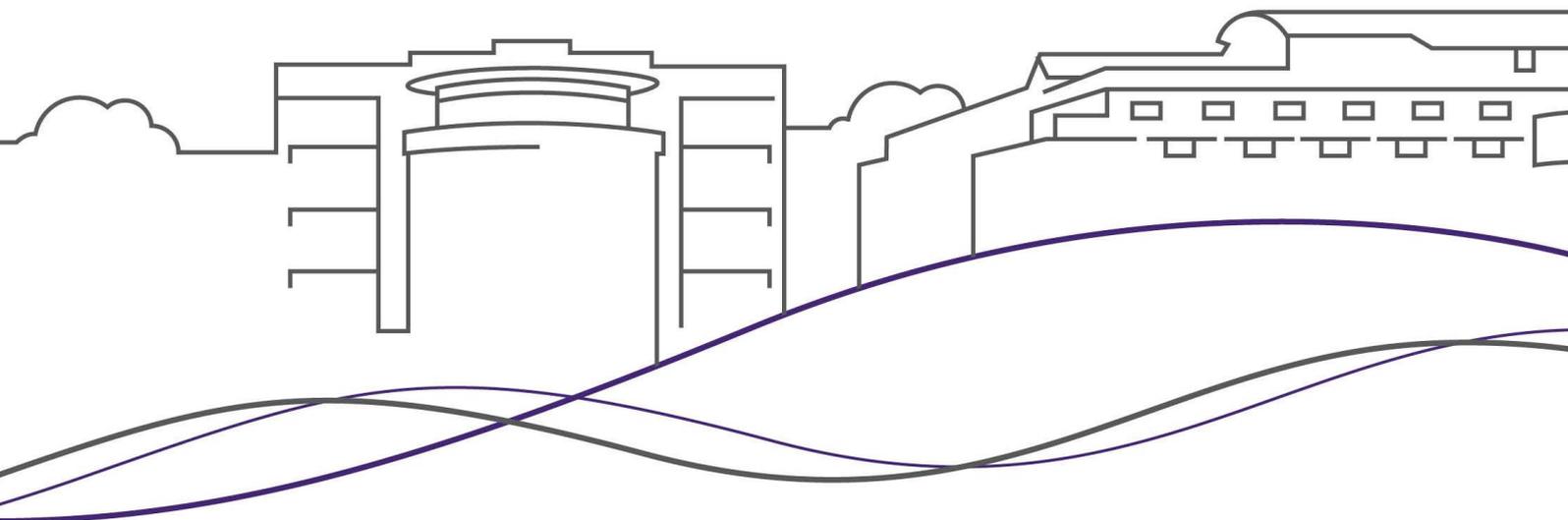
Academic Policy and Procedures



University Centre South Devon Health Professions and Nursing

Placement Incidents and Concerns Procedure

This procedure is applicable solely to Health Professions and Nursing Programmes



Document Control

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Ver	Date	Author	Description
1.0	12 Nov 19	J Hall	Conception
2.0	17 Nov 20	M Woodger	Updated to reflect department name
3.0			

APPROVAL

Ver	Committee	Date Approved	Comments
1.0	HEAB	12 Nov 19	Approved
2.0	HEAB	17 Nov 20	Approved
3.0			

Scope

This document is designed to cover the procedures to be followed and actions taken in response to reports of any placement related concerns and incidents. By necessity, this covers a wide variety of situations. Where appropriate, examples have been used to illustrate *possible* scenarios, however these are not exhaustive and each situation should be considered on its own merits alongside the more generic guidance.

Throughout this document, issues have been divided into three types of concern:

- Practice based concerns
- Serious Untoward Incidents/ Serious Incidents requiring Investigation
- Concerns relating to regulatory body Inspections/ Reports (including CQC reports)

Where there is any uncertainty regarding the most appropriate course of action, please seek guidance from the Lead Coordinator or Manager for Health Professions and Nursing without delay.

Context

This policy was written in response to a number of events occurring both nationally and locally and in direct support of some of the 290 separate recommendations found in the Francis Report (2013). In particular, guidelines consistently highlight the need for the College to act on any concerns relating to standards of care or practice that are brought to their attention. This policy aims to foster an environment of openness, transparency and candour; so that concerns and complaints can be raised freely and without fear.

It is vitally important that students feel the need and urgency to report any incident in practice that they consider to be untoward, and are supported to do so. A culture must exist that encourages students to recognise that any risks to patients and clients out-weigh concerns about practice assessments and future job opportunities. Staff should remind students that acting promptly on their concerns demonstrates excellent professional practice.

Key recommendations:

- The College must foster an environment which supports staff, students and providers to highlight concerns promptly and openly
- Students and staff should be appropriately supported to raise concerns

1. Reporting of Concerns

It is recognised that individual College staff may be made aware of incidents or concerns notified directly by the placement provider, through their own work or in their contact with students. It is vital that rapid and co-operative working is used to manage this situation. The first priority is to ensure the safety and wellbeing of any patients/ clients and students who may be linked to the concern, including withdrawing a student from placement if necessary.

Reports of concerns from students

The challenges faced by students in reporting concerns, and the need for adequate support to do so are widely recognised (NMC, RCN 2015). Discussions relating to the importance of raising concerns need to be integral to the placement preparation and support process and should be reiterated regularly.

In particular it has been noted that students may wait until the end of a placement before reporting practice events for fear of affecting their practice assessment. As a result, staff are only made aware a long time after the incident occurred when it may be more difficult to act on. Thus, in any general discussion on clinical practice this topic should be raised.

Group tutorials / practice reflection sessions may also reveal incidents and students are supported in an atmosphere of openness and confidentiality. However staff must take forward serious incidents and subsequently help students write accounts that form a witness statement. It is then the duty of the Faculty to keep the documents confidential

Reports of concerns from placement providers

Key recommendations:

- Discussions relating to reporting of concerns should be included in all placement briefing sessions and placement handbooks. Students should be specifically asked if they have any concerns relating to placement in every support contact.
- All reports of concerns should be documented in placement support records (initially) and subsequently on the SUI/SIRI Report form

Client/ Patient and student wellbeing should be your number one concern. If there are any concerns in this respect, students should be withdrawn from placement until a further assessment can be made.

1. Initial response to practice-based incidents and concerns

Initial Acknowledgement

As an educational institute there is a need to provide an appropriate, sensitive, compassionate and timely response to concerns, including appropriate support for students and staff. Where concerns are raised it is important that initial responses should be open and constructive and should emphasise that any concern raised will be taken seriously. Where appropriate (i.e. assuming the student is not acutely distressed), information should be gained detailing the facts relating to the concern and any action taken to date. This should be recorded in writing. If this is not possible, a record of the concern as reported so far should be made, along with a clear action plan for following up the concern to establish further detail. **It is the responsibility of the member of staff who receives the initial report to complete the initial acknowledgement.**

Forwarding the concern

It is critical that the appropriate staff within the College are aware of any reports of concerns that are outside of 'usual' issues encountered by student on placement. Whilst issues may seem relatively trivial in isolation, it is possible that they may be part of a wider concern which may not otherwise be recognise. Due to the wide range of learners in each placement area, **staff should not assume that an issue which is reported is only relevant to their programme.**

The timeframe and actions required when forwarding initial reports of practice based concerns depends on the type and severity of the concern. It is important that having gathered initial information, staff undertake an assessment to establish the most appropriate course of action. See flowcharts below

2. Assessing the severity of the incident/ concern

Throughout this document, issues have been divided into three types of concern:

Practice-based incidents/concerns

Practice-based incidents/ concerns are defined in this context as those reports which identify an event, incident or experience which falls outside of the standards of practice and professional guidelines of the student on placement.

Serious Untoward Incidents/ Serious Incidents requiring Investigation

SUI/SIRI's can be summarised as: critical incidents which may put the College's reputation at risk as well as causing harm to individuals. (Please note that the College has a separate procedure which must be followed in the event of the death of a student)

Concerns relating to regulatory body Inspections/ Reports (including CQC reports)

There are a number of regulatory bodies who provide oversight of facilities which provide practice placements to our students (see below for details). Reports may be routine, or they may be published in response to specific incidents.

Once the member of staff who has received the initial report has established the basic details of the incident/concern, it is important that they consider which of the above categories it is likely to fall into. This should not be established in isolation- staff should always involve the relevant Lead Coordinator and Manager for Health Professions and Nursing . The rationale supporting this decision should also be documented alongside the original concern.

3. Guidance regarding specific types of incident/ concern

Practice based incidents/concerns

Practice based incidents/ concerns are those issues which fall outside of what would usually be considered 'routine' within placement practice, but are not so serious as to constitute a SIRI/SUI.

Examples of practice based incidents/ concerns include:

- Standards of service user/patient care
- Care provision or clinical practice.

Once a practice-based concern/ incident has been highlighted, it is imperative that a response is made in a timely manner, and clarification is gained to determine whether the incident should be treated as a concern or escalated to SUI/SIRI status (see below). Where there is any uncertainty, the respondent should treat the incident as a SIRI/SUI until further clarification is made. This includes responding in an appropriate timescale.

Issues which are deemed to be practice based incidents/ concerns should be managed primarily within programme placement support mechanisms in partnership with the placement provider. However, it is important that the Lead Coordinator is made aware of any issues and that a report is logged with compliance. In this way, such issues can be reviewed as part of audit/ placement quality review processes, and any potential patterns/ issues that have wider implications are picked up.

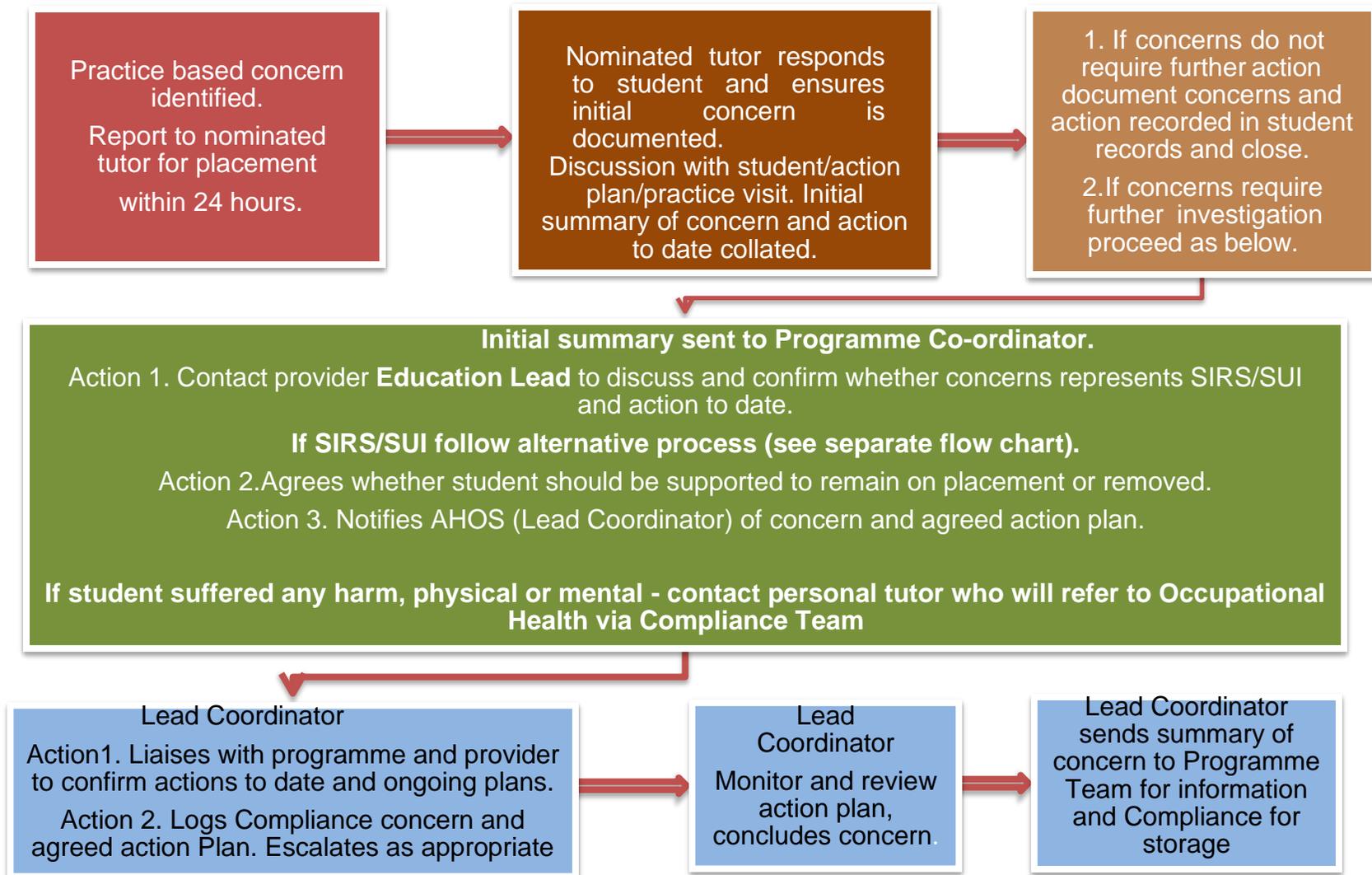
Recommended Timescales

There are no pre-defined timescales for responding to reports of practice-based concerns or incidents, however the initial acknowledgement of the concern should be made within 1 working day of receipt. From this point on, the timescale for responding to the concern should be appropriate to the issue identified. It is expected that a final action plan is agreed and the final summary normally completed within a maximum of 3 weeks

Reporting frameworks for practice based incidents/ concerns

All practice based incidents/ concerns must be documented on the SIRI / SUI or Concerns Reporting Form. On completion of the final report the entire document and all supporting documentation should be sent to the Lead Coordinator with reference to compliance for storage. Where relevant, copies of the concern, agreed action plan and any relevant onward referrals (eg occupational health) should also be stored in the relevant student file(s).

Practice Based Concerns – Flow Chart



3.2 Serious Untoward Incidents (SUI)/ Serious Incidents requiring Investigation (SIRI)

Serious incidents requiring investigation in healthcare are rare, but when they do occur, everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients/clients and students and ensure that robust investigations are carried out, which result in organisations learning from serious incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

SIRIs were defined by the NPSA's 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation. In summary, this definition describes a serious incident as an incident which resulted in one or more of the following;

- 3.2.1. Unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;
- 3.2.2. A never event - all never events are defined as serious incidents although not all never events necessarily result in severe harm or death.
- 3.2.3. A scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population
- 3.2.4. Allegations, or incidents, of physical abuse and sexual assault or abuse; and/or
- 3.2.5. Loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

Responding to SIRI/SUIs

The Manager for Health Professions and Nursing **MUST** be informed of any SIRI/ SUI as a matter of urgency. The Lead Coordinator is responsible for ensuring that further notifications, investigations and responses are made in a timely manner. Following the initial report, other notifications will be made. These may include:

Section: Higher Education Manager/Academic Registrar, Assistant Principal, Health Professions and Nursing Manager or Lead Coordinator Health Professions and Nursing

College: Accountable Officer

Placement provider: the relevant senior manager (and thus their governance office

to deal with the media) should always be made aware that a SUI / SRI has occurred as soon as possible. They will have their own policy in place but may not have been made aware that an incident has even occurred.

External Agencies: The reporting of such incidents locally may need to involve the Local Education and Training Board (education commissioner) Health Education England Southwest (HEE SW) Quality Surveillance Group (QSG) and Clinical Commissioning Group (CCG) and South West Area Partnership for Placements (SWAPP) or Multi-Agency Safeguarding Hub (MASH)

Professional bodies: such as Nursing & Midwifery Council (NMC), Health Care Professions Council (HCPC), General Medical Council (GMC) may need to be informed as well as inspectorates such as Care Quality Commission (CQC) and Office for Standards in Education, Children's Services and Skills (Ofsted)

Recommended Timescales

There are pre-determined timescales for responding to reports of SRI/ SUI which must be met, if there is more information awaited this can be indicated:

Within 24 Hours: incident details

Within 72 Hours: Initial Management Plan

After day 4 and before day 7: Ongoing Management Plan

After 3 weeks: Outcome report

Reporting frameworks for SUI/ SIRIs

All SIRIs/ SUIs must be documented on the SRI / SUI or Concerns Reporting Form. On completion of the final report the entire document and all supporting documentation must be sent to compliance for storage.

3.3 Concerns relating to regulatory body Inspections/ Reports (including CQC reports)

Any issue or concern raised in relation to Practice Placement provider from CQC reports or regulating bodies or other such as Ofsted or Local Safeguarding organisations requires a review, an action plan and reporting to HEE/professional Body

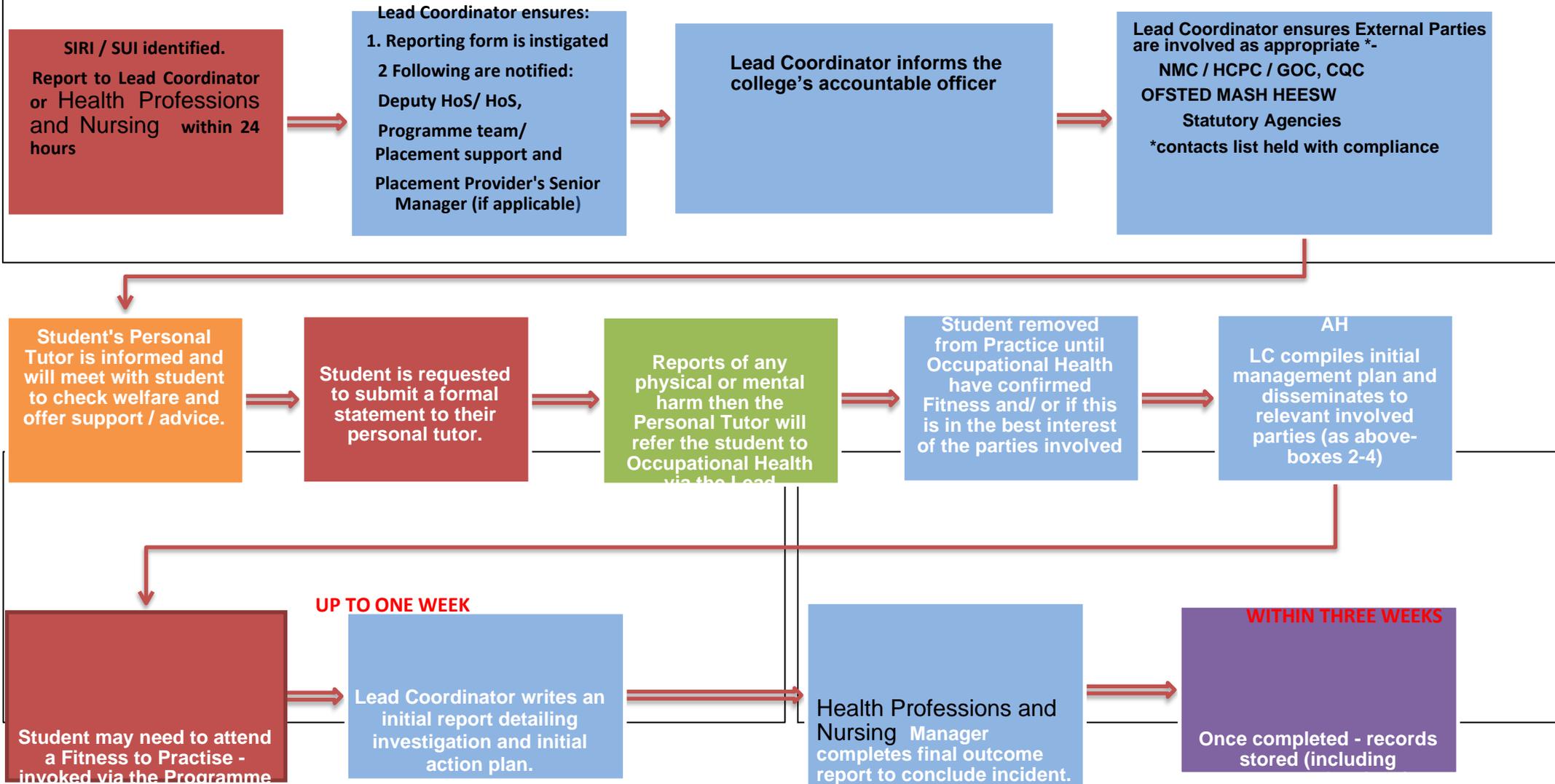
Responding to regulatory body reports

See CQC response flowchart page

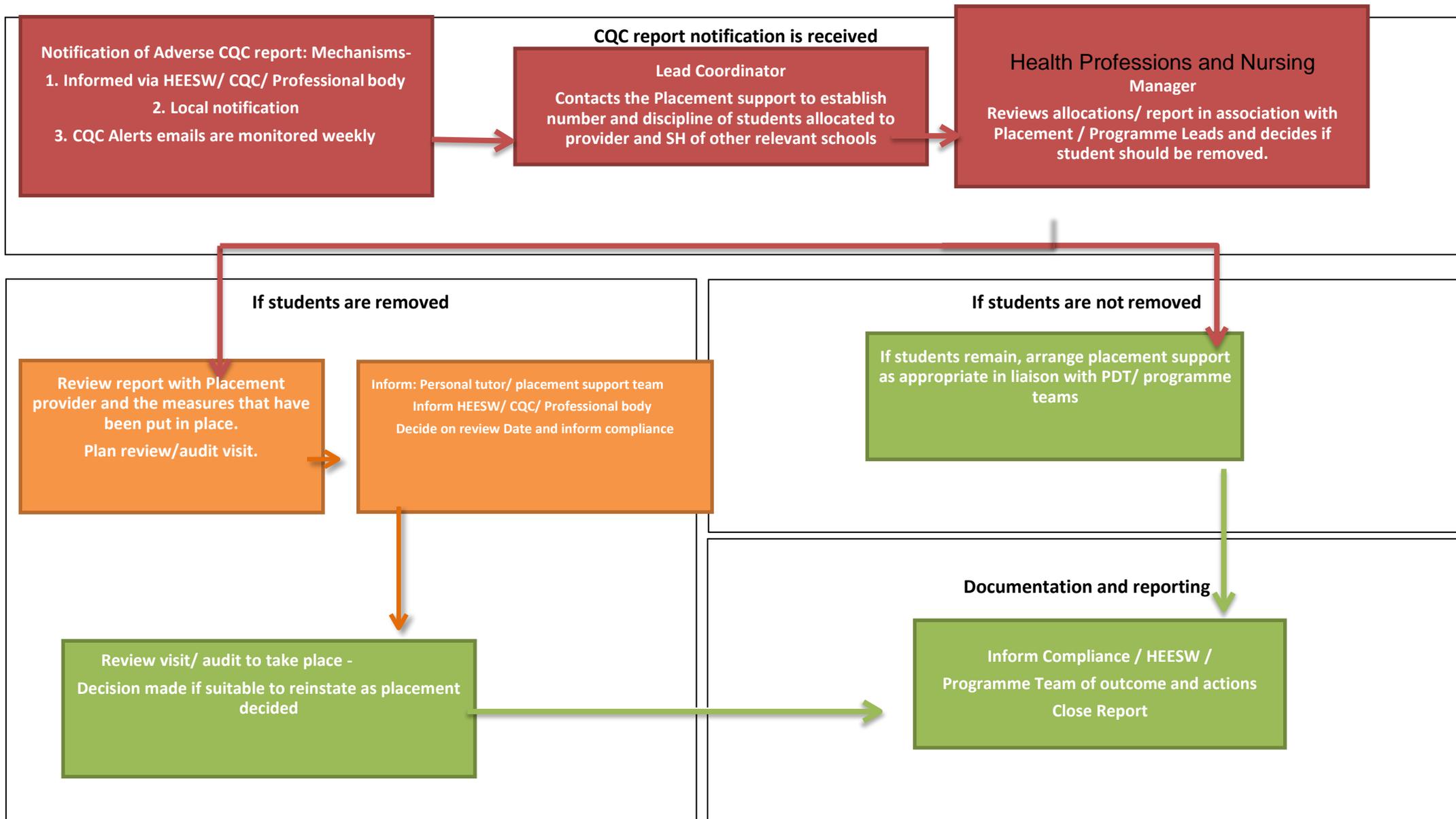
Reporting frameworks for regulatory body inspections/ reports

All responses to regulatory body reports must be documented on the CQC Alert Action Plan Report. On completion of the final report the entire document and all supporting documentation must be sent to the Lead Coordinator for storage. This enables reports and action plans to be reviewed as part of the placement quality review process, and any recurring themes/ concerns to be identified.

Process for Staff or Students reporting a Serious Untoward Incident or Serious Incident Requiring Investigation – Flowchart



Receipt of a CQC Alert – Flowchart



4. Implications for student placement assessments/ completion of hours

After reporting a concern of any kind, all staff should consider whether it is appropriate for students to remain in a practice area to continue with their placement. This decision should be made in collaboration with the placement provider, student and programme team, and in discussion with the deputy head/ head of school/ faculty registrar as appropriate.

Staff should make the following considerations:

- Student wellbeing and potential impact on the student's learning experience
- Potential impact on the student's ability to achieve the learning outcomes of the placement
- Relationship between the student, placement provider and the College
- There may be others dependant on the case

Academic regulations do **NOT** allow extensions to placements to be made

It should be remembered that Assessment Boards can consider extenuating circumstances when a student has reported a mentor/staff member and subsequently a delay in completing their assessment within the defined timeframe

It may be necessary for the student to be placed on study leave for a short period before return to the placement area

It may be in the student's best interest to relocate their placement whilst an organisation conducts an internal enquiry where possible.

These decision needs to be taken in consultation with the Lead Coordinator, Health Professions and Nursing Manager and placement allocations team

5. Documentation and report writing

Staff must ensure that all incidents and reports are appropriately documented.

Students must be supported when they report incidents as this is a very stressful event. They must always have help when writing a formal statement and should always be accompanied if being interviewed by the NHS Trust, other organisation or the police. **If the student is likely to incriminate themselves, as they were actually involved in the incident, rather than just being a witness, then the meeting must be concluded. In the situation where the student is more than a witness, they and the College may well require legal representation, which the Clinical Education Manager will take forward.**

Students may find the need to identify by name, time and place in any witness statement at odds with what they have been taught about confidentiality. **An**

incident report / witness statement must contain specifics. It is the duty of the College to keep this document confidential but recording as many accurate objective details as possible will make recollection easier. It may be many months or even years before the statement is used in a tribunal, disciplinary or court situation. The [College of Emergency Medicine](#) provides best practice guidelines for writing statements for the police) Also [RCN provides guidance](#) on writing statements.

Witness statements should be clear, logical, with time frame and specifics, they should be objective not subjective and contain only what the student / witness knows to be fact. E.g. the patient was on the floor by the bed not I think the patient had fallen out of bed.

Do not underestimate the stress of writing a statement; more than one attempt may be required before a suitable document is produced. However it is important that all notes / first emails alerting staff to an event are kept as they may be required by the police / courts in future.

The Section will log and store statements. This ensures that they are kept both securely and are accessible if required. The Lead Coordinator will also provide information to ensure that due process is followed.

Students should be reminded to keep their own copy of any statement.

Students should always have the support of a Personal Tutor in any incident but may also need the support of a more experienced academic and their professional union.

Escalation to external agencies

All reports are logged with compliance. All incidences that may affect contractual arrangements with Placement Providers or HEE such as where students are removed from the placement area are reported to HEESW.

Decisions to inform professional bodies, CQC or safeguarding / Ofsted for example will be decided on a case by case basis by the Lead Coordinator or in conjunction with the Health Professions and Nursing Manager and Assistant Principal as appropriate.

Appendix 1: SIRI / SUI or Concerns Reporting Form

Record of incident/s or concerns involving student on placement

This pro-forma is to be primarily used to log incidences and actions taken relating to:

All incidents/near misses/concerns raised or serious incidents involving students in clinical practice, either participant/observation or by their direct action.

The information gathered will:

- Be logged with our compliance team
- Be used for ongoing record of action taken as a result of an incident
- Used as required to inform commissioners who require SUI reporting for anything that might affect their contract for Placement Learning with us/placement provider.
- Form part of our annual report for NMC/HCPC monitoring (mandatory requirement)
- Be used as required to inform external agencies such as CQC/Ofsted/Safeguarding NMC/HCPC where patient safety in an organisation is of concern

Please refer to relevant flowchart and the guidance on response to incidents/ concerns

Whilst there is no set time limit for responding to a practice-based concern, responses should be made in a timely manner.

Any SUI report must be completed by the College/placement provider:

Within 24 Hours: incident details	Within 72 Hours:. Management Plan
After day 4 and before day 7: Ongoing Management Plan	After 3 weeks: Outcome report

Initial report Student details				
Student Name:				
Student Number:				
Programme				
Cohort				
Academic Campus				
Placement Site:				
Placement provider				
Incident Details				
Incident date/ time				
Incident Details				
Placement provider's immediate actions				
Completed by		Date		
College's immediate actions:				
Completed by		Date		
Notifications				
	Yes	No	NA	Notified by/ Date
Health Professions and Nursing Manager / Assistant Principal				
Personal Tutor				
Placement team (as appropriate)				
Placement Provider Education lead				
Programme Coordinator/Lead				
Incident to be closed and logged by lead Coordinator				

Stage 2: Initial Management Plan and likely timescale (to be completed within 72 hours)	
Placement Provider	
Details of other stakeholders involved with the immediate action plan (ie CQC)	
Expected outcomes of the placement provider's immediate management plan	
Expected time-scale for the placement provider's immediate management plan	

Completed by:		Date		
College				
Expected outcomes of the College's immediate management plan				
Completed by:		Date		
Stage 2 Notifications				
	Yes	No	n/a	Notified by / Date:
Lead Coordinator				
Health Professions and Nursing Manager /Assistant Principal				
HEE				
Professional body (detail)				
CQC				
Other				
Log with Placement Compliance date				
Escalate to SUI				

Stage 3: Review of On-going Management Plan (to be completed within 3 weeks)				
Placement provider				
Details of the placement provider's Progress on Action Plan				
Indicative time scale of completion				
Completed by		Date		
College				
Details of the College's Progress on Action Plan	<ul style="list-style-type: none"> - support provided by personal tutor (date) - student supported to write statement (date) - FTP process initiated (date) - OH referral (date) - withdrawn from practice (date) - other 			
Indicative time scale of completion				
Completed by		Date		
Outcome regarding Student				
Stage 3 Notifications- Final summary and outcomes disseminated to:				
	Yes	No	NA	Notified by / Date
Placement link				
Personal Tutor				
PDT Lead				
Clinical Ed Manager				
Placement Provider Education lead				
Assistant Principal				
HEE				
Professional body (detail)				
Logged with Lead Coordinator Date:				

Appendix 2: Serious Incident Internal Contact List

Department Compliance Team

Names	Job Title	Email	Phone
Jon Hall	Lead Coordinator (Quality)		
Anne Gallon	Workplace Coordinator	ClinEdplacementcompliance@southdevon.ac.uk	
Laura Crawley	Workplace Coordinator		

Department Contacts

Name	Job Title	Email
Maria Woodger	Assistant Principal	
Claire Langman	Manager Health Professions and Nursing	
Alastair Wilson	Head of Higher Education	

External Contacts

Department	Email	Phone
Care Quality Commission (CQC)	http://www.cqc.org.uk/content/contact-us-using-our-online-form (online contact form)	03000 616161
Health Education England (HEE)	info@southwest.hee.nhs.uk	01823 361000
Health and Care Professions Council (HCPC)	ftp@hcpc-uk.org	0800 328 4218
Nursing and Midwifery Council (NMC)	fitness.to.practise@nmc-uk.org or newreferrals@nmc-uk.org	020 7637 7181
Multi Agency Safeguarding Hub Devon and Torbay	mashsecured@devon.gcsx.gov.uk	Devon: 0345 155 1071 Torbay: 01803 208100 Out of hours please call (Devon) 0845 6000 388 or (Torbay) 0300 456 4876
Multi Agency Referral Unit, Cornwall	MultiAgencyReferralUnit@cornwall.gcsx.gov.uk	0300 1231 116
Children Safeguarding Somerset	children@somerset.gov.uk adults@somerset.gov.uk	0300 123 2224
OFSTED	enquiries@ofsted.gov.uk	0300 123 4666

Appendix 3: CQC Alert Action Plan Report

Record of Action taken/action plan following CQC Alert

This pro-forma is to be primarily used to log actions taken relating to:

CQC Alerts/reports regarding placement provider that could affect students' placement learning support/experience.

The information gathered will:

- Be logged with our compliance team
- Be used for ongoing record of action taken as a result
- Used as required to inform commissioners who require reporting for anything that might affect their contract for Placement Learning with us/placement provider
- Form part of our annual report for NMC/HCPC monitoring (mandatory requirement)
 - Be used as required to inform external agencies such as /Ofsted/ NMC/HCPC where deemed necessary

Please refer to relevant flowchart and the guidance on Action on CQC Alert.

Whilst there is no set time limit for responding to a CQC practice-based concern, responses should be made in a timely manner.

The report must be completed in collaboration between the College and Placement Provider.

Stage 1: Initial report				
Placement provider				
Placement Site				
Overview of report				
Summary of CQC report				
College immediate action Liaise with placement provider Contact name Date Other				
Placement provider's immediate actions Details of other stakeholders involved with the immediate action plan				
Completed by		Date		
College's immediate actions: To include contacting current students on placement to review support or if any concerns re patient care Detail Support system put in place Decision to remove students'				
Review Date				
Completed by		Date		
Notifications				
	Yes	No	N/A	Notified by/ Date
Health Professions and Nursing Manager / Assistant Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programme Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement Provider Education lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programme Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Higher Education Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional body (detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Stage 2: Review of Action Plan				
Placement Provider				
Review				
Review date				
Completed by:		Date		
College				
Review				
Completed by:		Date		
Stage 3 Notifications- Final summary and outcomes disseminated to:				
	Yes	No	NA	Notified by / Date
Placement Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programme Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Professions and Nursing Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement Provider Education lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistant Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional body (detail)				
Logged with Lead Coordinator Date:				

Appendix 4: Guidance on Witness statement writing

Witness statements provided by staff or students

Witness statements may be requested by a number of people to support incidents that should raise concerns these include;

- Poor or unsafe clinical practice.
- Professional misconduct.
- Health and safety risks, including risks to clients, patients, visitors and staff.
- Bullying of patients, clients, visitors, staff or students.
- Drug or alcohol abuse.
- Verbal, mental, physical or sexual abuse.
- Accident, injury or unexpected death
- Damage to the environment.
- Conduct that is an offence or breach of the law.

However it must be emphasised that in most day-to-day placement activity, under the capable supervision of mentors and others, learners flourish in the clinical practice environment. Mentors and learners manage their day-to-day practice and work through challenges, such as different ways of working, with discussion. Following this, many complaints may also be resolved informally by consultation between the student(s), personal tutor or other staff concerned. The College encourages the use this informal option when appropriate and where possible.

In addition there may be a situation where a student may not be performing at the standard required of them, due to a variety of reasons; in this case a Fitness to Practice procedure may be instigated. The policy and procedure for this can be found on the College website. This may also require statements to be written by the student, mentor or other clinical staff and discussed, in the first instance, with the Programme Lead and Personal Tutor.

The most frequent reason for a student being asked to write a formal statement is when they have witnessed a serious or untoward incident in clinical practice as suggested in the list. In these situations a clear objective statement will be required, but the student **MUST** always seek support from their Personal Tutor before writing such a statement. It is also vital to emphasise that serious or untoward incidents (SUIs) cannot remain unreported until the end of a placement or a planned tutorial; they **MUST** be acted on quickly.

The witness statement must contain objective data, not speculation or hearsay. Students must not submit reflective accounts to a third party in respect of a reported 'incident'. Reflective accounts are often subjective and will be their very nature contain personal thought and opinion

Writing a witness statement, guidelines for staff & students

These guidelines are designed to help staff support students with the requirements of a witness statement.

It is of particular importance to identify a witness statement goes against everything students are taught about confidentiality. The statement must provide names and places but must be kept confidential, so should have restricted 'circulation'.

If a student is asked to write a witness statement (this should occur for any 'incident' that might have future repercussions), they need effective support to undertake this. This guidance, which purposefully doesn't provide a formal template. If as a Personal Tutor you feel unable to provide adequate or timely student support then please seek help from a colleague with the expertise.

The student may feel that reporting an 'incident' whether verbally or in writing was in itself stressful & they will need additional support when asked to re-visit the event. The witness statement may need to be written more than once to clarify details; but must be objective not subjective, with as much detail as possible.

Using bullet points can be helpful....

- 1) Name & type of student writing report i.e. Jo Blogs 2nd year adult nursing student not just 'I'
- 2) Date and time of event, if hours and minutes can't be stated then 'before lunch or middle of the night' are acceptable
- 3) Accurate details of where the event took place e.g. by bed 5 on Smith Ward in Jones DGH, not just on my placement
- 4) Accurate description of what happened and the names of those involved, including staff and patients. If the area has a policy of identifying staff by 1st name only, then state this & give the name & designation e.g. Betty the RN on duty rather than just the trained nurse.
- 5) Describe factually what you saw or heard happen, don't surmise as in 'I thought that Dr X would visit the patient after I rang him' state 'I requested that Dr X visit the patient, whilst I was on duty this did not occur'
- 6) If you were actually involved in the incident, you should state how you were being supervised / supported by the trained staff
- 7) Describe what support you were offered at the time e.g. 'following the needle-stick injury my mentor Staff Nurse Betty sent me to A&E and an incident report was completed.
- 8) The statement should be dated.

The student should keep a copy of this statement for themselves as they may need to refer to it in the future, which may be a long time. Staff should also keep any emails that detail the incident, prior to the witness statement being written, particularly if the police may be involved

References

Francis, R (2013) ([Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry](#)). (Report). House of Commons [ISBN 97801029814](#)

NMC (2018) The Quality Assurance framework: for nursing, midwifery and nursing associate education

<https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

NPSA's (2010) National Framework for reporting and learning from serious incidences requiring investigation

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75173>