

Health and Social Care Student Placement Policy (N-017)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust provides learning placements within its clinical settings for a wide range of students from Health and Social Care who are studying for a professional qualification or returning to a professional register.

Whilst these students are on placement and working as part of Trust services it is important that they are aware of and follow relevant Trust policy, protocols, procedures, guidelines and manuals.

Clinical placements enable students to gain experience and exposure to clinical work and patients in order to complete placement assessment criteria, including the development and practice of essential skills, prior to obtaining their Registration. These skills, along with the underpinning knowledge, will prepare students for the transition from student to registered health or social care professional upon qualification.

2. SCOPE

This policy applies to all non-medical students, i.e. Nursing, Nursing Associates, Nursing Apprentices, Nurses returning to the register, Allied Health Professionals (AHP) and AHP Apprentices, AHPs returning to the register and Social Work (SW) and SW Apprentices from a variety of universities. There are separate guidelines in place for medical students and psychology trainees. All student learners, irrelevant of background, culture, disability, gender, age, religious beliefs and sexual orientation will be given equal learning opportunities and support whilst on placement within the Trust.

Under 18s

For safety reasons, the Trust has deemed it inappropriate for individuals under the age of 18 to undertake placements within our Mental Health or Learning Disabilities inpatient environments. For other clinical areas a risk assessment must be carried to determine the level of risk and agree the duties and areas that the student can work and a local decision made as to whether it is appropriate for them to have a placement.

This policy does not apply to secondary school work placement students or BTEC/T Level and access course students they come under the work experience policy.

Practice Assessors (PA), Practice Supervisors (PS), Practice Educators (PE) of students covered under this policy must make new students in their areas aware of this policy and all applicable Trust policies.

3. POLICY STATEMENT

All students on placement within Humber Teaching NHS Foundation Trust are required to adhere to all Trust policies and procedures that are applicable within their time whilst on placement. By following these ensures the safety of our patients, staff, and themselves.

All placements must provide and highlight policies of a particular and immediate priority for awareness of and working to as appropriate to the clinical area.

4. DUTIES AND RESPONSIBILITIES

Chief Executive

Is responsible for ensuring that there is a structured approach to ensure students abide by relevant Trust policies whilst on placement. Although responsibility for student placement may be delegated to other officers, accountability remains with the Chief Executive.

Executive Director of Nursing, Allied Health and Social Care Professionals

Is responsible for the oversight and governance of this policy across all Nursing, Allied Health Professionals (AHPs) and Social Work (SW) students. The Deputy Director of Nursing has deputised responsibilities for nursing students, Head of AHP and the Principle Lead for SW has deputised responsibilities for AHP and SW students.

Practice Education Facilitators (PEFs)

PEF's are responsible for ensuring all Practice Assessors (PA), Practice Supervisors (PS), Practice Educators (PE) and Students on placement are aware of their individual responsibilities.

Local Managers, Lead Professionals, Student Placement Supervisors or Nominated Person (i.e. or PA, PS and PE)

Are responsible for:

- Ensuring that all students are informed as part of their induction (on first day of placement) of this policy and all Trust policies that apply to them in the work area.
- Ensuring all students are aware of wider Trust policy and the requirement that they operate within Trust policy.
- Ensuring students are aware of how to escalate areas of concern.
- Ensuring the student has appropriate access to Humber intranet whilst on placement.

Nominated Person

There is a requirement that all students have access to a nominated person while in practice, who is available to support students and advise them regarding their concerns. The nominated person is a staff member who does not necessarily need to be based within learning environment and is not working directly with the student, to whom the student can take any concerns. The student must be made aware of their nominated person during orientation to placement.

Students

Are responsible for ensuring that they are aware of, understand and adhere to this and all relevant Trust policy applicable to their placement. If the student has any concerns regarding understanding or applying Trust policy, they have a responsibility to raise this formally with their PA, PS or PE in the first instance.

5. PROCEDURES

Procedural requirements differ between professions and at different stages of their training as well as relative to the clinical area and/or service in which they are placed. This section covers the main aspects and requirements in relation to the Trust including Trust-required Mandatory Training (required before entering specified clinical environments and service situations) as well as other more general aspects. In each case, the reference is to the substantive Trust Policy for a given area of practice

5.1. Mandatory training for students who are in practice for more than three months over a one year period

Most of the training needs identified as mandatory for clinical staff to work directly with patients within Humber Teaching NHS Foundation Trust are currently being met within a university setting. This should be recorded within the university setting and the student should have a copy of training they have received. Where the Trust identifies that training provided by the university does not meet mandatory requirements, the Trust will deliver the training in order to satisfy the mandatory requirements and is provided prior to students going into clinical practice at the beginning of their first placement.

Students will be informed by the PEFs about the dates of the initial mandatory training requirements. Any non-attendance at training is recorded and discussed within the Training Department and an agreement made within the Training Department whether the student is in a position to commence in clinical practice before accessing the mandatory training not undertaken. The university programme leader and the student will be informed in writing of the outcome of the agreement.

Students who need to undertake mandatory training to work in practice will need to rearrange the training via the Training Department. Students who cannot provide evidence that they have attended or booked to attend relevant mandatory training sessions within two months of the date of the letter sent following original non-attendance will not be allowed into practice. The university will be informed of this, so that they can make necessary provisions for the student.

Students who are employed by the Trust should already be abiding by the requirements of the Trust in relation to mandatory training.

5.2. Training requirements for any students who are in practice for less than three months over a one-year period

Students that undertake short placements within Humber Teaching NHS Foundation Trust should meet their core standards of training as set out by their university.

5.3. Induction

All students on placement should receive a workplace induction to the placement area on their arrival. The student induction form (Appendix 1) should be completed on the first day, signed by the student and the PA, PS or PE. A copy of this induction should be given to the student and a copy kept in the student file in the placement area and electronically.

6. DRIVING WHILST AT WORK

Students must adhere to the Trust Driving at Work Policy at all times and whilst on placement adhere to the following:

- Hold a valid driving licence which meets the requirements of the Motor Vehicles (Driving Licences) Regulations 1999.
- Comply with the requirements of the Highway Code at all times.
- Drive a vehicle which is road worthy and meets the requirements of the Road Traffic Act 1988.
- **Students using private vehicle for driving at work are required to have insurance cover for business use.**
- Provide a copy of their up to date car insurance (which includes business use) to PA, PS, PE at beginning of each placement and be held for the duration. (This copy should then be destroyed)

Staff seconded to professional registration training programmes can continue to transport patients so long as they remain employed by the Trust and adhere to the driving at work policy.

Non-Car Drivers

- It is the student's responsibility to be able to commute between bases within the Trust geographical area

7. PERSONAL RELATIONSHIPS AND PROFESSIONAL BOUNDARIES WITHIN THE WORKPLACE

There may be reasons for not allocating students to particular placement areas. These reasons may include:

- Student is currently receiving a service from the placement area;
- Relatives or friends are currently receiving a service from the placement area;
- Student has received a service from the placement area in the past;
- Relatives or friends have received a service from the placement in the past;
- Relatives are working as a member of staff in the allocated placement area.

If the student is aware that any of the above applies to the placement allocation, the student needs to inform the PEF that they should not be allocated to the placement area concerned. If the situation arises whilst on placement, the student needs to make their PA and manager of the placement aware immediately.

Personal relationships between students and patients are strictly forbidden (see also Personal Relationships within the Workplace Policy). Any potential for this must be reported immediately by the student to the supervisor and the appropriate actions taken to ensure the student and/or patient are no longer in contact through the placement. In addition, students must not keep any record of patient's personal details or use these to contact the patient outside of the work placement situation. Likewise, students must not provide personal details and contact information to patients.

Students may develop a personal relationship with PA, PS or PE whilst out on placements. All students and PA, PS or PE are asked to familiarise themselves with the policy on Personal Relationships within the Workplace and are asked to inform the manager if a relationship develops as this may constitute a potential conflict of interest.

Students may also hold a substantive or Bank position within the trust and also need to adhere to the policy on Personal Relationships within the Workplace the student needs to inform the PEF that they should not be allocated to the placement area concerned. If the situation arises whilst on placement, the student needs to make their PA and manager of the placement aware immediately.

7.1. Personal Responsibilities - Working pattern

Students may also hold a substantive or Bank position within the trust and have a responsibility to ensure that they adhere to the 'working time directive' or 'working time regulations'. All students need to seek guidance initially from either their line manager, PA, PS or PE if they intend to work additional hours alongside placement hours. This includes paid overtime within the substantive post or hours requested on the bank. The 'working time directive' or 'working time regulations' stipulates that people cannot work more than 48 hours a week on average – normally averaged over 17 weeks. Students can choose to work more than 48 hours a week on average; this is called 'opting out'.

Students should take responsibility to actively manage their own work life balance and work with their line manager, PA, PS or PE to develop and maintain appropriate working arrangements within the workplace and placement area.

8. SUPPORT, GUIDANCE AND DISCIPLINARY ISSUES

If, in the opinion of the PA, PS or PE a learner's conduct, professional suitability or if patient safety has been compromised the following actions must be undertaken:

- Ensure patient safety/learner wellbeing – this may include removal of learner from learning environment
- Report incident through governance processes (DATIX)
- Inform the education provider and appropriate person/s within the Organisation immediately
- Co-operate with the education provider in relation to any investigation or disciplinary action
- Co-operate with the education provider regarding any patient complaint involving a learner
- If a learner is involved in a clinical incident this must be recorded on an Datix and the PEF team MUST be informed if there is an impact on the learner
- Should any area of student performance cause concern regarding their ability to pass a placement:
 - The concerns must be raised with the student as early as possible in a professional and supportive manner.
 - Regular, discussions and review meetings with their PA, PS or PE must be arranged and their HEI tutor informed.
 - All meetings and discussions must be documented within the appropriate University Platform.
 - It may be necessary to implement an individual Student Learning Contract Action Plan to ensure all aspects of concern

9. STUDENTS IDENTIFYING CONCERNS WITH PRACTICE

Currently, students placed with Humber Teaching NHS Foundation Trust are based at a variety of different academic establishments who have different processes in place when students identify concerns within practice and students need to be aware of these. Humber Teaching NHS Foundation Trust students also have the opportunity to evaluate placements and offer feedback via the student evaluation Tool on the Practice Assessment Record & Evaluation (PARE) website. Students out in practice may identify concerns which are related to clinical practice and Humber Teaching NHS Foundation Trust have a flow chart to guide staff and students should concerns be identified (Appendix 3).

Freedom to Speak Up

Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken.

We welcome speaking up and we will listen. By speaking up at work you will be playing a vital role in helping us to keep improving our services for all patients and the working environment for our staff.

The NHS People Promise commits to ensuring that “we each have a voice that counts, that we all feel safe and confident to speak up and take the time to really listen to understand the hopes and fears that lie behind the words’.

You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which doesn't feel right to you: for example, a way of working or a process that isn't being followed; you feel you are being discriminated against; or you feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients.

Speaking up to us is a gift because it helps us identify opportunities for improvement that we might not otherwise know about. You can speak up by both internally and externally.

You can find out about the local support available to you at Humber Teaching NHS Foundation Trust. Your local staff networks can be a valuable source of support.

We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Bullying and Harassment

Humber Teaching NHS Foundation Trust believes that staff have the right to an environment in which the dignity of the individual is respected. Bullying and/or harassment are unacceptable. We recognise that such behaviour threatens employee's health, well-being, undermining their ability to contribute effectively and to achieve their full potential. The Trust therefore has a zero tolerance of bullying behaviour. We are committed to creating a safe, healthy, and fair working environment in which all person's respect one another's human dignity and feelings and where bullying and/or harassment does occur that it is dealt with appropriately and prevents reoccurrence. The prevention of bullying and harassment procedure supports the Trust's vision to provide a great place to work which in turn enables staff to provide the best possible care to patients, supporting the achievement of joy and pride in work.

Confidential advice, guidance, and support is available to any employee who feels they are being harassed or bullied. It is also available to those that have witnessed such behaviour or who is alleged to have harassed or bullied a colleague (Appendix 3a)

Support and advice are available from the following:

- Managers
- Workforce and OD Representatives
- Trade Union Representatives
- Occupational Health Department
- Freedom to Speak Up Guardian and Champions
- The Trust's Employee Assistance Programme

9.1. Indirect supervision of students

Some students will be at a stage in their training where they need to provide evidence that they can work at a clinically competent level with indirect supervision. Indirect supervision is where the student works more independently but their PA, PS or PEs easily contactable and provides the level of support needed to assure public protection. Situations where students may be indirectly supervised include undertaking patient visits or accompanying in-patients on their own to shops or to activities or appointment outside a unit.

The accountability issues are outlined below:

- Indirectly supervised should not equate to unsupervised, support and long arm supervision MUST be available at all times.

- Patients must be aware and agree to the indirectly supervised practice by a student. It must be made clear to patients that they have the right to refuse to allow the student to undertake the clinical activity. Patients' rights supersede at all times over the students' rights to knowledge and experience.
- Indirectly supervised practice should only be considered when student and PA, PS or PE agree that the student is sufficiently skilled to participate in this way.
- The student is accountable for their actions in relation to patient care and must decline any activity that they feel exceeds their capability. The student must work within their own capabilities and adhere to their Programme and Trust policies and procedures. The student must not participate in any procedure for which they have not been fully prepared.
- PA, PS or PE remains accountable for the clinical practice, supervision and assessment of the student. Even during indirectly supervised practice the PA, PS or PE is professionally accountable for the care of the patient for whom the student is caring.

9.2. Guidance on the appropriate use of direct and indirect supervision

There are several factors that will impact on PA, PS or PE decision to use direct or indirect supervision. They will need to use their professional judgement to decide where activities may be safely delegated to students and the level of supervision required. The PA, PS or PE may choose to delegate supervision to an appropriately qualified and experienced colleague. The PA, PS or PE is accountable for this decision and ensuring public protection.

Issues for consideration might include:

- The students stage of training
- Complexity of care being given
- Patients dependency and level of risk of harm
- Level of risk of harm to the student
- The nature of activities being undertaken
- The current evidence of the student's competency level
- The students' level of confidence within competencies to carry out the activities'
- Students need to be assessed on achievement of specific skills or proficiencies
- Local and/or national policies that may place restrictions on some aspects of practice

Students can undertake the following under the supervision of a registered professional.

- Undertake initial assessments of patients. An initial triage (be it face to face, or over the telephone) of a patient's presenting needs also constitutes an initial assessment.
- Administer medication: orally, intravenously, subcutaneously, enteral, sublingual and buccal, rectal, intramuscular, transdermal, vaginal and inhaled (within level of competence).

Please note that within clinical settings where telephone triage takes place, initial telephone triage is considered to be an initial assessment as described above, and direct supervision under these circumstances is necessary.

To meet these requirements, it is imperative that the PA, PS or PE can hear and also respond to the patient directly should the need arise, rather than through observation of student's responses to the patient concerned (i.e. watching a student respond to a patient over the telephone, and hearing only the students side of the discussion). In practice, this would mean the use of appropriate audio equipment to listen to the discussion directly and unhindered and respond as necessary to the patient.

Prior to students undertaking any indirectly supervised activity, PA, PS or PE need to ensure that an assessment of the student's capability has been undertaken; that the student has access to a mobile phone whilst undertaking community-based visits, to contact the mentor and that the Lone Worker

Policy is adhered to (see Appendix 2). Additionally, the patient needs to have been made aware and to have consented to the student undertaking the planned intervention. The clinical plan should be discussed prior to the activity to ensure that potential risks have been assessed and addressed and the student offered the opportunity to debrief (where appropriate) following the activity.

Staff and students need to be aware that some students, such as Open University students or those students working as health care assistants on the bank fulfil more than one role within an organisation and that the responsibilities and accountabilities as a student are different to those in their other role.

10. STUDENTS AND SUPPORTIVE OBSERVATION ON INPATIENT UNITS

Students and staff need to be aware that students are supernumerary and therefore their clinical activity as students should be associated with achieving their learning outcomes. Whilst students can undertake supportive observation as part of their clinical development, this must clearly be linked to their learning outcomes.

11. INFORMATION GOVERNANCE

Humber Teaching NHS Foundation Trust requirement that all staff are up to date with their Information Governance training. Some students may have received Information Governance training either within practice or within their academic establishment, using the nationally agreed Information Governance Training Tool. Under these circumstances, the student should show the certificate to the PA, PS or PE at the beginning of their placement. If students are unable to provide evidence of Information Governance at the beginning of their placement, they will need to undertake the Introduction to Information Governance Training on e-learning for Healthcare. This can be accessed via www.e-lfh.org.uk/programmes/statutory-and-mandatory-training. All students should familiarise themselves with the Confidentiality Code of Conduct document which can be accessed

12. USE OF SOCIAL MEDIA AND PHOTOGRAPHING ON TRUST PREMISES

Students should not use any form of social media platform whilst on placement without the permission of their PA, PS, PE. They should not film within or on any Trust premises without permission from the Trusts communications department and should adhere to the Social media and website policy at all times even when not on placement/shift.

13. RETURN OF TRUST PROPERTY

During placements within Humber Teaching NHS Foundation Trust, students may be given keys/swipe card/fobs to access buildings. Students being given Trust property and staff giving students keys/swipe card/fob to access buildings need to familiarise themselves with the Physical Security of Premises and other Assets Policy which can be found on the trust intranet. In addition students may also be provided with IT equipment such as laptops, head set and mobile phones.

14. PATIENT CONSENT FOR STUDENTS OBSERVING OR PARTICIPATING IN THEIR CARE

During placements, students will be required to observe, or undertake supervised clinical interventions with patients as part of their learning experience. However, it is necessary to ensure

that patients are aware that this could happen, and that patients are offered the opportunity to agree or decline for a student to be present or to undertake supervised clinical interventions at any time during their treatment. Patients must be asked if they are prepared to allow a student to observe or participate in their care, prior to attending an appointment, at the beginning of treatment, or at any point when a student may participate. The patient's response either to agree or decline should be documented in the patient's record. If the patient agrees, they should be informed that they can choose to decline at any point in the future without prejudice to their treatment. Placement areas should display the Trust poster giving patients information about consenting to students being present for their treatment.

15. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

16. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

17. MONITORING AND AUDIT

This policy will be monitored by the PA, PS or PE through feedback from students and Educational leads from placement areas, as well as via the Practice Learning Facilitator Steering Group, and the Annual Report. The information for the annual report is submitted to the Director of Human Resources as part of the HR report to the Governance Committee.

18. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Trust Policies

See Appendix 2.

19. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

See Appendix 2.

Appendix 1: Workplace Induction Guidance and Check List

This form is for all students undertaking a placement within Humber Teaching NHS Foundation Trust. Please tick yes or no and sign following discussion and agreement between Practice Assessors (PA), Practice Supervisors (PS), Practice Educators (PE) and student. **Original form to be kept in a student file kept at the placement and a copy to be given to student to keep in their portfolio.** To be completed within the first week.

Name of student :		Name of placement:	
Name of PA, PS or PE:		Dates of placement:	
	Achieved		Signature of student
	Yes	No	
Have been introduced to your PA, PS or PE and given details of how to contact them			
Have toured the workplace and have located the relevant welfare facilities			
Have been made aware of facilities available to you for storage of personal belongings and workstation/desk (i.e., safe storage has been discussed)			
Have been provided with Keys/Swipe card/fob/code to access the building			
Know the name and location of the appointed person in control of fire/emergency procedures			
Know the procedure for evacuating the building in an emergency			
Know the name and location of the appointed person/first aider			
Know the location of the defibrillator and first aid box			
Be aware of security arrangements, including those surrounding valuable equipment and personal items and wearing your name badge at all times			
Have completed the Staff profile proforma to support lone working policy			
Have been provided with a team mobile phone to support the lone working policy			

Be able to use the telephone system and know the rules/arrangements for making private calls			
Know about parking arrangements and registered your car with Car Registration (ANP)			
Have registered with E- Expenses for travel expenses			
Be aware of travel arrangements if a non-care driver and the expectations			
Have been introduced to other key people within the team			
Be aware of what is expected regarding attendance at work including: hours of work and shift patterns			
Be aware of the standards for dress and jewellery expected in the workplace			
Be aware that student activities are covered under Trust Health and Safety Risk Assessments and students have seen a copy.			

	Achieved		Signature of student
	Yes	No	
Understand and read the Student Placement Policy			
Be aware of the No Smoking Policy and guidelines			
Understand the procedure for sickness and absence reporting			
Have provided evidence for Compliance in Mandatory Training (University)			
Have completed the Information Governance Training			
Have arranged with IT for system access prior to placement E.g., /System one – Lorenzo - Reference number required			

Have arrangements been made for accessing the intranet via the IT department?			
Have activated NHS Email account			
Understand responsibilities when using electronic communications (e.g. email and internet) and document storage on the Trust's V drive			
Given a photocopy of your car insurance which includes business use if you intend to drive within works time (e.g. to get to patient's house in your own car)			
Been made aware of how to access a copy of the Confidentiality Code of Conduct link removed . Student has been given a copy of the Confidentiality Code of Conduct.			
Be aware of how to raise a concern			
Have made your PA, PS or PE aware of any reasonable adjustments that need to be made			
Have an up to date DBS			

Appendix 2: Relevant Trust Policies

<p>All Trust policies and procedures are on the intranet. Practice Assessors (PA), Practice Supervisors (PS), Practice Educators (PE) will discuss these policies with the student and inform the student how they can be accessed. Students need to sign that they are aware of their responsibility to read and understand the main relevant policies listed below (where applicable). Blank spaces have been left at the bottom for disciplines and professions to add their own specific items for discussion with the student.</p>					
Clinical Policy & Procedures	Signature	Not Applicable	Clinical Policy & Procedures	Signature	Not Applicable
<u>Access to Health Records Policy N-011</u>			<u>CPA and Non-CPA Policy and Procedural Guidance M-020</u>		
<u>Duty of Candour Policy and Procedure N-053</u>			<u>Health and Social Care Records Policy N-005</u>		
<u>Human Rights and Equality Policy M-026</u>			<u>Infection Prevention and Control Arrangements Policy N-014</u>		
<u>Mental Health Act Legislation Policy M-021</u>			<u>Record Keeping Guideline G435</u>		
<u>Safe and Secure Handling of Medicines Procedures Proc431</u>			<u>Safe Haven Procedure Proc452</u>		
<u>Safeguarding Adults Policy</u>			<u>Safeguarding Children Policy N-045</u>		
<u>Safeguarding Domestic Violence and Abuse Policy</u>			<u>Self-Neglect and Hoarding Policy N-063</u>		
<u>Smokefree Procedure Proc466</u>			<u>Standard Infection Control Precautions (SICPS) SOP23-006</u>		
<u>Student Placement Policy</u>			<u>Supportive Engagement Policy N-003</u>		

Corporate Policy & Procedure	Signature	Not Applicable	Policy	Signature	Not Applicable
<u>Alcohol and Substance Misuse at Work Policy HR-017</u>			<u>Attendance Management Policy and Procedure HR-003</u>		
<u>Bribery Act 2010 - Chief Executive Statement</u>			<u>Bullying and Harassment Policy HR-002</u>		
<u>Caldicott and Data Protection Policy N-027</u>			<u>Confidentiality Code of Conduct N-061</u>		
<u>Disciplinary Policy HR-006</u>			<u>Driving at Work Policy</u>		
<u>Electronic Communications and Internet Acceptable Use Procedure Proc451</u>			<u>Equality Diversity and Inclusion Policy HR-026</u>		
<u>Fire Safety Policy F-006</u>			<u>Freedom of Information Policy and Procedure N-043</u>		
<u>Freedom to Speak Up Policy N-040</u>			<u>Health and Safety Policy F-016</u>		
<u>Incident Reporting Policy N-038</u>			<u>Information Governance Policy N-008</u>		
<u>Lone Worker Policy F-004</u>			<u>Media Policy C-001</u>		
<u>Moving and Handling Policy HR-025</u>			<u>Professional Boundaries and Personal Relationships in the Workplace HR-031</u>		
<u>Records Management and Information Lifecycle Policy N-044</u>			<u>Remote Working Policy HR-043</u>		
<u>Risk Management Policy N-064</u>			<u>Social Media and Website Policy C-004</u>		
<u>Uniform Dress Code and ID Badge Policy N-069</u>			<u>Waste Management Policy F-020</u>		

Professional Body	Signature	Not Applicable	Professional Body	Signature	Not Applicable
Nursing & Midwifery Council – The Code The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)			Social Work England – Professional Standards Professional standards - Social Work England		
HPCP- health & care professions council- Standards of conduct, performance and ethics Standards of conduct, performance and ethics (hcpc-uk.org)					

Specific needs in relation to the placement area/discipline

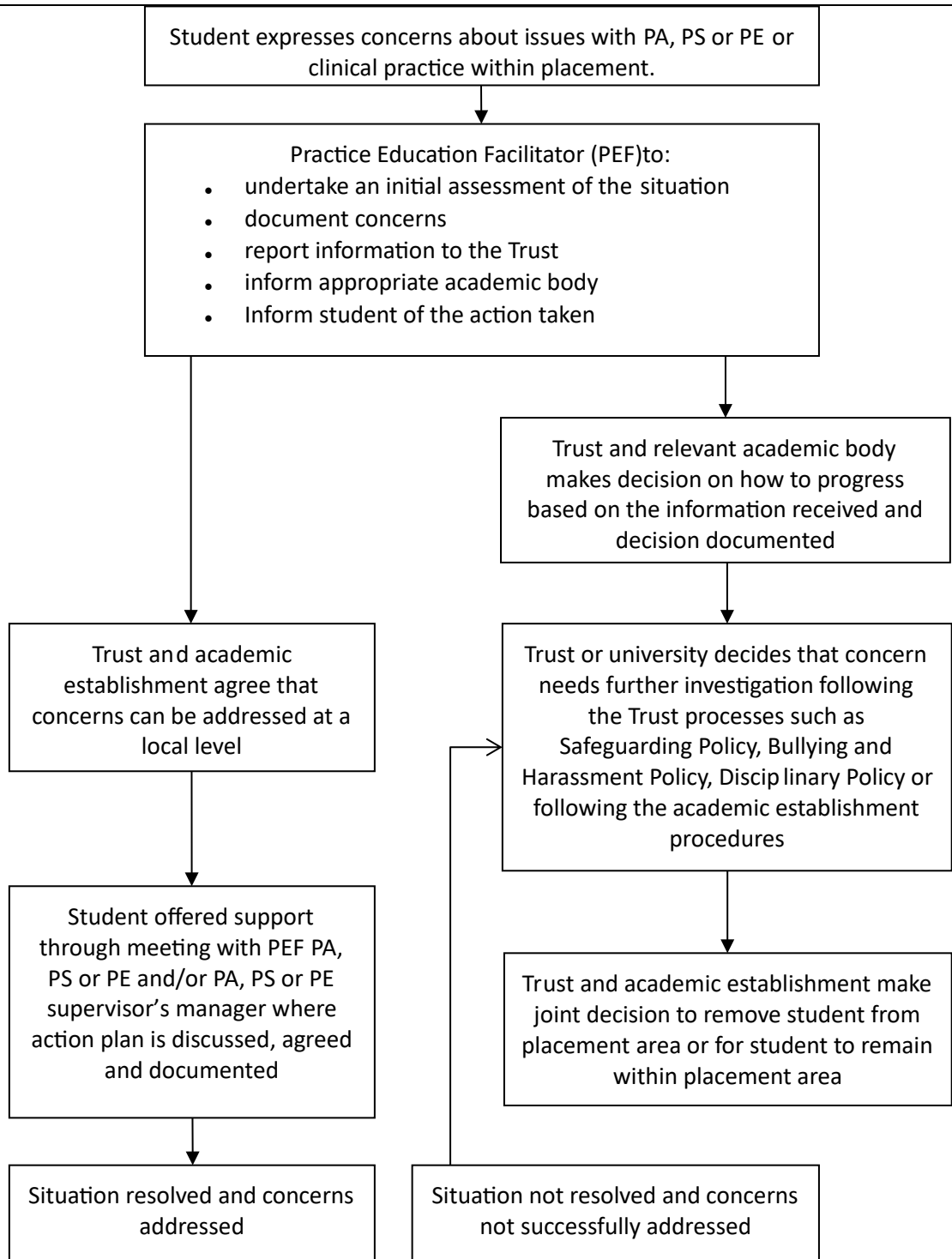
Signature

Empty space for writing specific needs in relation to the placement area/discipline.

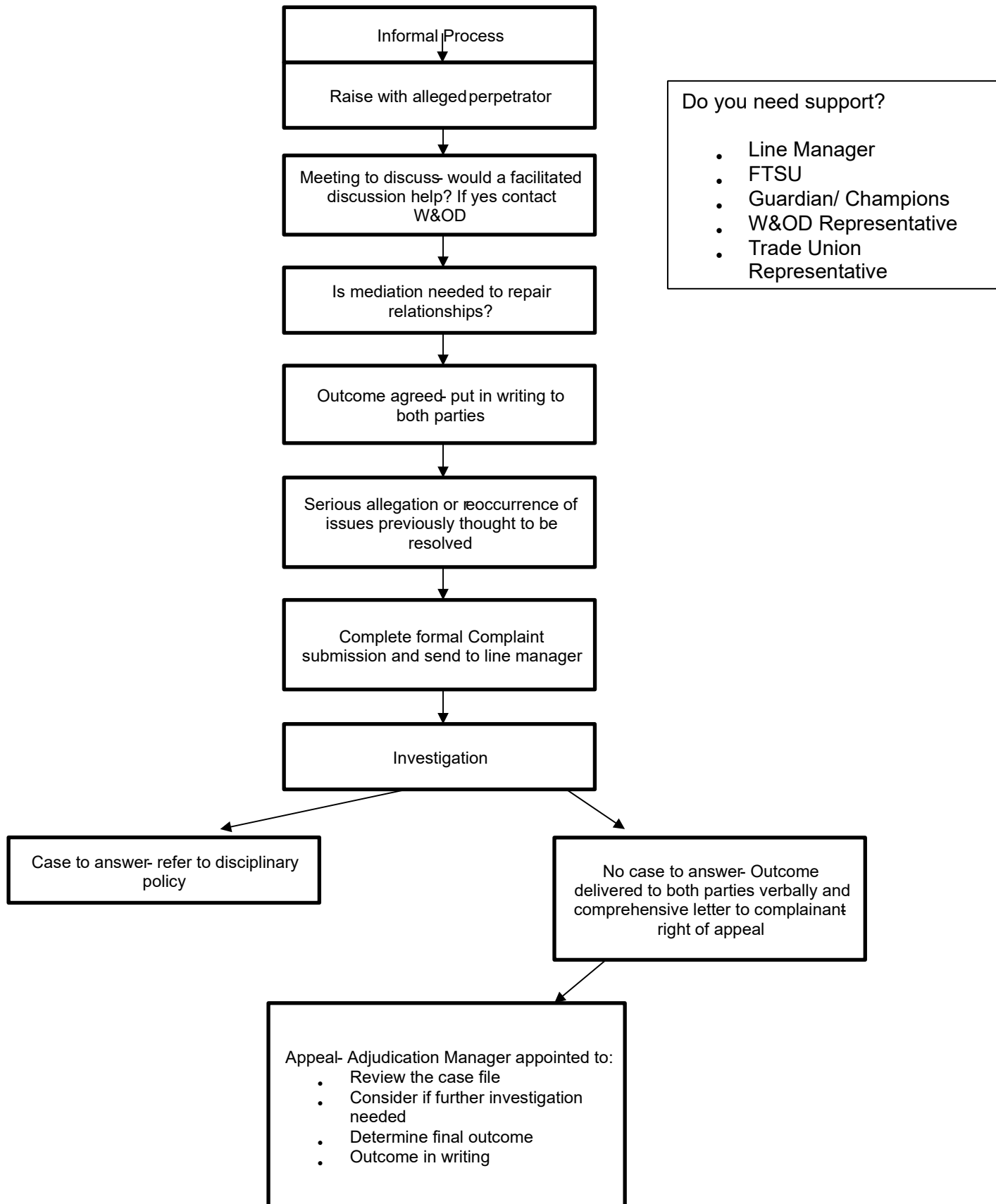
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Appendix 3: Student Concerns Flow Chart

For concerns that students may have regarding their placement area or their Practice Assessors (PA), Practice Supervisors (PS), Practice Educators (PE) (The Trust is aware that different academic establishments have different processes and it will be necessary for the student to refer to these for more specific information)



Appendix 3a: Prevention of Bullying and Harassment Flowchart



Welcome to Humber Teaching NHS Foundation Trust



**The Trust
often has
Health and
Social Care
students
working
within teams.**

You have the right to choose whether or not to have a student participate in your care and treatment.

Students are always identified to you and you can withdraw your consent at any time.

If you have any questions or concerns, or would like to offer feedback on the student's performance, please approach any member of staff.

Appendix 5: Protecting the Confidentiality of Students who access Trust Health Care Services

The Trust's Confidentiality Code of Conduct describes the responsibilities of every employee within the Trust to maintain confidentiality. The principles of confidentiality apply equally to all patients. However, the purpose of this guidance is to provide practical guidance to health care workers to consider when providing health care to patients who are also students training to be health care workers.

In particular, those who are likely to be placed in a practice setting as part of their student training. Examples of students in this category include Nursing, Social Work (SW) and Allied Health Professional (AHP) students.

Principles of Confidentiality

Nursing staff are required to abide by the Nursing and Midwifery Council standards (NMC 2018), AHPs are required to abide by their professional code of ethics as well as the Health and Care Professionals Council (HCPC) Standard of conduct performance and ethics and SW by Social Work England professional standards. All of which includes standards on confidentiality. Health care students who access health care services within the Trust are entitled to the same rights of confidentiality as any other patient in regards to information they may give about their health.

Informing Students who access Health Care services within the Trust

Students who access health care services as a patient should be treated as any other patient in relation to being informed about what happens with information they give, i.e. staff should:

- Check where practicable that "Your information – Our key to your best health care" information leaflet has been read and understood –
- Make it clear when information is recorded or health records are accessed.
- Make it clear when staff are or will be disclosing information with others.
- Inform patients about circumstances when consent to confidentiality may be overruled.
- Check awareness of the choices available in respect of how information may be disclosed and used.

Exceptions to Confidentiality

Codes of conduct for professional bodies identify broadly similar situations where confidential information may be disclosed:

- With the consent of the patient;
- If it is required by law or by court order;
- If it is justifiable in the public interest. Examples include where there is an issue of child protection, to prevent serious harm or abuse to someone, to prevent or detect a serious crime, to prevent a serious risk to public health.

Information may also be disclosed if the patient lacks capacity and the disclosure is clearly in the best interests of the patient. The Mental Capacity Act 2005 Policy, Procedure and Guidance must be followed.

Action to take before disclosing information

A healthcare worker may identify concerns that the patient might present a risk to themselves or to others if they come into practice in their role as a student. At this point, the worker may consider that the University responsible for the student needs to be made aware of these concerns.

Prior to making a disclosure, a discussion should take place with the patient about the reasons why you believe information should be passed over, what information will be passed over. Consent should be gained if possible and documented on the Information Sharing Decision Record.

Where consent is not forthcoming, the patient should be told of any decision that is taken to disclose information without consent. The Health Care Worker must document a clear account of the decision-making process and details of advice that was sought and from whom. There must be clear evidence of the reasoning used and the circumstances prevailing. The disclosure must be proportionate and limited to relevant details. A decision to not disclose information may also be challenged and must be documented, detailing the justification for not disclosing. The disclosure decision should be documented contemporaneously.

The use and disclosure of patient information must comply with Caldicott principles:

- Justify the purpose of using patient information.
- Only use the information when absolutely necessary.
- Use the minimum necessary information.
- Access to the information should be on a strict need to know basis.
- Everyone should be aware of their responsibilities in respect of confidentiality.
- Understand and comply with the law for example the Data Protection Act 1998.
- The duty to share information can be as important as the duty to protect patient confidentiality.

Allocation to placement

Students should not be allocated to a placement where they are receiving a service. Therefore, it is advisable that students should inform university that they should not be allocated to the relevant placement area. If a student is allocated to a placement where they are receiving a service, students should be aware that the placement area will need to inform the university that the student cannot be placed there.

Advice is available from Humber Teaching NHS Foundation Trust PEFs in the first instance HNF-TR.mentor@nhs.net or from the Information Governance Team (01482 477854/477856) or from senior staff within the team.

Appendix 6: Document Control Sheet

Document Type and Title:	Student Placement Policy (N-017)		
Document Purpose:	To ensure that students who are on placement and working as part of Trust services are aware of and follow relevant Trust policies, protocols, procedures, guidelines and manuals.		
Consultation/ Peer Review	Date	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>	23.07.2024	Melanie Barnard, Claire Tiernan-Smith and Donna Groke	
Approving Body:	QPaS	Date of Approval:	8 August 2024
NB All new policies and policies subject to significant amendments require approval at EMT and Board ratification.		<i>(see document change history below for minor amendments and dates)</i>	
Ratified at:	Trust Board	Date of Ratification:	N/A
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to EMT as the approving body that this has been delivered)</i>		Financial Resource Impact:	
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If N/A, state rationale:		
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Policy Management Team <input checked="" type="checkbox"/>	Author to send final document to HNF-TR.PolicyManagement@nhs.net	
Implementation:	<i>Describe implementation plans below - to be delivered by the author:</i> <ul style="list-style-type: none"> This policy will be disseminated by the methods described in the Document Control Policy 		
Monitoring and Compliance:	This policy will be monitored by the Practice Education Team through feedback from students and Educational leads from placement areas and the practice forum.		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.01	Minor changes	05.6.2013	5.11 Addition of Patient Consent for students observing or participating in their care. Addition of appendix 4 (consent poster).
1.02	Minor changes	15.9.2014	Addition to Appendix 1 – Workplace Induction Guidance and Check List
2.00	Major changes	July 2015	Additional content added to Section 5.7. 'Client' replaced with 'patient' throughout the policy. Appendix 5 added addressing confidentiality
2.01	Minor changes	July 2018	Assessor/ Supervisor included throughout Policies updated.
2.02	Minor changes	July 2021	Added updated Professional codes of conduct and ethics Appendix 5 added addressing confidentiality. Practice Assessor (PA) Practice Supervisor (PS) and Practice Educator (PE) throughout the document. Approved at QPaS (19 August 2021).
2.03	Full Review with minor amends.		Reviewed. Added definition of nominated person, information around non car drivers, personal responsibilities re working patterns, bullying & harassment & freedom to speak up We have also updated the workplace induction checklist for students. Approved at QPaS (8 August 2024).

Appendix 7: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **To complete**
2. EIA Reviewer (name, job title, base and contact details): **To complete**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

To ensure that students who are on placement and working as part of Trust services are aware of and follow relevant Trust policies, protocols, procedures, guidelines and manuals.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Not applicable	See summary.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	Following policies already in existence.
Sex	Men/Male, Women/Female	Not applicable	See summary.
Married/Civil Partnership		Not applicable	See summary.
Pregnancy/Maternity		Not applicable	See summary.
Race	Colour, Nationality, Ethnic/national origins	Not applicable	See summary.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Not applicable	See summary.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Not applicable	See summary.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Not applicable	See summary.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above:

The policy is following policies already in place. Placement outcomes will be monitored to ensure that no one in a legally protected group is being treated less favourable.

Placements will be audited by a practice education facilitator and member of university staff on a yearly basis

There is a student induction in place for all pre-registration nursing and Allied Health Professional students which covers equity and diversity policy.

EIA Reviewer: Mel Barnard - Professional Educational Lead / Claire Tiernan-Smith - Practice Education Facilitation Team Lead

Date completed: 08/08/2024

Signature: Melanie Barnard / Claire Tiernan-Smith