

LEAP – Learning Environment Assurance Protocol for Practice Placements

A Stepped Guide for Practice Partners

What is LEAP?

Learning Environment Assurance Protocol for Practice Placements – it's an evaluation/decision about the suitability of a learning environment

Its a means of identifying and raising concerns about placement areas based on a triangulated process

A local process for collaboratively managing and resolving placement quality concerns

Reviewing whether placement of students in an area of concern is currently appropriate and removing students where necessary

Its purpose;

Provide guidelines to ensure that triggers arising from hard and/or soft intelligence are referred to DMU;

Provide examples of the triggers that may lead to a review of the educational suitability of the placement area;

Ensure partnership decisions are made about how to manage identified concerns;

Clarify roles and responsibilities;

Provide information on actions and timescales;

Learn from the event and provide feedback to students and staff;

Support openness, trust and continuous learning.

Escalation Processes:

- **A LEAP referral does not automatically mean escalation to the NMC through Exceptional Reporting and in the majority of cases LEAP is a local means of managing a placement concern without notifying the NMC.**

Cases when the Head of School/LME will exceptional report to the NMC include;

- - An immediate or impending risk to the safety of students, members of the public or patients;
- - An unexpected/unexplained death occurring;
- - A major incident occurring;
- - A placement partner organisation being rated as inadequate by the CQC;
- - Significant concerns being raised by a member of the public;
- - Students raising concerns that result in an internal investigation;
- - Significant public interest in an incident.

Self Referral: Page 8 of V9 LEAP:

- Practice Partners can also use the LEAP referral form to directly refer organisational concerns to the School Leicester of Nursing and Midwifery at DMU.
- May be completed by a Chief Nurse, Senior Manager of a placement area, Clinical Placement Facilitator, Mentor/Assessor, Practice Assessor/ Academic Assessor / Practice Supervisor, DMU placement team, DMU academic staff or a student with support from a Clinical Placement Facilitator/Personal Tutor/Academic Assessor.
- Will be logged & forwarded to the Director of Practice for review and where necessary a concern form will be raised.
- Contact will be made, within a maximum of 72 hours, between a DMU representative and a Senior Manager of the Practice Partner Organisation or designated person(s).
- A full evaluation that is a partnership between providers and the HEI will decide if the triggers warrants further escalation including NMC exceptional reporting (if necessary)

Self Referral Details – complete both sections:

DMU LEAP V9 21/6/24 LH/JW

LEAP: Referral of Organisational Concerns in to DMU

Date:	
Name and role of person making the referral:	
Referrer Phone number/s:	
Referrer Email:	
Name of Placement Area:	
Name of Organisation:	

Do you give consent for your name to be released to the placement area you are referring?

Yes/No

Concerns identified that may affect the educational suitability of a placement area:	Please tick
One of the core set of 'Never Events.' (NHS 2018, and updated 2021)	
Reports of a significant event involving a student	
Reports of an untoward incident involving a student	
Health and Safety Executive investigation, initial report and recommendations	
Care Quality Commission / Ofsted inspection visit, initial report and recommendations	
Significant Change of Service Provision (operational/strategic)	
External Quality Assurance Bodies	
Clinical Governance inspection and initial report and recommendations	
Reports of three untoward incidents e.g concerns, negative evaluations and clinical incidents, involving different students in one placement over a 6-month period	
Adverse media coverage or public concern about the organisation or the wider NHS	
Other (please provide details)	

Detail of Referral

Signature:

This completed form should be forwarded to: hlplacements@dmu.ac.uk

Consider The Concern: See LEAP Protocol for examples:

- Is the area a safe and suitable learning environment for nursing & midwifery students?
- Is the 'concern' a low-level concern and requires monitoring rather than escalation
- LEAP is a shared documentation of quality governance
- 3 low level concerns in 12 months = a LEAP referral
- Dialogue is vital and should start early – HEI, AA, PA and PLT's



Low Level Concerns:

- Low level concerns are logged on a spreadsheet and kept on file at HEI
- 3 in a 12 month period for the same concern/area and a LEAP will be triggered
- The Quality Lead for Practice Learning will meet every 2 months with PLT's to discuss LLC's and work towards preventing LEAP's.

Usually Referred on within 1 week of concern raised:

Typical examples include:

- House-keeping concerns such as lack of provision of lockers, car parking facilities, etc
- Personality clashes and minor disagreements with specific members of staff
- Upset regarding issues such as working weekends, duty rotas or travel time
- General distain for issues which cannot be prevented or managed at operational levels, such as: general short staffing across the NHS or occasionally performing care which is perceived to be a HCA role.

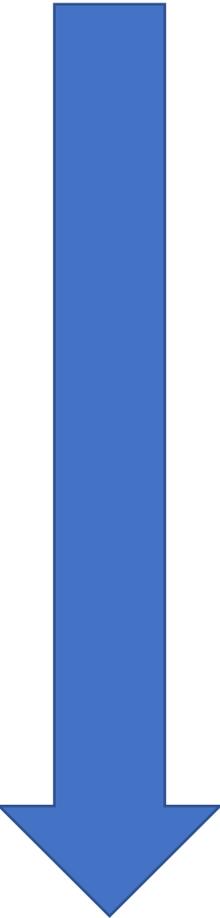
Require a LEAP Referral

<u>EXTREME CONCERN</u>	<u>SERIOUS CONCERN</u>	<u>SUBSTANTIAL CONCERN</u>	<u>LOW LEVEL CONCERN</u>
Refer on usually within 24 hours	Refer on usually within 48 hours	Refer on usually within 72 hours	Refer on usually within 1 week
<p>All Safeguarding concerns</p> <p>Abuse or cruelty</p> <p>Physical - such as hitting, slapping, rough handling, misuse of medication, misuse of restraint.</p> <p>Sexual - making someone carry out a sexual act they have not or cannot consent to.</p> <p>Psychological - such as threats or humiliation.</p> <p>Financial - such as theft of money / possessions, misuse of someone's benefits.</p> <p>Neglect - such as a carer not meeting a person's care or health needs.</p> <p>Discriminatory - Any form of abuse based on discrimination because of a person's race, gender, age, disability, sexual orientation etc.</p> <p>Institutional - abuse or poor practice throughout an organisation.</p>	<p>Reporting of a "Never Event" listed by NHS Improvement (2018) – i.e adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability</p> <p>The safety, well-being or confidentiality of patients/students has been highly/repeatedly compromised</p> <p>Patients/students are endangered by poor practice, for example significant safety breaches of process such as infection control, medicines administration, especially when these have happened repeatedly.</p> <p>The conduct of staff demonstrates lack of commitment to professional standards, such as discriminatory behaviour, bullying or harassment or any illegal activities (some of these may be constitute safeguarding concerns in which case treat as extreme concerns).</p> <p>Expectations that the student will work outside their scope of practice</p>	<p>Poor care or professional conduct which compromises the well-being of, or breaches the confidentiality of, patients and/or students</p> <p>Staff demonstrate lack of commitment to high standards of care and conduct including poor interpersonal skills so that patients/members of the public/students/colleagues do not receive dignified and thoughtful attention.</p> <p>Non-compliance with professional body standards for practical learning and assessment including lack of suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within a practice learning environment</p> <p>Lack of supervision, reasonable adjustments, facilities and resources to provide adequate standards of care</p> <p>Supernumerary status or protected learning time not observed</p>	<p>House-keeping concerns such as lack of provision of lockers, car parking facilities, etc</p> <p>Personality clashes and minor disagreements with specific members of staff</p> <p>Upset regarding issues such as working weekends, duty rotas or travel time</p> <p>General distain for issues which cannot be prevented or managed at operational levels, such as: general short staffing across the NHS or occasionally performing care which is perceived to be a HCA role.</p>

Please note the timescales for escalation: Timely feedback and reporting is vital to ensure the LEAP process can be carried out without prolonged disruption to practice learning

LEAP – Actions Required by Practice Partners:

- Contact HEI Practice Leads Immediately – early dialogue is vital
- Consider the Concern Raised – decide if it warrants a LEAP Referral or low level concern monitoring
- Can student remain on placement? Reallocation or suspension? d/w AA at HEI
- Contact AA/Practice Leads and Governance Lead for Practice
- Discuss with student concern and request statement – AA will support student and retains a copy
- Internal processes/fact finding period of practice partner
- Tripartite meetings' between HEI (AA), PA and student are important
- Monitor timeline of LEAP processes – feedback/communication important
- Action Plan – feedback to HEI
- Meet with HEI Governance Lead to discuss AP implementation consider closure of LEAP
- Aim for 6/52 timeline



Timelines

Timelines for raising concerns relate to the level of concern.

Safeguarding concerns must be raised and onwardly reported within 24hours as per flow chart in section 3.1;

Poor practice and professional conduct concerns should be raised within 48 hours as per flow chart in section 3.2;

Early reporting of concerns about the **learning environment/support** is encouraged and serious concerns must be referred on within 72hours as per flow chart in section 3.3.

Where serious concerns about student and/or patient safety are raised, students attending placement will be temporarily withdrawn, with immediate effect, whilst the risk is assessed.

Flowchart 1 Reporting Safeguarding Issues

Student raises safeguarding concern with a member of practice (PS or PA) and their AA). The member of staff must inform the student of the process for escalating the concern and ask them to write a statement outlining their concerns. This must be signed and dated. The student's Academic Assessor and the Quality Lead for Practice Learning must be informed and will provide further ongoing support. **24 hours. RCN guidance on statement writing; <https://www.rcn.org.uk/Get-Help/RCN-advice/statements>**



Concerns will be reported to the Programme Lead and Director of Practice. The Programme Leader who also acts as the DMU Safeguarding Lead will refer immediately to the appropriate Adult or Child Safeguarding Team, Board or Partnership within 24 hours and in some circumstances this may be in advance of the DMU Safeguarding Lead meeting with the student to review and discuss their statement. The student will be kept informed of progress throughout the process.



Head of Nursing/Midwifery and Head of Safeguarding in the partner organisation will be notified that a concern has been raised. The Head of School, Director of Practice/Lead Midwife for Education (midwifery only concerns) will be kept informed of all safeguarding issues. A concern form will be raised and held on file by the Placement Team at DMU. **Students can access this on their Practice Experience Module Shells**



Director of Practice, DMU safeguarding lead ******(Programme Lead, Subject Lead, LME & partner organisation representatives to meet to determine action to be taken regarding placement suitability **within 1 week**
NMC exceptional reporting and reporting to PMB may be undertaken (section 2.5 & 2.6).



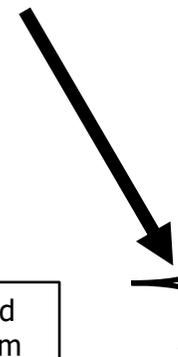
Practice Lead for Quality & Programme Lead follow up and review the outcome of the concern - **week 2 and 3**

Practice Lead for Quality, Programme Lead or Academic Assessor to feedback to student **within 1 month**

Action plans determined & reviewed **week 1-3**. Practice Placement Team record on database **week 4**



Concern closed when criteria in section 3.4 met



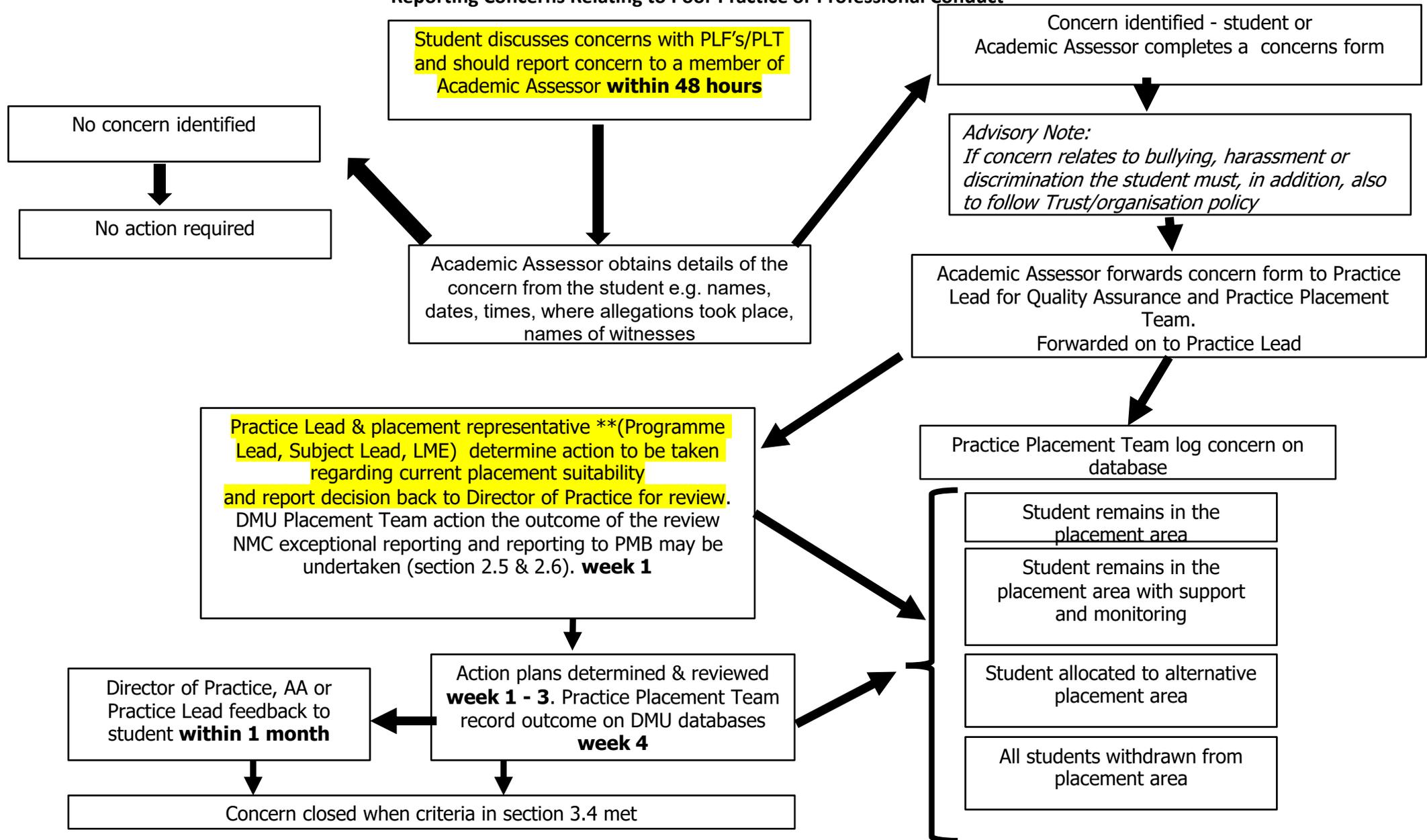
Student/s remains in the placement area

Student/s remains in the placement area with support and monitoring

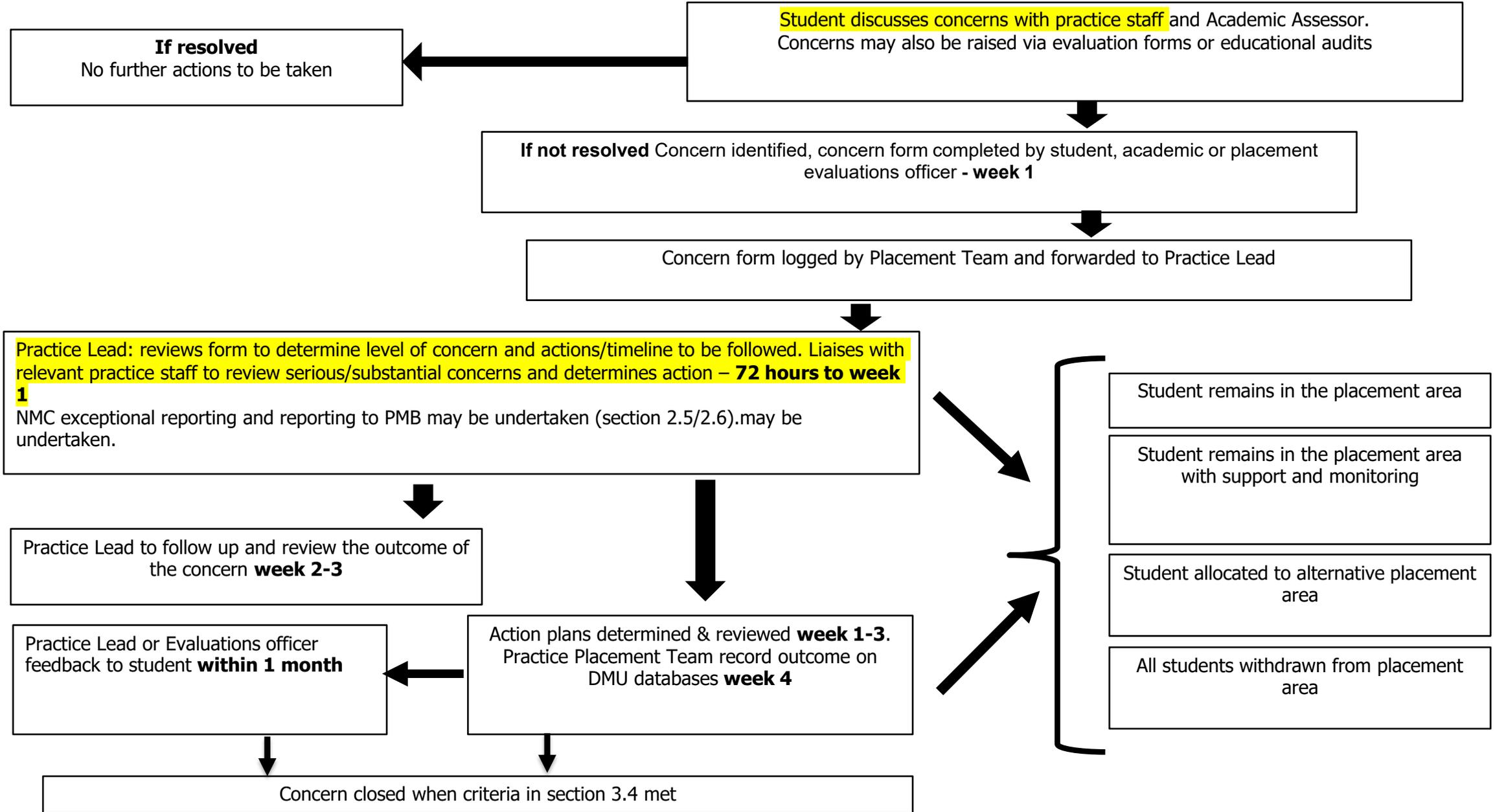
Student/s allocated to alternative placement area

All student/s withdrawn from placement area

Flowchart 2
Reporting Concerns Relating to Poor Practice or Professional Conduct



Flowchart 3
Reporting Concerns Relating to the Quality of the Practice Learning Experience



Reporting & Escalating to the NMC

The NMC will be informed and an exceptional report will be completed in the event of:

- an immediate or impending risk to the safety of students, members of the public or patients;

- an unexpected or unexplained death occurring;

- a major incident occurring;

- a placement partner organisation being rated as inadequate by the CQC;

- significant concerns being raised by a member of the public;

- students raising concerns that result in an internal investigation;

- significant public interest in an incident.



Statements: how to write them

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Statement Writing

Please click on the screenshot to access the statement writing guide from the RCN.