

Students Raising Concerns – where are we now?

"The abuse only came to light because of the courage and bravery of those students and health care assistants who, despite pressure not to do so, drew attention to the indefensible treatment which took place. Because the trust did not take appropriate action when the abuse was first identified, it failed those vulnerable people entrusted in its care."

The above is taken from a statement by Nigel Woodcock, acting chief executive of the now defunct North Lakeland NHS Trust, following a report in 2000 by regulators into "appalling" care and abuse of elderly patients on ward 21 at Garlands Hospital, Cumbria. You could be excused for thinking that the actions of these "courageous and brave" mental health nursing students, whose concerns were initially refuted by authorities, would have heralded an era where higher education institutions (HEIs) and the NHS valued, protected and supported students to report concerns about mistreatment and poor care of patients. Sadly, this is not the case.

Fast forward fifteen years to the launch of the "Freedom to Speak Review" (Francis 2015) published in the wake of the public inquiry report into egregious failing in patient care at Stafford Hospital (Dept of Health 2013). Disturbingly in light of events at Garlands Hospital, the review describes significant problems when university students, attending clinical placements in Stafford Hospital at the time of the failings, attempted to raise concerns about the quality of patient care but were ignored or victimised. Extensive interviews undertaken during the review with students from other regions found similar issues; the review is critical of universities and the NHS (particularly in relation to their treatment of student nurses) for providing poor support for those who raise concerns including issues such as:

- sending students to clinical placements despite reports by previous students of bullying behaviours
- sending students to clinical placements despite concerns being previously raised with no evidence that those concerns had been addressed.
- universities taking the side of the mentor rather than the student, that universities' processes are biased against the student and that they are not best equipped to consider fitness to practise cases.

Had student concerns been addressed in a timely and thorough way then further abuse and mistreatment of patients at Garland and Stafford Hospitals might have been prevented.

A series of recommended actions based on 20 principles to help create an open reporting culture in the NHS are provided in The Freedom to Speak Up Review, which also concludes that 'all the guidance and Principles that I have proposed for NHS staff should be available to support students and trainees' (p.20). Some of the "good practice recommendations" are aimed specifically at organisations involved in education and training (see box 1).

Box 1. Examples (not exhaustive) of good practice for organisations involved in education and training (Francis 2015)

- Education and training organisations should:
 - cover raising concerns in the course curriculum.
 - make available at least one officer responsible for: receiving concerns from clinical students and trainees; offering advice and support; ensuring that the concern is referred to an appropriate person or organisation for investigation; and monitoring the well-being of the student who has raised the concern.
 - ensure that students are given protected time to reflect on their placements, including when they raise concerns, and have a support network in place to help them through difficult situations.
 - review any adverse assessment of the competence or fitness of a clinical student or trainee who has made a public interest disclosure or has raised a comparable concern to ensure that it has not caused or contributed to a disadvantage or detriment in an assessment.
 - consider how credit for raising concerns that have contributed to patient safety can be given in students and trainees assessments.

- Clinical placements should:
 - make available to clinical students and trainees the same procedures for raising concerns, obtaining advice and support and means of investigating concerns as for their regular staff.

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