**Primary Care Safeguarding Annual Review 2023/4 – Children and Adults**

Assurance and Quality Review

Aim: To support practice engagement and quality improvement

Objective: Identify and share areas of good practice, and identify areas for development at both practice and support at ICS level

Section 11 of the Children Act 2004 and the Care Act 2014 places a statutory duty on agencies, including GPs, to ensure that they have regard to the need to safeguard and promote the welfare of children and vulnerable adults.

This assessment tool has been designed to allow opportunity to highlight areas of strength and to identify areas for development in respect of duties and responsibilities. Therefore, there are no right or wrong answers, and you are invited to develop an action plan at the end. This tool assists the ICS- Southwark borough safeguarding team to identify where to target support, in order to drive safeguarding standards upwards. We have included comments boxes throughout.

It should ideally be completed by, or with the input of, the practice safeguarding lead. You cannot save the form whilst entering data but if you keep the tab open you can finish it later.

You will receive a copy of your responses. Submission can be used as evidence of self-assessment against statutory safeguarding duties.

You will receive a copy of your responses. If you have any queries about the self-assessment, please contact Southwark Safeguarding Team Southwark.SafeguardingTeam@selondonics.nhs.uk

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| **Practice Name:** |  |
| **Completed by:** |  |
| **Designation:** |  |
| **Date:** |  |
| **Contact email:** |  |

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| **Practice Policy and Process** | | **Adult** | **Children** |
| 6,7 | Who is the safeguarding practice lead and deputy if applicable? *Please include email address if new to the role* |  |  |
| 8,9 | When was your practice safeguarding policy last updated? |  |  |
| If update recent please share brief details of what the update included | | |
| 10. | Do you have a ‘was not brought policy’/DNA for children (for general practice, community, and secondary care)? | | Yes- we have a separate policy.  Yes- it is part of our safeguarding policy.  No - this is an area for development |
| 11. | Do you have a ‘was not brought policy’/DNA for vulnerable adults (for general practice, community, and secondary care)? | | Yes- we have a separate policy.  Yes- it is part of our safeguarding policy.  No - this is an area for development |
| 12. | Do you have a Whistle blowing policy? | | Yes  No- this is an area for development |
| 13. | Do you have a Chaperone policy? | | Yes  No- this is an area for development |
| 14. | Do you know who holds the following roles for Southwark ICB?  Named GP for Safeguarding Adults  Named GP for Safeguarding Children  Designated Nurse for Safeguarding Children,  Designated Nurse for Looked After Children and Care leavers  Designated Doctor for Child Protection  Designate Nurse for Safeguarding Adults | | Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No |
| Is the practice team aware of how to access these Southwark ICB team members for support and advice? | | Yes/No |
| 15. | Please share any comments on access and any identified areas of support? | | |
| 16,17  18. | Is the team confident in accessing advice and making referrals with social care for child at risk of significant harm of abuse?  Is the team confident in accessing advice and making referrals with social care for child at risk of vulnerable adults at risk of abuse? | | Yes/No  Yes/No |
| Please share any comment on accessing support, referring and any identified areas of additional support? | | |
| 19, 20 | In the last 12 months has the practice undertaken any safeguarding related audits/practice development projects?  **If yes**, please give a brief description. | | Yes/ No |
| 21,22 | Use of interpreters - Are staff aware of the importance of using an independent interpreter rather than friends/relatives?  Has your practice experienced any difficulties with an interpreter service? (please explain, if so) | | Yes/No/Unsure  Yes/No/Unsure |
| 23. | Prospective patient online access to medical records – are all practice staff aware of how to identify sensitive information and how to hide from online visibility? | | Yes- we are confident all staff aware and utilising tools on regular basis.  Yes- we have attended trainings, familiar with tools but work needed to embed into daily practice.  No- This is an area for development |
| 24,25 | Does the practice have a process to identify and manage the de-registration of vulnerable patients?  (this is important, as highlighted in Southwark SAR from 2016, Adult A) [Safeguarding The London Borough of Southwark • Safeguarding Adults Reviews (SARs)](https://safeguarding.southwark.gov.uk/learning-from-case-reviews/sars/)  **If yes**, please give a brief description | | Yes- we have clear process for this.  No- this is an area for development |
| 26. | Does your registration process request and record any named social worker? | | Yes- we have clear process for this.  No- This is an area for development |
| 27. | Does your registration process requested and record details of carer or known care needs? | | Yes- we have clear process for this.  No- this is an area for development |
| 28. | Does the practice have a process for reviewing paperwork and recording details of Lasting Powers of Attorney for Health and Welfare? | | Yes- we have clear process for this.  No- this is an area for development |
| 29. | Does the practice use a Mental Capacity Assessment protocol or template? | | Yes  No |

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| **Training** | | **Adult** | | **Children** |
| 30-43. | Health care professionals with direct patient contact should demonstrate Level 3 Adult Safeguarding training and refresh with a minimum of 8 hours of additional learning over a 3-year period. This can be through the PLT program, and include face to face courses, experiential learning, or e-learning.  Please confirm the proportion of practice based, directly employed, staff compliant with this requirement:  Leave blank if not applicable | GPs %  Nurses %  Pharmacists %  ANP %  HCAs %  Paramedics %  Physician’s Associate % | |  |
| 30-43. | Health care professionals with direct patient contact should demonstrate a minimum of 8 hours of Level 3 Child Safeguarding education, training and learning over a three-year period. This can be through the PLT program, and can include face to face, e-learning, experiential learning.  Please confirm the proportion of staff compliant with this requirement  Leave blank if not applicable: |  | | GP %  Nurse %  Pharmacists %  ANP %  HCAs %  Paramedics %  Physician’s Associate % |
| 44. | Administration staff and other staff with direct patient contact, or contact with carers and members of the public, should complete Level 2 Adult Safeguarding training every 3 years.  Please confirm the proportion of staff compliant with this requirement: | % | |  |
| 45. | Administration staff with direct contact with children and families should receive Level 2 Child Safeguarding training (appropriate to their role) with guidance suggesting equivalent to a minimum of 4 hours over a three-year period. This can include face to face, e-learning and experiential learning.  Please confirm the proportion of staff compliant with this guidance: |  | | % |
| 46. | All staff should complete Prevent Awareness e-Learning every 3 years.  Please confirm the proportion of staff compliant with this requirement: | % | |  |
| 47. | The Intercollegiate Documents, which set guidance for health care roles, competencies and training for safeguarding children/adult was updated in 2019 to include experiential learning (e.g. case-based personal reflection, scenario-based discussions, multi-professional meetings) as part of safeguarding training. Please briefly detail the practice process for incorporating experiential learning. | | | |
| 48. | Do staff have regular appraisals in which safeguarding issues can be discussed? | | Yes/No | |
| 49.  50. | Is learning from GP Practice safeguarding leads forum (including learning from Child Safeguarding Practice Review/ Local Learning Reviews/Safeguarding Adults Reviews/Domestic Homicide reviews) shared with practice colleagues?  Please share any comments on forums/suggestions for additional support/particular topics the practice team would find helpful to be covered in the next Safeguarding PLTs/Forums? | | Yes/No/Unsure | |

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| **Frontline safeguarding** | | | | | |
| 51,52 | a. Does the team feel confident in identifying and responding to needs to victims of domestic abuse? | Yes- e.g., we have a clear robust system, including regular referral to IDVA services (IRIS/Refuge), we regularly undertake routine enquiry during consultations including ante- and postnatal appointment, we regularly discuss cases at our safeguarding meeting.  Mostly Yes- e.g., on reflection we need to further embed routine enquiry and review our referral rates and ensure we discuss such cases on a regular basis.  Mostly No- e.g., we recognise this as an area we would value additional support | | | |
| b. Please give feedback on access to training and advocacy for domestic abuse,  Would you prefer practice based or borough/locality wide training? | | | | |
| 53. | Are clinical staff confident about when to seek consent and when they can share information without consent to safeguard children and vulnerable adults? | | | | Yes/No/Unsure |
| 54,55 | Has your practice had experience in following the “Complex case pathway” which was brought out as Southwark Safeguarding Adults Board guidance in 2021/22? [Safeguarding The London Borough of Southwark • Resources](https://safeguarding.southwark.gov.uk/resources/#:~:text=The%20Complex%20Case%20Pathway%20is,where%20possible%2C%20reduce%20that%20risk.)  Do you have any feedback about using it? (case examples, challenges, and positive outcomes) | | | | Yes/No/Unsure |
| 56,57 | Is the practice team confident in accessing support and making Family Early Help referrals?  Please share any comments | | | | Yes/No/Unsure |
| 58. | Please outline practice process for managing requests for safeguarding information, sharing details of process for producing reports e.g. standard proforma/ report prepared by admin for clinical staff to review/ prepared on case-by-case basis by GP | | | | |
| 59-62. | How often do you/are you able to meet as a practice team to discuss current safeguarding cases? e.g. Weekly, monthly, quarterly, sporadically, never, other | | Adult | Children | |
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| How often do you/are you able to meet with community colleagues to discuss cases of concern? e.g. Weekly, monthly, quarterly, sporadically, never, other. | | Health visitors | District nurses | |
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| **Looked After Children and Care Leavers** | | | | |
| 63-70. | We have reviewed coding and recognition of this cohort in the past annual reviews. We would now like to move onto looking into the additional needs of this cohort. Please find search available in Safeguarding folder in the IHL and QHS library in EMIS, to review ADHD/ASD and LD prevalence and needs of this cohort. | | | |
| Total number of registered patients under 18 years Total number of registered patients under 18 years with an ADHD diagnosis  Total number of registered patients under 18 years with an ASD diagnosis  Total number of registered patients under 18 years with an LD diagnosis |  | Total number of looked after children.  Total number of looked after children with an ADHD diagnosis.  Total number of looked after children with an ASD diagnosis.  Total number of looked after children with an LD diagnosis |  |
| 71. | What proportion of your patients who are looked after children with LD have had their annual LD review (applicable to patients 14-18years)  Please express in numbers (total number of LD reviews completed/ total number of looked after children with LD aged 14-18) | | |  |
| 72. | Please share any comments on the needs of patients with ADHD/ASD/LD in your LAC cohort and/or additional areas of support the practice has identified in providing care for this group of looked after children? | | | |