**BaNES locality Primary Care Quality Assurance Framework 2021-22**

**Practice / Practice group completing check list:**

**Number of registered patients:**

**Date Completed:**

Please fill in correct quarter

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Performance Indicator** | **Evidence/Information required** | **Q1**  **End July** | **Q2**  **1st wk**  **Nov** | **Q3**  **1st wk**  **Feb** | **Q4**  **1st wk**  **May** |
| **1** | **Safeguarding Adult standards** | | | | | |
| **1a** | **SA Training standards being met** | **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff who requiring level 1 training |  |  |  |  |
| No of staff who have received level 1 training |  |  |  |  |
| % eligible staff who have received level 1 training |  |  |  |  |
| **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff who require level 2 training |  |  |  |  |
| No of staff who have received level 2 training |  |  |  |  |
| % of eligible staff who have received level 2 training |  |  |  |  |
| **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff who require level 3 training (this includes MCA, DOLS/LPS, DVA, modern slavery) |  |  |  |  |
| No of staff who have received level 3 training |  |  |  |  |
| % of eligible staff who have received level 3 training |  |  |  |  |
| **Advisory Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff who require self-neglect training (level 2 staff and above) |  |  |  |  |
| No of staff who have received self-neglect training |  |  |  |  |
| % of eligible staff who have received self-neglect training­ |  |  |  |  |
| **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff at level 3 who require PREVENT training |  |  |  |  |
| No of staff who have received PREVENT training |  |  |  |  |
| % of eligible staff who have received PREVENT training |  |  |  |  |
|  | **Comments** |  | | | | |
| **1b** | **SA training being implemented /outcome measures** | No of vulnerable adults coded and flagged |  |  |  |  |
| No of referral to adult safeguarding in last 6 months with category |  |  |  |  |
|  |  | Number of Vulnerable Adults with a current safeguarding care plan eg if under a self-neglect MARM XaQmN ( \*code used for funding) |  |  |  |  |
|  |  | Number with a current Safeguarding Adults protection plan agreed at s42 enquiry XabzB (\* code used for funding) |  |  |  |  |
| **1c** | **Adult MDT meetings held at least quarterly** | Please confirm the dates of this your meetings this quarter and the attendees as part of the safeguarding funding commitment. | | | | |
|  | **Comments** | Where possible can you comment on the following with anonymized examples;  1.Are you receiving a response from adult safeguarding within 4 working days of a referral?  2.Have you needed to escalate any adult safeguarding referrals in the last 6 months?  3.How frequently are you holding adult MDT meetings and what is the average number of attendees?  4.Have you had any Significant events concerning Adult Safeguarding in the last 6 months ? | | | | |
| **2** | **Safeguarding children standards being met** | | | | | |
| **No** | **Performance Indicator** | **Evidence/Information required** | **Q1** | **Q2** | **Q3** | **Q4** |
| **2a** | **Safeguarding children training standards being met** | **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff requiring level 1 training |  |  |  |  |
| No of staff who have received level 1 training |  |  |  |  |
| % eligible staff who have received level 1 training |  |  |  |  |
| **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff requiring level 2 training |  |  |  |  |
| No of staff who have received level 2 training |  |  |  |  |
| % eligible staff who have received level 2 training |  |  |  |  |
| **Target** | **90%** | **90%** | **90%** | **90%** |
| No of staff requiring level 3 training (including FGM and DVA) |  |  |  |  |
| No of staff who have received level 3 training |  |  |  |  |
| % eligible staff who have received level 3 training |  |  |  |  |
|  | **Comments** |  | | | | |
| **2b** | **Safeguarding children training is being implemented/outcome measures** | No of children coded and flagged as on CPP (XaOnx) \*code used for funding |  |  |  |  |
| No of UNBORN children coded and flagged as on CPP |  |  |  |  |
| No of children coded and flagged as on CIN |  |  |  |  |
| No of children coded as LAC |  |  |  |  |
| No of referrals made to children’s social care in last 6 months |  |  |  |  |
| No of Child in Need reports received in last 6 months |  |  |  |  |
| **2c** | **Child safeguarding meetings held at least quarterly** | Please confirm the dates of this your meetings this quarter and the attendees as part of the safeguarding funding commitment | | | | |
|  | **Comments** |  | | | | |
| **3** | **Responsibilities for identifying and referring domestic abuse being met** | | | | | |
| **No** | **Performance Indicator** | **Evidence/Information required** | **Q1** | **Q2** | **Q3** | **Q4** |
| **3a** | **DVA training** | **Target** | **90%** | **90%** | **90%** | **90%** |
| No of non-clinical staff who have received IRIS training |  |  |  |  |
| % non-clinical staff who have received IRIS training |  |  |  |  |
|  | **Comments** |  | | | | |
| **3b** | **DVA training being implemented/ Outcome measures** | No of patients coded and flagged for current DVA |  |  |  |  |
| No of referrals accepted by IRIS in last 6 months |  |  |  |  |
|  | **Comments** | Where possible can you comment on the following with anonymized examples;  1.Have you been able to access advice about DVA from Southside?  2.Are you receiving IRIS outcome reports?  3.Are you being contacted before and receiving information after MARAC? | | | | |
| **4** | **Practice meeting administrative and managerial safeguarding responsibilities** | | | | | |
|  | **Please confirm that the practice has signed the Mandatory Practice Declaration (eDEC)**  **In terms of Safeguarding this requires you to confirm;**  **-Safer Recruitment – 90% staff have an up to date DBS check and 2 written references**  **-Duty of Candour**  **-Significant event analysis**  **-Whistleblowing policy in place**  **-Complaints procedure in place**  **-Consent procedure in place**  **-Chaperone policy in place**  **Practice Manager Signature of Confirmation** | | | | | |

**April 2021**