**PCQAF - Guidance to completion**

***Please complete as honestly and fully as possible - where you are unable to collect the data let us know and we can see how other practices are doing it.***

***For this to have maximum impact on informing future education programs, resource discussions and inter-agency communication please let us know in the comments section about: training initiatives that have gone well; safeguarding cases which have been managed well; significant events; serious case reviews and their learning outcomes; examples of good and less good inter-agency work, etc***

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| **No** | **Performance Indicator** | **Evidence/Information required** |
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| **1** | **Safeguarding Adult standards**  |
| **1a** | **SA Training standards being met**  | **A detailed summary of adult safeguarding training requirements has been published in August 2018 by RCN and intercollegiate colleagues. For full details** [**https://www.rcn.org.uk/professional-development/publications/pub-007069**](https://www.rcn.org.uk/professional-development/publications/pub-007069)**For each level recommendations cover; core competencies, knowledge, skills, attitudes and values that are expected.** **Please read the full document if giving any training.****All personnel need to keep some documented log of their training** **Below is a brief summary of who requires which level of training, main learning outcomes check-list and number of documented hours training required at each level****Level 1 training - required by all staff - includes clerical and admin staff, domestic and ancillary staff, volunteers** **and all non- clinical staff present in the health care setting**Need to -recognise potential indicators of adult abuse, harm or neglect-recognise where an adult may have caring responsibilities-have an awareness that adults have rights around safeguarding-have an awareness of how to respond to safeguarding concerns and of practice policy and procedure-have the confidence to escalate concernsBe aware of consent, information sharing and data protection regulations-Can be accessed by e-learning.-Some face to face is required to ensure staff know which personnel to speak with and how to access policies and procedures-30 minutes training needs to be undertaken within 6 weeks of starting job-2 hours minimum training completed 3-yearly after induction**Level 2 training – Required by practice managers and practitioners who have contact with patients, their families and carers or the public e.g. phlebotomists, HCAs**-As for level 1 plus need to demonstrate skills and knowledge to contribute effectively to the safeguarding process-Need to understand what constitutes harm, abuse and neglect and to be able to identify signs of each-Need to be able to ensure effective advocacy is provided, e.g. where there are mental capacity or communication issues.-Need to be able to identify the professional roles, responsibilities and boundaries of yourself and your colleagues in a multi-agency setting-Can be accessed by e-learning or 2- hour face to face session within 6 weeks of starting job-Thereafter need 3-4 hours training over 3 years. e-learning accepted but should also demonstrate some scenario-based and multi-agency -based training.**Level 3 training- Required by registered health care staff who engage in assessing, planning intervening and evaluating the needs of adults where there are safeguarding concerns. This includes GPs, registered nurses, health visitors and midwives**-As for levels 1, 2 plus -Identify possible signs of sexual, physical or emotional abuse or neglect using a person- centred approach.-identify adult abuse harm or neglect where there is a caring role and refer appropriately-understand forensic procedures around safeguarding and how to meet clinical and legal requirements.-undertake risk/harm assessment-communicate effectively with individuals at risk-contribute to and make judgments about safeguarding an adult at risk and the drawing up of a care plan-manage uncertainty and risk around safeguarding-contribute to inter-agency assessment-document appropriately for safeguarding protection and for the legal process-Know how to undertake-documented case reviews and supervision and to apply lessons learnt-Contribute to and participate in safeguarding enquiriesLevel 3 training requires 8 hours of training in the first year /an ability to demonstrate relevant knowledge skills and competence have already been acquired during previous training.Thereafter 8 hours of refresher training is required over 3 years.Training should include a mix of e-learning, case-based discussion, personal reflection and organizational meetings (CCG, LMC, BGPERT etc).No more than 50% of the training should be done on-line.Training should include the following topics; MCA/DOLS, WRAP3PREVENT, self-neglect, modern slavery.We recognise that Self-Neglect and Prevent training are relatively new and so this year we are trying to gauge how many people are otherwise level 3 trained but just missing these modules |
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| **1b** | **SA training being implemented /outcome measures** | -Please see appendix guide to Coding, Flagging, Recording and Searches.- It is a requirement that Adult Social Care respond to a referral within 4 working days.-MDT team meetings should be held on a monthly basis  |
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| **2** | **Safeguarding children standards being met** |
| **2a** | **Safeguarding children training standards being met** | **A detailed summary of child safeguarding requirements was published by the RCN intercollegiate committee in Jan 2019** [**https://www.safeguardingassociatesforexcellence.co.uk/wp-content/uploads/2019/01/2019-Intercollegiate-document.pdf**](https://www.safeguardingassociatesforexcellence.co.uk/wp-content/uploads/2019/01/2019-Intercollegiate-document.pdf)**The document sets out core competencies, knowledge, skills, attitudes and values for each level and should be read in full by anyone delivering training.****Learning should be kept in a documented log /passport transportable between jobs. Example logs are given in the appendix of this document****Below is a summary over-view as a check-list of learning outcomes****Level 1 training-Required by all staff in health care setting-includes clerical and admin staff, domestic and ancillary staff, volunteers**.• Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation).• Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)• To be able to demonstrate an understanding of the risks associated with the internet and online social networking.• Awareness of the vulnerability of looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children. • To be able to understand the impact a parent/carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse.• To be able to understand the importance of children’s rights in the safeguarding/child protection context.• To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice.• To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)-Can be accessed by e-learning.-Some face to face is required to ensure staff know which personnel to speak with and how to access policies and procedures-30 minutes training needs to be undertaken within 6 weeks of starting job-A minimum of 2 hours training completed 3-yearly after induction-Child safeguarding should be reviewed as part of the annual staff appraisal**Level 2 training – Required by All Clinical and Non-clinical staff who have any contact with children, young people and/or parents / carers however brief**To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect.• To be able to act as an effective advocate for the child or young person.• To demonstrate an understanding of the potential impact of a parent’s/carer’s physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk• To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting.• To know how and when to refer to social care if you have identified a safeguarding/child protection concern.• To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately.• To know how to maintain appropriate records including being able to differentiate between fact and opinion.• To be able to identify the appropriate and relevant information and how to share it with other teams. • To be aware of the risk of FGM in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate to role, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation.• To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity.• To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.-Can be accessed by e-learning or 2- hour face to face session within 6 weeks of starting job-Thereafter need 3-4 hours training over 3 years. -e-learning is accepted, additional case-scenario and multi-agency learning is encouraged**-Level 3 training-Required by all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding / child protection concerns**To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach. • To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people.• To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (eg, where role involves/includes forensics teams/working alongside forensics teams).• To know how to undertake, where appropriate, a risk and harm assessment.• To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.• To know how to contribute to make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process. • To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and as related to role.• To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection.• To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role.• To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required.• To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training).• To know how to deliver and receive supervision within effective models of supervision and/or peer review as appropriate to role,and be able to recognise the potential personal impact of safeguarding/child protection work on professionals.• To be able to identify risk to the unborn child in the antenatal period as appropriate to role• To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.• To know, as per role, how to advise others on appropriate information sharing• To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales child practice reviews)/domestic homicide reviews which include children/case management reviews/significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role.• To know how to obtain support and help in situations where there are problems requiring further expertise and experience.• To know how to participate in and chair peer review and multidisciplinary meetings as required.-12 hours of training in first year-Thereafter a minimum of 12 hours child safeguarding CPD over 3 years for all except the practice lead for child safeguarding who needs 16 hours over 3 years.-The training should be a mix of organizational workshops (LSCB, CCG, BGPERT etc), e- learning and reflective learning. It should involve some multi-agency work -if you discuss a case with the MASH team, social services or a school nurse just jot a quick reflection in your education portfolio and this counts!A maximum of 50% of the learning should be on-line |
| **2b** | **Safeguarding children training is being implemented/outcome measures** | -Please see attached guide to Coding, Flagging, Recording and Searching -Child in Need plans may be shared with Health Visitors or School Nurses. We are keen to understand if General Practice is receiving this information.-Health Visitors should be continually liaising with General Practice about Safeguarding Concerns. Since Health Visitors have no longer been working in surgeries there is an agreement that the HV Liaison Lead should have a regular meeting with the GP safeguarding lead and practice members. As a guide the six practices with the highest number of children on CPP and CIN should be meeting a minimum of once every 6 weeks (St Michaels, Heart of Bath, Hope House, Rush Hill, St Chads and Temple House all had more than 45 children in these categories when a snapshot was taken at the start of the year).Other practices should be meeting a minimum of once a quarter.   |
| **3** | **Responsibilities for identifying and referring domestic abuse being met**  |
| **3a** | **DVA Training** | -IRIS training (identification and referral to improve safety) for domestic violence and abuse has been commissioned by the CCG. 2-hourly refresher training sessions have started and for dates contact Jo Cosgrove at Southside.DVA training counts towards both Adult and Child Safeguarding training requirements.-Training around DVA can also be done on-line and some organizational workshops have been available (If staff have done alternative training to IRIS please let us know % and what training this has been) |
| **3b** | **DVA training being implemented/ Outcome measures** | -National guidance on recording domestic violence and abuse information in GP medical records was issued 30/6/17 and should have been sent to all Practice Managers; <http://test.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2018/03/Guidance-on-recording-of-domestic-violence-and-abuse-information-in-general-practice-medcial-records-June-20.pdf> -The codes to be used are in the attached appendix on coding.Southside is now operating an advisory service-IAN-which should be available even when the Educator Advocate is busy.-MARAC reports should now be emailed to practice child safeguarding leads as well as practice managers. |
| **4** | **Practice meeting administrative and managerial safeguarding responsibilities**  |
| **4a** | **Safer recruitment** | -Applications for DBS check can be made via www.gov.uk>dbs-check |
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| **4b** | **Duty of Candour applied** | -Duty of candour- Any safeguarding case which has required an honest discussion with the patient/family about how things could have been done better with all parties involved. |
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| **4c** | **Significant event analysis** | -Please provide anonymised examples of significant event analysis where possible |
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| **4d** | **Whistle blowing policy in place** | -Policies and protocols should be held in a place known to and easily accessible for all staff |
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| **4e** | **Complaints procedure in place** | -See references for support with policy and protocols |
| **4f** | **Consent policy in place** |
| **4g** | **Chaperone policy in place** |