**Humber and North Yorkshire ICB GP Safeguarding Standards for Adults and Children**

*'All healthcare staff must be competent to recognise abuse, clearly understand their responsibilities and take effective action appropriate to their role. GPs and managers have a responsibility to ensure that all practice staff have the knowledge and skills to be able to meet this requirement'* [CQC (2022)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-33-safeguarding-children)

The self - assessment tool enables practices to assure themselves of safeguarding practices and governance within their organisation, to identify any gaps or areas of improvement and provides an opportunity to put action plans in place if needed. The tool identifies key domains applicable to GP Practices: -

* Safeguarding Leadership within the Practice
* Learning and Training
* Policies, Procedures, Systems and Governance processes
* Safe Record keeping
* Information Sharing and Removal of Children and Adults at Risk from a GP list
* Staff Recruitment

Under each domain the document:

* Identifies overarching minimum key standards
* The components of each standard provide a guide as to what should be seen as a minimum for that standard
* Each component should be RAG rated and consideration given as to how the Practice might provide evidence to demonstrate achievement against the RAG rating
* For any standards that are not rated green, details of any action plans developed can be recorded

It is recognised that not all Practices will have the same arrangements in place or there may be different titles for components identified within this document. Therefore, please advise your Practice approach to the component, or if you are unsure, please contact the Designated Safeguarding Team in your area.

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| **Name of Practice:** |  |
| **Person completing the audit tool (include designation, contact details including email)** |  |
| **Dated audit tool completed** |  |

**RAG rating Key:**

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| Green |  | Provider is assured that they are fully compliant (remains subject to continuous quality improvement) |
| Amber |  | Provider identified that there are some gaps in compliance and an improvement plan is in place |
| Red |  | Provider identified that there is limited compliance against standards and a detailed action plan is in place to ensure full compliance within an identified timeframe |

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| **Safeguarding Leadership within the Practice** | | | | | |
| **Overarching Standard** | **Components of standard** | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** | |
| 1. **The Practice is able to define and describe clear and robust leadership, accountability and assurance arrangements for safeguarding at all levels** | 1A: The Practice has a Lead (and Deputy) for Safeguarding Children, Safeguarding Adults at Risk, (Mental Capacity & Deprivation of Liberty Safeguards), Domestic Abuse and Prevent (this can be more than one person). |  | |  | |
| 1B. The GP Safeguarding Lead and Deputy roles are established and supported within the Practice and all staff know who these are and how to access their advice, support and supervision. |  | |  | |
| 1C. The Practice Lead attends GP Safeguarding Leads Meetings and is responsible for ensuring the regular dissemination of safeguarding information/learning throughout the Practice. |  | |  | |
| **Learning and Training** | | | | | |
| **Overarching Standard** | **Components of standard** | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** | |
| **2.0 The Practice can demonstrate its committed to and is embedding a culture of sharing safeguarding learning and practice improvement through their services** | 2A. The Practice assures itself that all Practice employees have undertaken the Safeguarding Children & Adults at Risk learning relevant to their role & are competent to execute their duties In line with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019), and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). |  | |  | |
| 2B. The induction programme for new staff, including temporary staff or locums, includes time to read the safeguarding policies, as well as time for training on key local safeguarding procedures. |  | |  | |
| 2C The Practice has a patient safety incident reporting system in place and a process in place for disseminating learning/changes in safeguarding practice and learning from safeguarding incidents, local safeguarding Case Reviews, DHR's and safeguarding audits, and embedding the same in Practice processes. |  | |  | |
| **Policies, Procedures, Systems and Governance processes** | | | | | |
| **Overarching Standard** | **Components of standard** | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** | |
| 3.0 **The Practice have accessible safeguarding and related policies and related procedures in place that identified and defines staff responsibilities including actions that must be taken** | 3A. All Practice staff have access to comprehensive safeguarding policies and procedures for safeguarding (children and adults). The policies should up to date and consistent with statutory & multi-agency guidance and include links to local Safeguarding Children Partnerships and Safeguarding Adults Boards procedures.  All staff members are aware of:   * how to act on concerns that a child or an adult at risk may have been abused, or as it as risk of abuse or neglect * how to escalate concerns * how to access support and advice in line with the practice safeguarding policies. |  | |  | |
| 3B There is a clear procedure in place for undertaking, documenting and reviewing mental capacity and best interest assessments and assures itself that that staff understand their responsibilities and adhere to the Mental Capacity Act (2005) requirements. |  | |  | |
| 3C. The practice has a Domestic Abuse Policy which includes information on local Domestic abuse services. All staff have an awareness of domestic abuse and clinical staff have an understanding of the indicators of domestic abuse and use targeted/clinical enquiry when safe to do so. Practice staff know where to signpost individuals for domestic abuse support and refer for safeguarding if appropriate. |  | |  | |
| 3D. The Practice is registered with NHS Digital to report cases of Female Genital Mutilation (FGM) and clinical staff are aware of the requirement for mandatory reporting of FGM under the FGM Act (2003) for under 18-year-olds and know what process to follow in order to achieve this. |  | |  | |
| 3E. The Practice has a process in place for the management of children or adults at risk who were not brought (WNB) to medical and nursing appointments, that includes how to manage and escalate WNB concerns (through reviewing their records, monitoring attendance, and referral to other agencies, as appropriate). |  | |  | |
| 3F. The Practice has a Chaperone Policy, which includes safeguarding responsibilities, in place. |  | |  | |
| 3G. The Practice has an up-to-date policy and procedure regarding allegations against staff and volunteers working with Children or Adults at Risk (including a Managing Allegations Against Staff Policy and a Freedom to Speak/Raising Concerns Policy)  All staff are aware of the function of, and how to refer to, the Local Authority Designated Officer (LADO) and are aware of the PiPoT process. |  | |  | |
| 3H. The Practice has a Repeat Prescribing Policy which considers/addresses safeguarding concerns for Children and Young People, and Adults at Risk (for example reviewing medications with sedative properties prescribed to new, and prospective parents, non-concordance with essential medications, overdose risks and ensuring and limiting scripts and 3 monthly medication reviews) |  | |  | |
| 3I. A process is in place for accessing Interpreting Services and Practice staff do not use family/friends routinely as interpreters |  | |  | |
| 3J. The Practice has up-to-date Information Governance and Data Control Policies. |  | |  | |
| 3K. The Practice has guidance on remote consultations and the use and storage of intimate imagery. All relevant staff receives training on this, and the Practice assures itself that all staff are adhering to requirements |  | |  | |
| **Safe Record keeping** | | | | | |
| **Overarching Standard** | **Components of standard** | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** | |
| **4.0 The Practice embeds safe and effective record keeping for safeguarding so that all staff can have awareness of patients who are at risk** | 4A. The Practice ensures that clinical records clearly indicate that a child has a Child Protection Plan or Child in Need Plan and has an audit process of maintaining this yearly. |  | |  | |
| 4B. The Practice ensures that clinical records clearly indicate that a child is Looked After or is a Care Leaver and staff know how and when, to contact the Looked After Children health team. The practice provides health assessment information when requested. |  | |  | |
| 4C. Patients' clinical records (and where appropriate relevant others such as siblings, children etc) clearly indicate upon opening if a patient is at risk of abuse through the use of safeguarding codes (Domestic Abuse; Sexual Abuse; Coercive Control; Financial abuse; CSE; County Lines; Honour-based Abuse; Forced Marriage; FGM; Radicalisation; Self-Neglect and Hoarding; Modern Slavery; etc.); **AND** records other Safeguarding Risks in the relevant patient records (Substance misuse; Mental Health issues; etc). |  | |  | |
| 4D. The practice should make Patients aware of arrangements for managing their health information, including consent for sharing of records (open share) with other services involved directly with the patient's care (for example Health Visitors, 0-19 Service practitioners; Midwifery; District Nurses, attached Pharmacists; etc.). |  | |  | |
| 4E. The Practice is aware that a child registered with them, where neither parent is registered, is a potential “red flag” and highlights the same in the child’s record, as well as encouraging one or both parents to register with them. |  | |  | |
| 4F. For new patients under the age of 18, the practice can demonstrate its registration procedure includes gathering and recording details of siblings and all adults with a caring role in ‘Groups and Relationships’. |  | |  | |
| 4 G. A process is in place for managing, recording and responding to safeguarding information about patients received from outside agencies (including Child Protection Conferences; Health Assessments for Children who are Looked After; MARAC Meetings; MACE Meetings; and Strategy Meetings **AND** Adult equivalents. |  | |  | |
|  | 4H. A process is in place for managing Proxy access to patient online services, management of subject access requests and redaction of sensitive and third-party information from online records. |  | |  | |
| **Information Sharing and Removal of Children and Adults at Risk from a GP list** | | | | | |
| **Overarching Standard** | **Components of standard** | | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** |
| **5.0** **The organisation is fully committed to partnership working as part of statutory duties to safeguard children, families and adults at risk** | 5A. The Practice has a process in place to manage requests for primary care information for safeguarding purposes including:   * Ensuring a Timely response * Sharing of relevant and proportionate safeguarding (primary care owned) information about Children and Adults at Risk with appropriate multi-disciplinary professionals as required. * Ensuring sharing safeguarding information is in line with legislation (legal basis of sharing information) and with consideration of consent/overriding consent. * Accurate recording of 'what was shared and why' in primary care records | |  | |  |
| 5B. A process is in place and staff understand their responsibilities to manage requests for attendance at Child Protection Conferences and requests for Child Protection Conference Reports, (**AND** Adult equivalents) and to ensure a timely response | |  | |  |
| 5C. The Practice ensures that no Child or Adult at Risk is removed from the Practice list by the Practice before careful consideration, by a clinician, of their vulnerabilities and any risk factors present in their family, **AND** should such a patient be removed, a keyworker from another statutory agency is informed, and that this is reflected in the practice safeguarding policy. | |  | |  |
| 5D. The Practice is able to demonstrate how it adheres to the responsibilities to provide timely patient information to statutory review processes such as Local Safeguarding children practice reviews Domestic Homicide Reviews, Child Death Reviews Safeguarding Adults Reviews, LeDeR and others. | |  | |  |
| **Staff Recruitment** | | | | | |
| **Overarching Standard** | **Components of standard** | | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** |
| **6.0 The Practice adheres to safe recruitment processes line with contemporary national guidance and legislation** | 6A. The Practice has a Safer Recruitment Policy requires that pre-employment checks are completed appropriately for all staff (including locums), including evidence of a full employment history, and explanation of any gaps, satisfactory references, checks on, Memberships of Professional Regulators, such as the GMC or RCN; etc., and uses the appropriate Disclosure and Baring Service check. | |  | |  |
| 6B. Job descriptions within the Practice explicitly identify overarching safeguarding responsibilities | |  | |  |
| 6C. The practice has robust recruitment and termination processes in place in relation to DBS clearance and certification appropriate to their role. | |  | |  |
| **Voice of the child, family, staff and Community** | | | | | |
| **Overarching Standard** | **Components of standard** | | **Rag Rating** | | **Comments/actions by the organisation to address any areas of amber/red** |
| **7.0 A culture of listening to the voice of children/adults at risk and taking account of their wishes and feelings, in decision making** | 7A. The Practice's policies and procedures include reference to the importance of listening to and taking into consideration the views of children, young people and adults at risk and how to respond appropriately | |  | |  |
| 7B: The Practice gives consideration to languages and/or use of non-verbal communication, different ways of communicating, and to make services accessible when working with children, young people and adults at risk. | |  | |  |