**http://www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx**

**Memorandum of Understanding (MoU) auditing**

http://www.gov.je/caring/independentmonitoring/spb/Pages/index.aspx

The Safeguarding Partnership Board (SPB) has responsibility for monitoring and ensuring the effectiveness of the safeguarding systems that are in place both within and between organisations in Jersey. It achieves this by an audit against the Safeguarding Standards, as set out in the Memorandum of Understanding for co-operation with the Safeguarding Partnership Boards for the purpose of safeguarding children and adults in Jersey.

This Standards Audit is the Jersey equivalent to the UK Section 11 Audit (see Section 4.5 The Role of Regulators in England in inspecting General Practice Safeguarding Children arrangements linked above) and a version of the audit, designed to support GP practice leads, is given below. It addresses safeguarding matters for both children and adults at risk.

The audit considers eight key areas of work covering safeguarding leadership, safe staff recruitment and selection, Practice Policies and Procedures, staff training and development, information sharing, working with other agencies, learning from reviews and effective working with children and families.

1. **Safeguarding Leadership:** *the Practice has in place arrangements which demonstrate the importance of safeguarding and promoting the welfare of children and adults at risk.*
2. The Practice has a Safeguarding Lead GP and Deputy (adults at risk and children)
3. The Practice has an administrative Lead with responsibility to ensure all staff work to Practice Policies and Procedures

**Evidence:**

* Documentation of the Lead’s work such as dealing with staff enquiries and concerns, referrals statutory agencies, follow-up of referrals, staff supervision and support, training records.
* Minutes are kept of safeguarding or case review meetings attended by all staff, with agreed actions.
* Record of monitoring of agreed actions.
* Details of access to Policies and Procedures and audit trail to demonstrate how often staff use them

2. **Child and adults at risk Safeguarding Policies and Procedures** are in place to support effective working:

*Clear, reasonable policies help staff do their job more effectively by setting out their individual responsibilities in relation to safeguarding children and adults at risk.*

*Procedures explain the steps to be taken in specific circumstances e.g. if a child makes a disclosure. Policies should be regularly reviewed in collaboration with the workforce and be easily accessible to staff.*

1. The organisation has Safeguarding Children and Adults at risk Policies and Procedures. This policy is

updated regularly and at least every 3 years and is line with local safeguarding procedures available from SPB.

1. The policies are readily available either in hard copy or on the Practice intranet or website,

are easily accessed by all staff, and provide clear, uncomplicated guidance on how to recognise and

respond to possible abuse or neglect.

1. There is an organisational whistle-blowing policy which encourages staff to report concerns without fear

of retribution, underpinned by written procedures for dealing with situations where allegations of abuse

are made against someone working in the Practice.

1. Safeguarding incidents and allegations of abuse are recorded, monitored and accessible to external assessors.
2. Allegations concerning individuals who work with children are referred to the Multi Agency Safeguarding Hub

(MASH) as appropriate.

1. Allegations referring to adults at risk are appropriately referred to SPOR (details)

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**Evidence:**

* Details of how staff access Practice Safeguarding Children and Safeguarding Adult Policies and Procedures.
* Details of how often they are reviewed and review log.
* Record of failures to comply and reasons.
* Records of responses to complaints, actions taken, how they are monitored.

1. **Safe Staff recruitment:** Practices *must have in place recruitment and selection procedures which support identification of appropriate people to work with children, families and adults who may be ill and/or vulnerable.*
2. Safe recruitment practices ensure the proper selection of staff who will have regular contact with children or adults at risk. These practices include:
   1. Policies clarifying when Disclosure & Barring Service (DBS) checks are necessary.
   2. Interviews conducted face to face.
   3. Checks on identity, qualifications and previous employment history.
   4. Taking up references.
   5. Checking for unusual features in the application form and CV.
   6. Referral of concerns to the Disclosure and Barring Service if found to be a safeguarding

risk to children or adults.

**Evidence:**

* Details of safer recruitment policy / practices e.g. taking up references.
* Details of Disclosure and Barring Policy and any referrals made.
* Records of any allegations against staff and actions taken.

1. **Staff and Practice Development:** *Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding children and adults at risk within their respective roles in accordance with Inter Collegiate Training Guidance.*
2. Safeguarding awareness training is required on induction for all NHS staff regardless of degree of contact with children and families. This induction should cover child protection responsibilities and adult safeguarding arrangements locally, dependent on their role within the Practice, how to recognise and respond to possible abuse or neglect, how to use Practice Safeguarding Children Policies and Procedures. Registration in Jersey requires the appointment of a Safeguarding lead within the practice who is trained to Safeguarding level three.
3. Additional training plans are in place for those staff members with daily contact with children,

families and adults at risk.

1. While clinicians are responsible for their own professional development, the Practice has clear

training expectations in relation to child and vulnerable adult safeguarding.

1. Training records are kept and regularly reviewed and monitored/ audited.
2. Appropriate supervision and support is available for staff working with children, families and

adults at risk.

1. There is a named Practice lead for Safeguarding Children/Adults at risk always available for

staff support and advice when dealing with safeguarding issues.

* 1. Staff are made aware who they should contact for advice on safeguarding issues.

**Evidence:**

* Description of the induction process and training for new staff including information on safeguarding content.
* Staff training record including for clinical staff;
* Details of practice training policy and raining offered and available to staff, including regular updates and

multi agency training;

* Details of training pathways and how monitored;
* Evidence that Practice Safeguarding Lead provides advice, support and supervision

e.g. minutes of supervision meetings.

5.**Working Effectively with Children, Families and Adults at risk:** *‘Safeguarding is everyone’s business’ and staff need to understand how to work together in the Practice as well as with different organisations to ensure children are protected from abuse and neglect. Staff must learn to be confident about responding to safeguarding concerns and knowing what to do if worried about a child. Similarly, staff need to understand how to work together appropriately to safeguard adults at risk, with their consent.*

1. Identification of need: staff members can recognise the abuse or neglect of children and know how to

discuss and refer concerns internally; similarly for adults at risk.

1. Staff know how to make a MASH enquiry as appropriate and how to refer to SPOR
2. There are processes in place for documenting incidents, concerns and referrals in relation

to children/adults. This includes recording the action that results.

1. All staff understand the importance of intervening early to prevent problems escalating.
2. Depending on their role within the Practice, staff regularly participate in multi-agency

meetings and assessments to safeguard children, families and carers.

1. Staff are aware of the Safeguarding Partnership Board policies and procedures and

know how to access them.

1. The wishes and feelings of patients of all ages including children and young people are taken

into account when Practice services are designed and delivered

1. Wherever possible, children and young people are fully involved in plans to safeguard their welfare, and

individual case decisions are informed by the wishes, feelings and experiences of children and young people.

(If there are concerns about a child’s capacity to consent, there is an assessment of their capacity and in

circumstances where the child or young person is deemed to lack capacity a best interest decision is taken).

Adult consent must be sought unless they do not have capacity to make decisions about their safety and welfare or there is a public and vital interest for example criminality and possible harm to others including children.

1. Information on how to provide feedback or to complain is readily available for children, young people,

families and carers. All feedback and complaints are monitored and reviewed.

1. Services available for children and young people ensure equality of access.
2. Internal audits are carried out of safeguarding practice.

**Evidence:**

Clinicians and senior administrative staff working with children and families attend and keep records of internal review meetings such as critical incident reviews relating to safeguarding or child protection, vulnerable child and family meetings, attendance at external meetings such as with the Named Safeguarding GP, education and training record, evidence of good safeguarding coding and record keeping, evidence of timely response to child protection enquiries, record of reports to Case Conferences and attendance at Strategy Meetings and Case Conferences.

* Children and families are regularly invited to provide feedback on services.
* Records are kept of how complaints are handled and monitored.
* Evidence that services are accessible to children and families especially the most vulnerable.

6. **Sharing and storing information:** *Where there are concerns about safeguarding children,*

*relevant information should be shared with safeguarding specialists and/or statutory agencies such as social care without delay.*

1. Practice Policies and Procedures set out clearly the processes for sharing information with other professionals

where this is necessary to protect children from harm.

1. Details of these arrangements are covered at staff induction.
2. Training and guidance on information governance and Practice record keeping policies is

available for staff.

1. Child Protection Records are stored securely and safely and there are clear processes in place to ensure that

Child Protection records are accessible to all Practice clinicians and made available for Case Reviews such as Serious Case Reviews.

**Evidence:**

* Details of the guidance used in the organisation e.g. Caldicott.
* How guidance and training, on information sharing, is made available to staff (both on induction for new starters and for existing staff).
* Child Protection concerns are appropriately coded and recorded.
* When information is shared this is documented in patient records showing when, to whom,

and why and what information was shared.

* If a decision is taken not to share information, this is clearly documented giving reasons.

7. **Learning from Incidents and Reviews:** *Professionals and organisations need to reflect on the quality of their services to children and families to learn from their own practice and that of others. Good practice may be shared to increase understanding of what works well. When things go wrong then a scrupulous, objective analysis of events to understand what happened and why, can lead to service improvement to reduce the future risk of harm. GPs have an essential role to fulfil in the Jersey Review process. A summary of relevant Serious Case Review (SCR) outcomes is provided.*

**Evidence:**

* Records of reviews to which the Practice has contributed and resulting actions.
* Records of internal reviews and resulting change in practice, including how this is monitored and audited.

**Date**

**Name**

**Notes:**