**Safeguarding Q&A Transcript.**

**May 2021**

**Dr Rowena Christmas GP. Safeguarding Lead there for over 20 years and established their Cluster Safeguarding Peer Support group in 2018. A Bevan Exemplar for Safeguarding and RCGP Safeguarding Lead for Wales since 2019.**

**0.01 Chair:** Welcome everyone to our first webinar in our safeguarding series. I’m Dr Nicola Flower a GP in west Wales and also the GP Regional CPD Lead. Today we're going to do a question and answer session which we hope will be an introduction to the safeguarding requirements for primary care.

I’m delighted to welcome our speaker this morning, who is Rowena Christmas, a GP partner from the Wye Valley Practice, near Monmouth. She has been their Safeguarding Lead for over 20 years and in 2018 established a Safeguarding Peer Support Group in her cluster. Rowena is also a Bevan Exemplar for safeguarding and is the RCGP Safeguarding Lead in Wales since 2019. So, she has a great deal of expertise in this area. Welcome Rowena.

**Speaker:** Thank you.

0.59 **Chair:** So, the first question I think is why is safeguarding important?

1.03 **Speaker:** That's a really good question and I think anyone who knows me, knows that I’m always talking about how crucial our role is in primary care to protect the most vulnerable adults and children in our society. You know through our role, we know people and we know their families because they come into our surgeries regularly and they're probably more likely to trust us than for instance a doctor they've not met before for the first time e.g. in the emergency department or an unfamiliar social worker or the police. They know us and so they're more likely to disclose information that we can use to help them. So, it really does put us in a unique position particularly if we can practice curiously and look out for the signs that might raise concerns e.g. that someone's a victim of domestic abuse or a child is at risk of harm or an elderly person is becoming vulnerable, possibly at risk of financial abuse or something. And the thing is, if we can recognise problems, if we can spot it, then we can signpost people to help and support and in doing that we can potentially change lives. You know we can make a huge difference. Now tragically, COVID 19 has had so many adverse effects on so many of us but particularly for safeguarding. It has dramatically worsened lots of the problems. We know that the calls to domestic abuse helplines have increased dramatically. Children living in stressed homes with domestic abuse or with financial problems not having the sort of support of their teachers or their friends. It's a big risk of them having increased childhood adverse experiences. And the elderly you know, living on their own without the usual protection of neighbours or loved ones popping in to see them and check if they're okay. Of course, those people are scared to go and check them in case they bring COVID to them, but that has left them really at risk of all sorts of problems, as well as just the horribleness of loneliness. So, post COVID, our recognition and support are more vital than ever. The thing is if we can effectively tackle safeguarding concerns for individual families, we will benefit society as a whole, because we'll be addressing health inequalities. There's a mass of evidence that demonstrates the potentially lifelong damaging effect of adverse childhood experiences - we know how harmful they are. Or indeed the emotional the economic impact of domestic abuse on the ability of individuals to reach their full potential. In primary care, we've got a really special opportunity to address this more effectively. And if we recognise that it's happening, we can turn things around.

So safeguarding is hugely important.

3.53 **Chair:** Thank you. So, what is our role in primary care?

3.59 **Speaker:** Well the GMC is quite clear that all doctors must develop and maintain their safeguarding knowledge and skills. The requirement is that this should be reviewed annually at appraisal and in Wales our MARS appraisal website has got a tick box in the probity section that we have to tick every year to confirm that we have met those requirements. There are different levels of accreditation to cover both adult and child, and we need to be familiar with both of those. So, the GMC have these competency frameworks that establish the set of safe learning abilities that we all need, in order to effectively safeguard our patients. All clinical staff working with children, young people or vulnerable adults and their carers who could potentially contribute when their safeguarding and concerns, need to meet these competencies. The different levels describe the scope of the work of each different clinician in relation to their safeguarding role. It's our responsibility as clinicians to demonstrate that we're meeting those competencies. So, we know that all clinicians must know what to do if they're concerned that a child or a vulnerable adult is at risk of or is suffering from abuse or neglect or harm. We've got to make sure that our knowledge and skills are maintained and regularly updated to the level that's appropriate for our role. It's really important that we're able to work with and communicate with our colleagues both in our own teams and with other professionals and agencies so with health visitors or district nurses, social services and so on, and also sometimes with school teachers and even the police. We need to know who we should contact and how we go about making that contact.

5.45 **Speaker** Other requirements are that we are reflecting regularly on our own performance and our contributions to our teams and this sort of reflection can be done through audit. So, some good audits I’ve seen recently were looking at children who weren't brought for their asthma reviews with a sort of safeguarding thought rather than a chronic disease management thought. Or we know that children not brought for same day reviews, that that's the sort of indicator for safeguarding concerns. Our local practice looked at those children over the previous six months and actually picked up quite a few safeguarding problems that they were then able to positively address, support those families and make a difference before harm actually happened. Other things we should be doing are case discussions. This will often happen in our multi-disciplinary meetings when we meet with health visitors or the district nurses and discuss our vulnerable patients. All of this counts as safeguarding learning. Peer review and supervision is important and learning from child protection cases in our local areas. Multi-disciplinary meetings are sort of stressed by the intercollegiate documents as really important, so we want to be learning not just from our GP peers but also from social workers, from the district nurses, from the school teachers and school nurses and so on. Sharing best practices, sharing concerns between these different teams

7.14 **Speaker:** We've got to have a good working knowledge of our local procedures and we really must know who we should turn to for advice and how to contact them. The intercollegiate documents summarise the GMC guidance for what we need to be doing. And they cover both the work of clinical and non-clinical staff. So, this is all of us in the NHS but also people working privately, virtually, or basically any setting where primary health care is delivered. Safeguarding Children and Young People's document is in its fourth edition. 114 pages long and it's a wealth of information. You know tells us exactly what's expected. Also, documents it for each different clinician - so, for GPs, for emergency department doctors, you know, across the board, you can look at your specific area. The Adult Safeguarding document is in its first edition and it's a bit shorter. It's recognised that the training requirements are quite ambitious and so there's less required for adult safeguarding at the moment, but it's still a really important area.

8.30 **Chair:** So what do the GMC competencies mean? How can we achieve this and what is enough?

8.34 **Speaker:** What is enough is a good question. We know that it's mandatory training. So, all of us have a personal duty under our professional code to maintain our knowledge, skills and competence and our organisations have a duty to ensure that we're all suitably skilled and supported to meet these requirements. The intercollegiate documents actually set out the minimum training requirements, so this isn't a gold standard that we're sort of aspiring to one day, this is the basic level that we're supposed to be achieving. And it's probably important to point out that all new staff coming to work in your surgery need safeguarding training of at least 30 minutes duration in the first general staff induction programme, or at the very least within six weeks of taking up the new post.

So, the requirements cover the core competencies, the knowledge that we need, our attitudes, our values, and skills. They deliberately don't put in a defined frequency of updates.

You know people often ask me ‘Well tell me exactly how many hours? How should I do it?’ But actually, it's better that the training is flexible, because we've all got different learning styles, we've all got different learning opportunities and we've recognised that this training is quite hard to achieve. So, the more flexible it is the more each of us - you know doctors working it out of hours, have different opportunities and we should be able to achieve it.

You need to learn using a variety of different resources but it's important that some of that learning is multidisciplinary and it's face-to-face or you know these days face-to-face via Zoom I guess, works just as well or Teams.

10.19 **Speaker:** If you're looking for Level 3 accreditation then that also includes all of the training that's needed at Level 1 and Level 2.

Level 1 just briefly, that's for all staff working in healthcare settings - so receptionists, the admin staff, our volunteers, domestic staff, cleaners. They all need to be at Level 1, which is two hours of adult and two hours of child safeguarding training over three years.

Level 2 is what's required for non-clinical and clinical staff who have any contact at all with vulnerable people. So, this includes practice managers, specialist trainees in year one and two, healthcare assistants, physicians’ assistants, and so on. They're expected to have four hours of adult and four hours of child safeguarding training.

11.10 **Speaker:** Now Level 3 competence. This is basically all the rest of the clinical staff working with potentially vulnerable people. There's Level 3 core competencies, which is for foundation level doctors and pharmacists. They're expected to have eight hours of adult and eight hours of child safeguarding training over three years. And then Level 3 specialist knowledge and skills is the rest of us - all GPs (including Safeguarding Leads), our practice nurses, our paramedics, and so on. Now GPs are expected to have eight hours of adult training 12 hours of child safeguarding training over three years and the Safeguarding Leads have greater responsibilities, so a little bit more is expected of them. They should have eight hours of adult safeguarding training and 16 hours of child safeguarding training. Now it sounds a huge amount and I appreciate that, but actually it's amazingly easy to accumulate hours of safeguarding training. So you know, for instance, if you have a quarterly multi-disciplinary team meeting with the GPs, practice nurses, healthcare assistants, the health visitors, district nurses, and so on, perhaps that's an hour or a couple of hours and then you reflect on it afterwards suddenly if you do that four times a year you’re at 8 hours already. So, you can get this training in fairly easily. Some of the training can be doubled up as it's equally valid for adult and child safeguarding training. So, for instance if you learn about confidentiality or domestic abuse which certainly affects children as much as adults, or information sharing, you can count an hour of that in both directions. So, it counts as two almost.

13.04 **Speaker:** It is definitely acknowledged that these training requirements are significant and there was a great deal of discussion about this, when the fourth edition of the Child Safeguarding intercollegiate document was published. But it was felt, after a lot of debate, that it is the right amount of training, because it reflects the importance of safeguarding to our overarching holistic care of our patients, and it's reflecting our legal and ethical duties to our patients which really is an intrinsic part of our professional practice.

13.38 **Speaker:** So, Level 3. The GMC states that doctors should be reflecting regularly on our performance and contribution to any teams in which we work. So again, this is looking at audits, complex case discussions, peer review and supervision. We should be learning from child protection cases in our local area. So, as they say our multi-disciplinary team meetings are good for this. In our area we've got a safeguarding peer support group that meets quarterly, where we bring challenging cases that we've been managing ourselves and discussing it in a confidential but quite challenging robust environment. And that's a great way to learn from one another. We want to be learning not only from our own teams but from wider teams so that we can develop these professional networks. If you've had a chat two or three times with a social worker, it's suddenly an awful lot easier to pick up the phone to that social worker and ask for their advice or support with something. And it's really important that we have a good working knowledge of local procedures for protecting children and young people in our area.

So, the other things we should be doing is that we need to be confident to advise other agencies about health management of individual children or vulnerable adults and safeguarding cases that we've all been asked to write reports and so on. We need to know how to use lessons learned from audit and serious case reviews, to improve our practice. You know, there's no point doing an audit without reflecting on it and thinking what we should do as a result. We need to be able to advise others on appropriate information sharing. You know GDPR has made all this quite challenging and doctors often come to me a bit concerned about how much they can share. The GMC is actually very supportive. If there's a safeguarding concern, sharing the appropriate amount of information will be supported and is the right thing to do nearly always. But definitely share that information; discuss it with colleagues if you're uncertain.

15.40 **Chair:** Does achieving competency differs for a practice's Safeguarding Lead?

15.44 **Speaker:** Well that's a good question. Being Practice Safeguarding Lead is definitely not something you just say ‘oh, nobody else wants to do it, I’ll do it’, take the role and then don't really do anything in response. It's a really important job. The Safeguarding Lead is a vital component of an effective primary care safeguarding team.

So, our role is I guess, first and foremost to bring safeguarding information back to the whole primary health care team. So, everybody in the practice is important here. You know our receptionist- I can think of a number of occasions when they've been waiting to see me after watching patients in the waiting room and they've just thought that rough the way she put her Dad's coat on or that Mum looked really frazzled. And you know, if you can empower your team to know that their concerns are really valid, they'll bring them to you, and they may be there may be nothing, but they may be significant. And so that's a really important job.

16.45 **Speaker:** The Safeguarding Lead will be chairing meetings, offering advice and support on all safeguarding issues. You need to be sure that you've got a kind of open-door policy. You know although we're so busy in primary care, your team needs to know that if they've got a little worry, a little niggle, you're going to be welcoming them coming to talk to you about it.

Important to liaise closely with the admin team, you know. So, you think the person who codes the records - she needs to know that if she spots say somebody's been to the emergency department with trauma in a number of different hospitals, that might be important. Yes, it might be that she races mountain bikes and keeps falling off in different parts of the country, but equally she may be a victim of domestic violence and it's important to know that.

We had a great case with our record summariser. She was recording and you know summarising the notes and noticed that an adult with learning difficulties was in the same family as a woman who was experiencing domestic violence in that family. So, she thought that was probably putting that adult at risk of harm and brought that to me. So, you know these are these are valuable information. And it's interesting, the more you sort of empower your team to know that the information they're bringing you is really valuable, the more they're inclined to look for it and think with a sort of safeguarding hat when they're doing their work. And it increases their sort of job satisfaction as well.

The Safeguarding Lead would be facilitating in-house safeguarding training, making sure that everybody's up to date with whatever level they should be at, and also working closely with the practice Caldicott Guardian. It's a big role.

18.29 **Chair:** Thank you very much Rowena. Are there any other points you feel need to be covered at the moment on safeguarding introduction?

I think that's probably it. It's a quick run through but I think it covers most of the things. The specifics of what's required in in the intercollegiate documents, it's quite significant. And you know, you can imagine I’ve read it quite a few times, but I’m still always surprised a little bit by just how much we should know. With child safeguarding, we need to be knowing about you know the physical abuse risk of that, and the signs of sexual abuse or emotional abuse, neglect. We need to have a really good working knowledge of our legal responsibilities with female genital mutilation. We need to have an idea about risks of, probably more teenagers, with county lines and drug gangs. So, there's a huge breadth of knowledge that we need to have. With adult safeguarding we need to be aware of deprivation of liberty safeguards, which are going to be changed over shortly to liberty protection safeguards. We need to have a good understanding of the Mental Capacity Act. We need to know our responsibilities when we're doing advanced care planning or when we're deciding whether somebody should be for resuscitation or not. So, there's a lot in our sort of broad general practice roles that does come back to safeguarding time and again.

20.10 **Chair:** Thank you very much Rowena for clarifying these issues for all of us in primary care. As we said at the beginning, this is the first of what we hope will be a series of safeguarding webinars. Could you elaborate on what other topics we are hoping to cover?

20.25 **Speaker:** Yes - it's such a broad area and it feels quite challenging, you know, how much we need to do. So, at HEIW we're going to try and make it as easy as possible with a series of webinars. Lots of people seem more confident with their child safeguarding and there does seem to be more child safeguarding courses available, so we thought we'd start with a sort of broad overview of adult safeguarding with a webinar. Then because of the increase in domestic abuse that we've noticed during the COVID pandemic, we're then going to have another one on domestic abuse with a particular look at coercive control and that kind of thing to increase our knowledge and understanding there. Then we'll move on to a broad overview of child safeguarding and then adverse childhood experiences, and then different topics after that. But we'd be very interested to hear from anyone. If they have specific safeguarding issues, they'd like us to address, we would be very happy to look at that and try and put something together.

21.37 **Chair:** Thank you very much for your time today in this safeguarding webinar. Thank you.