This toolkit has been developed to benchmark organisational safeguarding structure and practice. It aims to support optometry providers to discharge their statutory functions against current legislation and national guidance as set out in the NHSE [Safeguarding Accountability and Assurance Framework](https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/) (SAAF) 2024 and the NHS General Ophthalmic Services Contract. The toolkit is designed to be used as a self-assurance tool and supports meeting the regulatory requirements of the General Optical Council. The RAG convention may be used to note your current position.

**You are not required to send this audit tool back to NHS England or the ICB.**

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| --- | --- |
| **Name of Practice** |  |
| **Practice Manager** |  |
| **Lead for Safeguarding** |  |
| **Date form completed** |  |

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| Red | Non-compliance |
| Amber | Action plans in place/on-track |
| Green | Fully compliant - subject to continuous quality improvement. |

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| **1. LEADERSHIP AND ORGANISATIONAL ACCOUNTABILITY**  |
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| **Standard to be achieved**  | **Guidance** | **RAG** | **Actions/Progress** |
| 1.1 | There is a defined person in the practice with whom staff know they can discuss safeguarding and Prevent concerns with. In larger practices the defined safeguarding lead may also monitor policy and training compliance. | [Optical Confederation Guidance](https://www.fodo.com/members/guidance/category-3/safeguarding/#updates) (2019)[General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optical businesses.[General Optical Council Standard 11](https://optical.org/optomanddostandards/11-protect-and-safeguard-patients-colleagues-and-others-from-harm/) for optometrists and dispensing opticians |  |  |

| **2. GOVERNANCE**  |
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| **Standard to be achieved**  | **Guidance** | **RAG** | **Actions/Progress** |
| 2.1 | The practice has a current safeguarding adults and children policy or procedure that is in line with national legislation and statutory guidance. The policy should include Prevent, domestic abuse, sexual and criminal abuse and exploitation, and modern slavery.The policy should be updated in line with legislative changes and at least every three years. | The document should state that it is reviewed at least three yearly or sooner if there is a statute change. The College of Optometrists “[Safeguarding Children and Adults at Risk](https://www.fodo.com/members/guidance/category-3/safeguarding/#updates)”[Optical Confederation Guidance](https://www.fodo.com/members/guidance/category-3/safeguarding/#updates) (2019)[General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optical businesses[General Optical Council Standard 11](https://optical.org/optomanddostandards/11-protect-and-safeguard-patients-colleagues-and-others-from-harm/) for optometrists and dispensing opticians[NSPCC Writing a safeguarding policy](https://learning.nspcc.org.uk/safeguarding-child-protection/writing-a-safeguarding-policy-statement)[Home Office 2022 Domestic Abuse Statutory Guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf)It is good practice to include considering staff victims of domestic abuse in domestic abuse policy guidance. |  | [General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) (for optical businesses)GOC Standard 11 for optometrists and dispensing opticians |
| 2.2 | There is a system in place to learn lessons from clinical and safeguarding incidents. Learning is shared with relevant staff.  | Having safeguarding as a standing item on your regular clinical governance or practice meeting supports this. A record of safeguarding related concerns and referrals is kept to track cases and monitor themes and learning. |  |  |
| 2.3 | Evidence that the practice staff are aware of how to access local multi-agency safeguarding policies | The safeguarding policy or poster is accessible and has links to the multiagency safeguarding contacts and procedures. |  |  |
| 2.4 | Staff receive training, understand and feel confident in their Freedom to Speak Up (Whistleblowing) and how to manage/make complaints if required, as appropriate to their role and responsibility.  | [General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optical businesses[General Optical Council Standard 11](https://optical.org/optomanddostandards/11-protect-and-safeguard-patients-colleagues-and-others-from-harm/) for optometrists and dispensing opticians[NHS Freedom to speak up guidance](https://www.england.nhs.uk/ourwork/freedom-to-speak-up/)It is good practice to have a designated Freedom to Speak Up Guardian. |  |  |

| **3. PROCESSES and PRACTICE** |
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| **Standard to be achieved**  | **Evidence to support**  | **RAG** | **Actions/Progress** |
| 3.1 | Practice staff aware of how to make a child and adult safeguarding referral to the Local Authority (may be via the Multi-agency Safeguarding Hub (MASH)  | There is a safeguarding policy and flowchart to guide staff. Staff know who to go to in the practice for advice. [General Optical Council Standard 11](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optometrists and dispensing opticiansThe [NHS Safeguarding App](https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/) provides contact details for each area. Can be downloaded onto a smartphone.  |  |  |
| 3.2 | Staff know how to manage a disclosure of domestic abuse and how to either refer to the local authority or support the patient’s engagement with local or national specialist domestic abuse services.  | To support training, local and national domestic abuse contacts are available.  |  |  |
| 3.3 | Mental capacity is considered as part of consent. The practice has a process for recording that a capacity assessment has been completed or a Best Interest decision has been made where the young person or adult involved is unable to consent to the treatment or referral. | GOC [Standards for Optical Businesses 1.4](https://optical.org/media/iqsco2cc/business-standards.pdf)GOC [Supplementary Guidance on Consent](https://optical.org/en/standards-and-guidance/consent/) |  |  |
| 3.4 | The practice has a process for following up ‘were not brought to appointments’ (previously DNA) for children and adults at risk who are referred to them.  | [Rethinking “Did not attend” video](https://www.youtube.com/watch?v=EfxnqkAR3B4)If patient referred to you by another professional, it is good practice to notify the referrer if there is persistent non-attendance, such as on three occasions. |  |  |
| 3.5 | The option to have a chaperone present during clinical care is available to patients. A record is kept of chaperone activity in the patient’s notes | A notice should offer a staff member as a chaperone. This does not need to be a registered healthcare professional, but they should have received local training in chaperoning. Their presence and any concerns should be recorded in the patient notes.Chaperone guidance should be within the safeguarding policy. [Optical Confederation Guidance](https://www.fodo.com/members/guidance/category-3/safeguarding/#updates) (2019)  |  |  |
| 3.6 | Professional interpreters are used when interpretation is required.Interpreting services are available, and staff know why, when and how to access an interpreter.  | This service is provided through the ICB who will provide details for the practice. [HM Gov 2021 Migrant Health Guide](https://www.gov.uk/guidance/language-interpretation-migrant-health-guide)Family interpreters should not be used if there is a safeguarding related issue.  |  |  |
| 3.7 | Staff record the name and relationship of the person accompanying the child to a consultation and document who has parental responsibility. | Recommendation from historical Serious Case Reviews is that the name and relationship of the individual/s accompanying the child is recorded. |  |  |
| 3.8 | The practice has a system to identify which children "known" to their practice are Looked After Children and when a child is the subject of a Child Protection Plan? | If the information is known to the practice it should be recorded to enable staff to be aware of increased risks and vulnerability. HM Gov [Promoting the health and wellbeing of looked-after children](https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2) |  |  |

| **4. TRAINING AND SUPERVISION**  |
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| **Standard to be achieved**  | **Guidance** | **RAG** | **Actions/Progress**  |
| 4.1 | All practice staff have undertaken safeguarding training to a level commensurate with their role, in line with the intercollegiate documents for children, adults and looked after children.The policy should include Prevent, domestic abuse, sexual and criminal abuse and exploitation, and modern slavery. | [Optical Confederation Guidance](https://www.fodo.com/members/guidance/category-3/safeguarding/#updates) (2019)[Intercollegiate Document: Safeguarding Children 2019](https://www.rcn.org.uk/professional-development/publications/pub-007366)[Intercollegiate Document: Looked After Children 2020](https://www.rcn.org.uk/Professional-Development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486)[Intercollegiate Document: Safeguarding Adults 2022](https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069) |  |  |
| 4.2 | There is a system in place to monitor induction and mandatory safeguarding training compliance.  |  |  |  |

| **5. SAFER RECRUITMENT AND STAFFING** |
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| **Standard to be achieved**  | **Guidance** | **RAG** | **Actions/progress** |
| 5.1 | The recruitment process is in line with safer recruitment practice (identity, DBS where required, reference, and professional qualification checks). | [General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optical businesses[General Optical Council Standard 11](https://optical.org/optomanddostandards/11-protect-and-safeguard-patients-colleagues-and-others-from-harm/) for optometrists and dispensing opticians[NSPCC Safe Recruitment Guidance 2022](https://learning.nspcc.org.uk/safeguarding-child-protection/safer-recruitment#heading-top) |  |  |
| 5.2 | There is policy guidance to include safeguarding any young people under 18 years employed or engaged in work experience. | Practices should have a named person for the young person to talk to if they have concerns about their wellbeing, and also a named person for others to talk to if they are concerned about the young person. |  |  |
| 5.3 | Safeguarding responsibilities are included in the role/job descriptions of all members of staff. |  |  |  |
| 5.4 | Allegations or concerns about staff or those in training are managed in line with statutory and local safeguarding procedures - policy guidance is available. The ICB Designated Nurse should be contacted for advice and support where there is an allegation against a member of staff (NHSE [SAAF](https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/),2024 ) | If there is an allegation or concern that a member of staff/volunteer may have behaved in a way that has harmed and adult or child, committed an offence towards an adult/child or behaved in a way that raises concerns about their suitability to work with children or an adult with care and support needs, there are statutory responsibilities under Care Act and Children Act. For local contacts and processes see your Local Safeguarding Children Partnership website and Safeguarding Adult Board for local contacts and procedure.[General Optical Council Standard 1.1](https://optical.org/en/standards-and-guidance/standards-for-optical-businesses/1-1-patients-can-expect-to-be-safe-in-your-care/) for optical businesses[General Optical Council Standard 11](https://optical.org/optomanddostandards/11-protect-and-safeguard-patients-colleagues-and-others-from-harm/) for optometrists and dispensing opticians |  |  |

| **6. PARTNERSHIP WORKING WITH PATENTS AND OTHER AGENCIES**  |
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| **Standard to be achieved**  | **Evidence to support**  | **RAG** | **Actions/Evidence** |
| 6.1 | The voice of the child or vulnerable adult is considered and their views reflected in all consultations. | Includes non-verbal presentation during consultation eg co-operative, withdrawn, upset, unusual social interactions with carer). Were the views and feeling of the child sought and recorded? |  |  |
| 6.2 | The practice knows how and when to seek safeguarding advice and guidance from other agencies  | e.g. from the ICB Designated Safeguarding professionals.It is good practice to have an electronic or physical poster providing the contact details for the ICB Safeguarding Team Designated Professionals, the Local Authority Safeguarding Adults Team, the Children’s Multi Agency Safeguarding Hub (MASH)The [NHS Safeguarding App](https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/) provides contact details for each area and can be downloaded onto a smartphone.  |  |  |
| 6.3 | The practice has a system to manage external requests to share safeguarding information about patients (individual or as part of a review). | Includes, for example, sharing information with multi-agency safeguarding hubs and producing reports for child protection conferences. May occasionally include contributing to statutory reviews e.g. Domestic Homicide Reviews, Safeguarding Adult Reviews, Child Safeguarding Practice Reviews.  |  |  |

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| **Summary of audit findings and identified issues of concern** |  |
| **List of areas requiring improvement**  |  |
| **Good examples to highlight**  |  |

**There is no requirement to return the audit tool to NHSE or the ICB**