Reflecting on practice - Safeguarding

Indicator number	TBC
Indicator name	Reflecting on practice - Safeguarding
Indicator weighting (% of CQUIN scheme available)	TBC
Description of indicator	Reflecting and improving practice based on service users' experiences
Numerator	N/A
Denominator	N/A
Rationale for inclusion	The Care Act shifts the culture in adult safeguarding away from a process driven model toward a user led and user defined response to concerns about abuse and neglect. This approach is known as 'Making Safeguarding Personal'. To deliver this approach in practice, and attendant cultural shift, it is essential to capture the voice and perceptions of the user. Where children are involved, there is a similar onus on practitioners to 'hear the voice of the child' and to 'think Family'. The CQUIN therefore aims to capture the voice of persons involved in safeguarding concerns directly, to use this as a tool for practitioner reflection, and then subsequently as a driver for changes in practice.
Data source	Provider – local reporting
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	31st March 2016
Final indicator value (payment threshold)	N/A

Final indicator reporting date	30th April 2016
Are there rules for any agreed in-year milestones that result in payment?	Yes
Are there any rules for partial achievement of the indicator at the final indicator period/date?	

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Produce one patient narrative/staff reflection. To include the following as outlined in the supporting information below; • Presentation of one service user perspective • A record of the reflective process clearly summarising key learning points and themes that have emerged from the discussion. • Evidence of how the findings are being disseminated across the Trust, both to frontline staff and at corporate/board level. Include information about how application and embedding of best practice and key learning points are being supported, how this relates to the trust's strategic plan and how feedback is constructively given to the participants		

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 2	Produce one patient narrative/staff reflection. To include the following as outlined in the supporting information below; • Presentation of one service user perspective • A record of the reflective process clearly summarising key learning points and themes that have emerged from the discussion. Evidence of how the findings are being disseminated across the Trust, both to frontline staff and at corporate/board level. Include information about how application and embedding of best practice and key learning points are being supported, how this relates to the trust's strategic plan and how feedback is constructively given to the participants		
Quarter 3	Produce one patient narrative/staff reflection. To include the following as outlined in the supporting information below; • Presentation of one service user perspective • A record of the reflective process clearly summarising key learning points and themes that have emerged from the discussion. Evidence of how the findings are being disseminated across the Trust, both to frontline staff and at corporate/board level. Include information about how application and embedding of best practice and key learning points are being supported, how this relates to the trust's strategic plan and how feedback is constructively given to the participants		

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 4	Produce one patient narrative/staff reflection. To include the following as outlined in the supporting information below; • Presentation of one service user perspective • A record of the reflective process clearly summarising key learning points and themes that have emerged from the discussion. Evidence of how the findings are being disseminated across the Trust, both to frontline staff and at corporate/board level. Include information about how application and embedding of best practice and key learning points are being supported, how this relates to the trust's strategic plan and how feedback is constructively given to the participants		

Supporting information:

The CQUIN is comprised of a three stage process:

1. "Tell me what it felt like for you".
Obtain patient voice/experience/perceptions _directly from the patient_ (or, where this is not possible, from an advocate, carer, family member or other suitable representative). The aim is to provide a safe space and opportunity for the user to talk through their experience, freely and on their own terms, with no set agenda or questions, focussing on the things that are important to them, from their perspective. This process should be facilitated independently wherever possible - for example via an advocacy service, an external facilitator, user group, counsellor, suitable staff member or any other individual who has had no direct involvement in the case. The facilitator should strive to ensure that as full and rounded a picture of the circumstances is presented as is possible, _but from the patients own perspective, and in their own words wherever possible._ User voice can be captured and presented in writing, on video, via audio recording, or via any other suitable method or combination of methods.

2. "Listen and reflect"
The voice of the user should then be taken back to staff who have had involvement in the case, for reflection. This can be done individually, or in a group. Discussion can be facilitated by any suitable person but the process should focus clearly on learning, development of practice and, where appropriate, constructive challenge and dialogue. This includes self challenge. The facilitator should ensure that discussion focuses on encouraging staff to reflect, _after directly hearing the voice of the user_, on whether they are applying safeguarding principles in a way that actually meets the needs of the user and are, thereby, genuinely 'Making Safeguarding Personal' and upholding the rights of the user. Issues of choice, capacity, self determination and risk should be teased out. The reflection should focus on developing a better understanding the user's view of the world, from their position as the 'subject' of the safeguarding process, and should tease out where differences of perspective may be apparent between user and practitioner, or across agencies. A record of the reflective process must be produced, either in writing, on video, via audio recording, or via any other suitable method or combination of methods. The reflection should clearly summarise key learning points and themes that have emerged from the discussion. A 'Think Family' approach is encouraged as part of the discussion. Where applicable, it should consider the experience or voice of the child/ children who have been involved or affected by the narrative.

3. Dissemination of learning/ changes in practice.
The organisation must demonstrate how findings are being disseminated across the wider trust, both to frontline staff and at corporate/board level. This applies equally to any examples of best practice that are identified. The organisation must demonstrate how key learning points arising from individual/collective reflection on the voice of the user will be used to inform changes in practice where appropriate. This should include reference to how change will be embedded and monitored. Key themes coming out of the process should, in turn, be used to inform the organisation's training needs analysis and strategic safeguarding plan. The patient and family featured in the narrative should receive feedback on the outcome of the reflective exercise and how this has led to service improvements.