



## Salford Primary Care Together (SPCT) Comprehensive Audit Tool for Assessing Trauma-Informed Practices in Salford General Practice (GP) Settings

### 1. Introduction to Trauma-Informed Care in Primary Care Settings

Trauma is a response to an overwhelming stressful event or series of events that exceeds the capacity to cope. The effects of trauma can be long-lasting.

Traumatic events can happen at any age and can cause long-lasting harm. They can be a single incident where a person experiences a sudden loss, or they are directly harmed or witnessing harm. It can also be a series of incidents / events and can also happen such as experiencing domestic, physical, emotional, sexual abuse or neglect.

Everyone is different and how they react to trauma, or a traumatic event will be individual to them and how the event(s) made them feel at the time; how frightened, under threat, abandoned or humiliated they felt.

Experiencing trauma may lead to flashbacks, intrusive thoughts, being jumpy, avoidance or having relationship difficulties.

Trauma-informed care (TIC) represents a fundamental shift in healthcare delivery, moving from asking "What's wrong with you?" to "What happened to you?". This approach recognises the profound impact that traumatic experiences have on physical, mental, and emotional health and acknowledges that healthcare environments themselves can potentially re-traumatise vulnerable patients if not designed with care and intention.

The Marmot report 'Ten years on' demonstrates where change has been made but also where nationally, regionally and locally we have seen the impact of austerity, stalling life expectancy and widening inequalities. Salford has committed to the Marmot principles alongside Greater Manchester commitment to become a Marmot region. The Salford Standards 2025-2026 are enabling primary care to play its part in this and this audit tool will provide practices with a practical means for reviewing and enacting organisational change.

For GP practices, adopting a trauma-informed approach is not a niche specialty but a core component of effective, equitable care. As the first point of contact for most patients, general practice is uniquely positioned to:

- Identify the health impacts of trauma.
- Build trusting, long-term relationships that facilitate healing.
- Prevent re-traumatisation through conscious, compassionate practices.
- Improve patient engagement, treatment adherence, and overall health outcomes.

- Reduce staff burnout by providing a framework for managing complex interactions.

## 2. Audit Tool Development and Framework

### Theoretical Foundation

This audit tool is grounded in the Substance Abuse and Mental Health Services Administration's (SAMHSA) widely adopted framework, which is built on four key assumptions (the "4 R's") and six core principles.

The 4 R's:

1. Realise the widespread impact of trauma and understand potential paths for recovery.
2. Recognise the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Actively resist Re-traumatisation.

### The Six Core Principles:

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender Issues

### 2.2. Audit Structure

This tool is designed to be a practical, holistic assessment across four critical domains be relevant and appropriate for primary care without excessive burden of work:

1. Organisational Culture & Leadership: Commitment and policies from the top down.
2. Physical Environment & Safety: The feel and safety of the practice space.
3. Clinical Practices & Patient Engagement: Direct interactions with patients.
4. Staff Support & Development: Training and wellness for the healthcare team.

Each section contains specific, observable indicators to be rated on a simple scale, with space for evidence and comments to guide quality improvement.

### 3. Comprehensive Trauma-Informed Practice Audit Tool for GP Settings

Instructions: For each indicator, rate your practice on a scale of 0-2.

- 0 = Not Implemented: No evidence of this practice.
- 1 = Partially Implemented: Practice is informal, inconsistent, or in development.
- 2 = Fully Implemented: Practice is formalised, consistent, and documented.

#### 3.1 Domain 1: Organisational Culture & Leadership

Table: Organisational Culture and Leadership Assessment

Indicator	Rating (0-2)	Examples/Evidence	Comments & Action Plan
Leadership Commitment: Practice leads explicitly champion TIC and allocate resources (time, budget) for its implementation.		<i>e.g., Mention in partner meetings, dedicated funding for TIC training, inclusion in business plan</i>	
Policy Integration: TIC principles are reflected in official documents (mission statement, practice policies, patient materials).		<i>e.g., Patient charter, complaint policy, new patient registration pack</i>	
Patient Voice: Patients are involved in providing feedback on services and co-designing improvements (e.g., via a patient participation group).		<i>e.g., PPG meetings, feedback surveys, suggestion box</i>	
Universal Precautions: The practice operates on the assumption that any patient may have a history of trauma, and interactions are conducted accordingly.		<i>e.g., Staff training emphasizes this concept</i>	
Cultural Responsiveness: The practice actively promotes inclusivity and addresses historical, cultural, and gender issues.		<i>e.g., Staff training, translated materials, awareness of cultural needs</i>	

#### 3.2 Domain 2: Physical Environment & Safety

Table: Physical Environment Assessment

Indicator	Rating (0-2)	Examples/Evidence	Comments & Action Plan
Welcoming Atmosphere: The waiting area is clean, well-lit (preferably with natural light), and has comfortable seating arranged to offer choice and privacy.		<i>e.g., Plants, calming artwork, no overcrowding of boards</i>	
Clear Navigation: Clear signage helps patients navigate from entrance to reception to consultation rooms without confusion or anxiety.		<i>e.g., Signs for toilets, disabled access, room numbers</i>	
Psychological Safety: The environment is calm and managed to minimise potential triggers (e.g., loud noises, arguing patients, chaotic scenes).		<i>e.g., Protocols for managing distress, quiet room available, options to wait outside</i>	
Physical Safety: Private spaces are available for sensitive conversations, ensuring confidentiality cannot be overheard.		<i>e.g., Soundproofing in reception, consulting rooms, private room for phone calls, locks on doors</i>	

Accessibility: The environment is fully accessible to people with physical disabilities and sensory sensitivities.		e.g., <i>Ramps, hearing loops, low-stimulus areas</i>	
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### 3.3 Domain 3: Clinical Practices & Patient Engagement

Table: Clinical Practices Assessment

Indicator	Rating (0-2)	Examples/Evidence	Comments & Action Plan
Informed Consent & Choice: Staff explain who they are and what they are doing. Patients are offered clear choices and control during consultations and procedures ("Is it okay if I...?").		e.g., <i>Asking permission before taking BP, explaining steps of an examination, signs up for chaperones</i>	
Transparency & Predictability: Processes are explained clearly (wait times, what to expect in an appointment, payment systems).		e.g., <i>Receptionists explain delays, signs to communicate processes are there, GPs outline the consultation structure</i>	
Trustworthy Boundaries: Appointment times are respected, and patients are notified promptly and apologetically if the GP is running late.		e.g., <i>Systems to manage appointment delays</i>	
Empowering Language: Language is strengths-based and collaborative, focusing on "what happened to you" rather than "what is wrong with you."		e.g., <i>Using phrases like "How can we work together on this?"</i>  <i>"Thank you for telling me. I have a sense of how difficult that was for you"</i>  <i>"Here are some options, what do you think?"</i>	
Trauma Awareness: Clinicians feel comfortable sensitively discussing the link between trauma and health (e.g., chronic pain, anxiety) when clinically appropriate.		e.g., <i>"sometimes difficult traumatic experiences from the past can give us an understanding as to our current experiences"</i>	

### 3.4 Domain 4: Staff Support & Development

Table: Staff Support and Development Assessment

Indicator	Rating (0-2)	Examples/Evidence	Comments & Action Plan
Mandatory TIC Training: All staff (clinical and administrative) receive foundational training on TIC principles and the impact of trauma.		e.g., <i>Induction training, annual CPD sessions</i>	
Ongoing Support: Regular supervision or reflective practice spaces are available for staff to process the emotional impact of their work.		e.g., <i>Clinical supervision for nurses, team debriefs after difficult events</i>	
Secondary Trauma: The practice acknowledges and has strategies to address vicarious trauma and staff burnout.		e.g., <i>Access to counselling, encouraging breaks, wellness initiatives</i>	
Collaborative Culture: A culture of mutual respect and collaboration exists among all staff levels, modelling the principle of "collaboration and mutuality."		e.g., <i>Flat hierarchy, team meetings where all feel</i>	

		<i>comfortable and safe to speak</i>	
Psychological Safety for Staff: Staff feel safe providing feedback to leadership and are not subject to punitive or shaming responses to mistakes.		<i>e.g., Blame-free incident reporting, open-door policy with practice manager</i>	

## 4. Implementation Guidance for GP Practices

### 4.1 How to Conduct this Audit

1. **Gather Evidence:** Use a mix of methods: observe the practice environment, review policies, and conduct anonymous staff surveys or interviews.
2. **Rate Honestly:** The goal is not to achieve a perfect score but to establish a honest baseline for improvement. Be critical and evidence-based.
3. **Analyse Results:** Tally the scores for each domain. Identify areas of strength (high scores) and key areas for development (low scores).
4. **Prioritise & Plan:** Use the "Comments & Action Plan" column to brainstorm concrete, achievable steps. Focus on 2-3 quick wins and 1-2 longer-term goals. Discuss this in your practice meetings.

### 4.2 Integrating Trauma-Informed Practices

- **Start with Staff Training:** foundational TIC training is the single most effective starting **point. This creates a shared language and understanding.**
- **Review One Policy:** Choose one key patient-facing policy (e.g., the complaints procedure) and review it through a TIC lens. Does it promote voice, choice, and fairness?
- **Empower Reception Staff:** They are the "front line." Ensure they are trained in de-escalation, understand the importance of their tone, and have protocols for managing distressed patients.
- **Small Environmental Tweaks:** This doesn't require a rebuild. Simple changes like adding a water cooler, rearranging chairs, or putting up calming images can make a big difference.
- **Model from the Top:** Leaders must consistently use TIC language and principles in meetings and interactions with staff to reinforce its importance.

### 4.3 Overcoming Common Challenges

- **Time:** "We don't have time for this." Counter: TIC is not an *additional* task; it's a *different* way of doing existing tasks. It can streamline interactions and reduce conflict, saving time in the long run.
- **Resources:** "We can't afford it." Counter: Many changes are cost-neutral (changing communication styles, reviewing policies). Frame it as an investment that improves patient outcomes and reduces staff turnover.
- **Skepticism:** "This is just soft stuff." Counter: Present the evidence linking trauma to hypertension, diabetes, COPD, and depression. Frame TIC as a evidence-based clinical intervention for improving outcomes in these complex conditions.

## 5. Conclusion

Becoming a trauma-informed practice is a crucial part in mitigating the impact of trauma in Salford for all ages, a cross services including our workforce. It requires ongoing commitment, reflection, and adaptation and this audit tool provides a roadmap for that journey, offering a structured way to assess current practices and plan for meaningful change.

By embedding these principles our GP practices can truly become places of safety, trust, and healing for all patients and staff, ultimately leading to a more sustainable and effective healthcare model.

## 6. Additional Resources

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: The foundational document.
- Centre for Health Care Strategies (CHCS) Trauma-Informed Care Implementation Resource Center: Practical tools and webinars.
- The National Council for Behavioral Health: Offers organizational self-assessments and training resources.
- The Trauma-Informed Care Project: Useful introductory resources and links.
- Royal College of General Practitioners (RCGP) and Health Education England (HEE): Often provide relevant guidance and e-learning modules on mental health and vulnerable populations.
- Trauma responsive Greater Manchester – The Salford Vision [Trauma Responsive Greater Manchester](#)
- Salford Locality Plan 2020-25