



Sunderland
Clinical Commissioning Group

Safeguarding Supervision Policy CO29



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Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
V1	Nov 2016	Quality Safety and Risk	Nov 2019	Head of Safeguarding
V2 07/10/2018	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults

1. Introduction

- 1.1 For the purposes of this policy, Sunderland Clinical Commissioning Group (SCCG) will be referred to as “the CCG”.
- 1.2 The CCG fully recognises its responsibility for protecting and safeguarding the welfare of children and adults at risk. We acknowledge our responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation.
- 1.3 CCGs have a duty under [Section 11 of the Children Act 2004](#) to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The CCG should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including the provision of appropriate supervision and support, to fulfil their child welfare and safeguarding responsibilities effectively.
- 1.4 The CCG is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that children, young people and adults achieve their optimal life chance in accordance with [Working Together to Safeguard Children 2018](#) and [The Care Act 2014](#) .
- 1.5 [Working Together to Safeguard Children 2018](#) provides the statutory framework for safeguarding and promoting the welfare of children and highlights the importance of safeguarding supervision.
- 1.6 [The Care Act 2014](#) and accompanying [Care and Support Statutory Guidance 2018](#) provides the statutory framework for safeguarding and promoting the welfare of adults.
- 1.7 Safeguarding children and adults is a collective responsibility across the health economy. SCCG as a commissioner of local health services needs to be assured that the provider organisations have effective safeguarding arrangements in place which includes arrangements for the supervision of Named and Designated Professionals and other staff working with children and vulnerable adults. SCCG also needs to ensure safeguarding supervision arrangements are in place for its own safeguarding specialist staff.
- 1.8 This policy supports the overarching Quality Strategy and Safeguarding Commissioning Policy encompassing both safeguarding children and safeguarding adults, giving specific clarity around safeguarding supervision within the CCG. In accordance with the Safeguarding Commissioning Policy commissioned provider organisations are required to have their own Supervision Policies.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

- 1.2.1 In accordance with the statutory frameworks for both children and adults Designated Nurses are required to provide safeguarding supervision across the health economy for Named/Lead Professionals.

- 1.2.2 This policy primarily applies to all nursing staff working within the SCCG Safeguarding Team.
- 1.2.3 As commissioning organisation employees of SCCG will not be responsible for a caseload; however “ad hoc” supervision may be provided to any SCCG employee who is involved in a complex case where advice and guidance may be required.
- 1.2.4 The aims and objectives of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision.

2. Definitions

- 2.1 In this policy, a child refers to anyone who has not yet reached their 18th birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the [Children Act 1989](#) and [Children Act 2004](#).
- 2.2 For those young people 16-17 years of age the [Mental Capacity Act 2005](#) may also apply where there is a disorder or impairment of the mind or brain.
- 2.3 Safeguarding adults means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances¹.
- 2.4 For the purposes of Adult Safeguarding, an adult is anyone over the age of 18. The [Care and Support Statutory Guidance 2018](#) defines safeguarding adults criteria as safeguarding duties apply to an adult who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - Is experiencing, or at risk of, abuse or neglect and;
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 2.5 When there is concern that an adult may lack capacity in relation to protecting themselves from harm and/or abuse the [Mental Capacity Act 2005](#) should be adhered to, in conjunction with the [Care and Support Statutory Guidance 2018](#)
- 2.6 Whilst many of the processes are similar within safeguarding adults and safeguarding children it is important to recognise that the differing legislation frameworks applicable to safeguarding adults means it could not and should not implicitly follow the children’s approach.

3. Safeguarding Supervision

3.1 Supervision is defined as:

‘A process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users’ [Morrison 2005](#).

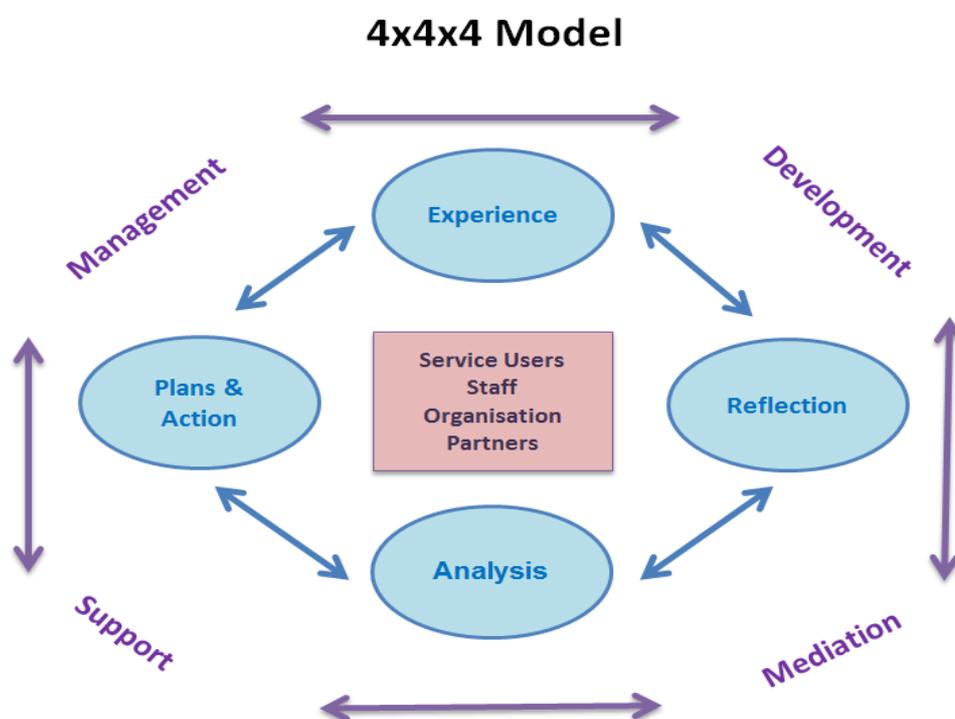
3.2 The objectives and functions of supervision have been described as:

- Competent, accountable performance.
- CPD (developmental or formative function).
- Personal support (supportive or restorative function).
- Engaging the individual with the organisation (mediation function)

3.3 This model has three fundamental elements which together provided an integrated framework for supervision that can be adapted to work effectively across both health and Social Care Settings.

The three elements are:

- 4 Functions of supervision – Management, Development, Mediation, Support
- 4 Stakeholders in the supervisory process – Service Users, Staff, Organisation, Partners
- 4 Stages of the Kolb learning cycle – Experience, reflection, analysis, plans and action



Adapted from Morrison, 2005

- 3.4 Working to ensure children and adults at risk are protected from harm requires sound professional judgements to be made. It is demanding work that can be both distressing and stressful² ([Working Together to Safeguard Children 2018](#)). Staff involved must have access to advice and support from professionals experienced in the field of safeguarding children and adults at risk.
- 3.5 Safeguarding Supervision usually takes place on a one to one basis however group supervision may be appropriate in some instances ([Morrison 2005](#)).
- 3.6 Safeguarding Supervision will be delivered by an appropriately qualified, experienced Safeguarding Nurse who will be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults ([NHSE safeguarding accountability and assurance framework](#)). In accordance with contractual arrangements they are accountable for the advice they provide and action they may have to take following the supervision session.
- 3.7 The SCCG Safeguarding Nurses will have planned supervision on a regular basis – see table 1 below .

3.8 Table 1

Designation	Frequency of supervision
Head of Safeguarding	Quarterly
Designated Nurse Adults	Monthly
Designated Nurse LAC\Safeguarding Children Lead Nurse	Monthly
Safeguarding Nurse	Monthly

- 3.9 Safeguarding Supervision will be agreed using the Supervision contract (Appendix 1) and recorded using the Safeguarding Supervision Discussion form (Appendix 2). All documentation will be stored securely and electronically on the Safeguarding S drive.

4. Duties and Responsibilities

- 4.1 The CCG will ensure that staff are allowed appropriate time and support to fulfil the requirements of the supervision process and to ensure that staff who provide safeguarding supervision (Supervisor) have received the relevant training, are appropriately qualified, in receipt of continual professional development and have arrangements in place for their own supervision.
- 4.2 The CCG will ensure that staff receiving supervision (Supervisee) have had the relevant awareness training.
- 4.3 It is essential that both the Supervisor and Supervisee are well prepared for the safeguarding supervision session, ensuring that the relevant documentation is completed. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.

² <https://Working Together to Safeguard Children 2018.pdf>
CO29: Safeguarding Supervision policy (2)
Official

- 4.4 It is the responsibility of the Supervisee to contact their Supervisor to arrange safeguarding supervision and ensure that their attendance meets the mandatory requirements of this policy.
- 4.5 Should supervision be cancelled it is the responsibility of the professional cancelling the supervision to rearrange a convenient date for both Supervisor and Supervisee.
- 4.6 Safeguarding supervision will be held in a safe place for both Supervisor and Supervisee.

5. Implementation

- 5.1 This policy will be available to CCG staff for use in relation to Safeguarding Supervision as described in section 3.0.
- 5.2 All managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

- 6.1 Safeguarding Supervision will be delivered by an appropriately qualified Safeguarding Nurse who will be trained in supervision skills.
- 6.2 Supervisees will have received relevant awareness of safeguarding supervision training.

7. Related Documents

7.1 Other related policy documents

- SCCG Safeguarding Children and Children Looked After Policy
- SCCG Safeguarding Adults Policy
- SCCG Safeguarding Commissioning Policy
- SCCG Safeguarding Training Strategy
- SCCG Quality Strategy
- NHSE Accountability and Assurance Framework

7.2 Legislation and statutory requirements

Legislation and statutory requirements are hyperlinked throughout this policy.

8. Monitoring, Review and Archiving

8.1 Monitoring

- 8.1.1 Monitoring of adherence with this policy is a statutory responsibility of the CCG.
- 8.1.2 Implementation of the Safeguarding Supervision Policy will be monitored via the internal audit process.

8.1.3 Evidence of the supervision arrangements will be provided to NHS England, SSCB, SAB and CQC where required to provide assurance that the CCG is complying with its statutory requirements.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management; Code of Conduct for Health and Social Care 2016.

9. Equality Analysis

9.1 A full Equality Impact Assessment (EIA) has been completed (Appendix 3).

Appendix 1

SAFEGUARDING SUPERVISION CONTRACT

CONTRACT BETWEEN:	
SUPERVISOR:	
SUPERVISEE:	
ARRANGEMENTS AGREED FOR SUPERVISION: Venue/Room/Facilities	
FREQUENCY:	
LENGTH:	
LOCATION:	
RECORDING OF SUPERVISION:	
BOUNDARIES OF CONFIDENTIALITY: (are there any occasions when the supervision record would be shared outside of the supervision session?)	
STORAGE OF SUPERVISION RECORD:	
MAKING SUPERVISION WORK: what each agrees to contribute:	
WHAT I EXPECT FROM YOU AS MY SUPERVISOR:	
WHAT I WILL CONTRIBUTE AS THE SUPERVISEE TO MAKE THIS WORK:	
WHAT I WILL CONTRIBUTE AS THE SUPERVISOR TO MAKE THIS PROCESS WORK:	
SIGNED:	
SUPERVISOR:	
SUPERVISEE:	
DATE	
CONTRACT TO BE REVIEWED ANNUALLY	

**SAFEGUARDING
SUPERVISION CASE DISCUSSION FORM**

PRACTITIONER NAME:	DESIGNATION:
ESTABLISHMENT BASE:	
SUPERVISOR'S NAME:	DESIGNATION:
DATE OF SESSION:	
ISSUES:	
AGREED ACTION:	

SIGNATURE OF SUPERVISOR:	DATE :
SIGNATURE OF SUPERVISEE:	DATE:



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Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Rachael Estrop
Title of service/policy/process:	Safeguarding Supervision Policy
Existing: <input type="checkbox"/> New/proposed: <input checked="" type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
This policy applies primarily to all nursing staff working within the CCG Safeguarding Team, and CCG staff who may be involved in complex cases where advice and guidance may be required. This policy aims to promote and develop a culture that values and engages in regular safeguarding supervision.	

Who will be affected by this policy/service /process? (please tick)

- Consultants Nurses Doctors
 Staff members Patients Public
 Other

If other please state:

What is your source of feedback/existing evidence? (please tick)

- National Reports Internal Audits
 Patient Surveys Staff Surveys Complaints/Incidents
 Focus Groups Stakeholder groups Previous EIAs
 Other

If other please state: **NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework**

Evidence	What does it tell me? (about the existing service / policy / process? Is there anything to suggest there may be challenges when designing something new?)
National Reports	NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance framework 2015 Working Together to Safeguard Children DFE 2015
Patient Surveys	
Staff Surveys	
Complaints and Incidents	
Results of consultations	
Focus Groups	
Other evidence:	

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
The safeguarding supervision policy applies to both child and adult safeguarding.
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
This policy applies to both adults and children at risk which may include individuals with a physical or mental impairment which could make them vulnerable to abuse. The environment of SCCG is suitable for all users of this policy with disabled parking and is wheelchair friendly.
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.
This policy makes no reference to gender reassignment or transgender. There is no need for an additional privacy procedure.
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
This policy applies to all staff and makes no distinction between marriage and civil partnerships.
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
There are no implications for pregnancy and maternity. All staff can access the policy through the intranet.
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
There are no requirements for translation at present within the current staff group. Should this change then versions in other languages can be obtained.
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Safeguarding supervision is delivered flexibly and arranged between the supervisor and supervisee. This will ensure that supervision can be arranged for staff at a time which supports religious or other reasons.
Sex/Gender A man or a woman.
This policy is non-gender specific. There is no discrimination between males and females.
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
This policy makes no reference to sexual orientation - there is no distinction between sexual orientation.
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
No impact identified
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers
Other groups have been considered however as the policy is for staff there are no additional impacts on health equalities.

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
Engagement with designated nurse colleagues.
Please list the stakeholders engaged:
As above



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

- Verbal – stakeholder groups/meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Email Internet Other

If other please state: Intranet

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:

- Sending out correspondence in alternative formats.
 Sending out correspondence in alternative languages.
 Producing / obtaining information in alternative formats.
 Arranging / booking professional communication support.
 Booking / arranging longer appointments for patients / service users with communication needs.

If any of the above have not been considered, please state the reason: As this is a staff policy the accessible information standards will not apply in this instance.



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1. Workforce characteristics	May require other formats for dissemination such as font size or language.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1.	Staff unable to access or use policy due to particular characteristics	Age, disability	Alternative formats provided if required	All staff can access and use policy		On receipt of request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1.	Safeguarding leads within CCG	SCCG	

SIGN OFF

Completed by:	Rachael Estrop
Date:	21.10.16 (Still relevant)
Presented to: (appropriate committee)	QSR Committee
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