



# Safeguarding Supervision Policy

This procedural document supersedes: PAT/PS 13 v.3 – Safeguarding Supervision Policy



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Executive Sponsor	Chief Nurse
Author/reviewer: (this version)	Elizabeth Boyle – Named Nurse for Safeguarding Children & Safeguarding Team Manager
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### Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	28 June 2021	<ul style="list-style-type: none"> <li>Minor changes – titles and department name changes only</li> </ul>	Elizabeth Boyle
Version 3	9 July 2018	<ul style="list-style-type: none"> <li>Updated in accordance with changes to National Policy and Guidance.</li> <li>Organisational titles and roles updated.</li> </ul>	Elizabeth Boyle
Version 2	21 April 2015	<ul style="list-style-type: none"> <li>Addition of midwifery supervision and safeguarding adults supervision with other changes to update – please read in full</li> <li>Equality Impact Assessment Form included at Appendix 2.</li> </ul>	Deborah Oughtibridge
Version 1	2011	This is a new procedural document, please read in full	Gill Genders

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## 1. INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) has in place a range of systems and processes to help meet the Trust's safeguarding obligations, for both Safeguarding Adults and Children (including unborn babies). This includes arrangements for Safeguarding Supervision.

The Children Act (2004) dictates an effective system for safeguarding and promoting the welfare of children this includes effective supervision and monitoring of work, 'appropriate supervision by trained staff' should be in place to keep children safe while using services.

Whilst there is currently no statutory guidance around adult supervision, it is recognised as good practice. This policy therefore also relates to staff working with adults at risk and involved in the safeguarding adults processes.

Safeguarding supervision is separate and additional to clinical supervision and does not replace it. This policy applies to all staff working with children, families and adults across all hospital sites.

## 2. PURPOSE

The purpose of this policy is to provide specific guidance on the implementation and utilisation of supervision within the context of safeguarding and set out the organisational arrangements for the provision of effective safeguarding supervision for clinical staff.

Good quality safeguarding supervision can help to:

- keep a focus on the patient
- avoid drift
- maintain a degree of objectivity and challenge fixed views
- test and assess the evidence base for assessment and decisions
- address the emotional impact of work.

## 3. DUTIES AND RESPONSIBILITIES

### **Chief Executive**

The Chief Executive is responsible for ensuring the Trust meets its safeguarding obligations. This includes systems and processes for staff training and supervision. Appropriate supervision and support for staff, including undertaking safeguarding training should be available (HM Government, 2018)

### **Chief Nurse**

The Chief Nurse is the Trust Executive Lead for Safeguarding. Working with the Safeguarding Team Manager the Chief Nurse is responsible for:

- Having a safeguarding supervision policy in place.

- For the identification of systems and processes to ensure its implementation and maintenance. This includes staff training and support for supervisors and supervisees.

### **Safeguarding Manager**

The Safeguarding Manager is responsible for:

- Co-ordinating safeguarding supervision compliance and reporting as required internal and external to organisation.
- To ensure the effectiveness of arrangements for supervision including that delivered by the Corporate Safeguarding Team and with Divisional Directors of Nursing to demonstrate evidence of this, including agreed audits.
- The review of this policy and the production of any supplementary practice guidance.

### **Divisional and Departmental Managers**

- Support the implementation of the policy with their areas of responsibility
- Release identified staff to undertake supervision training and deliver supervision with local areas providing and receiving supervision as appropriate to their role.

It is a management responsibility to ensure that:

- All staff covered by the scope of this policy (including themselves) access effective safeguarding supervision in accordance with this policy.
- Practitioners have dedicated and planned time specifically set aside to meet their supervision needs.
- An appropriate supervisor provides the supervision sessions. Supervisors should be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults.

### **All Staff**

All staff are responsible for accessing supervision as relevant to their role and as guided by this policy.

### **Individual Accountability**

The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and actions within supervision. Safeguarding supervision does not replace nor should it delay the individual's responsibility to refer concerns about children or adults at risk of harm to statutory agencies. In such cases, hospital staff should refer to the Nottinghamshire or Doncaster Safeguarding Partnership/Board Procedures according to their place of work.

### **Safeguarding Professionals**

It is the role of the safeguarding professionals to take the professional lead for safeguarding supervision and to provide the relevant advice and expertise to Trust Staff. The safeguarding professionals provide supervision to all safeguarding supervisors.

The safeguarding children professionals ensure that all clinical staff, of whom they are made aware and who work predominantly with children and young people and have access to a named safeguarding supervisor.

## **Responsibilities within the Supervision Process**

### **Supervisor's responsibilities**

- Ensure they have received training in supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults.
- Be accountable for the advice they give.
- Identify when they do not possess the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.
- Set and agree a contract with the practitioner and ensure that supervision is conducted within a safe, uninterrupted environment.
- Discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case.
- Provide clear feedback to the supervisee and identify who is responsible for implementing any required actions resulting from the supervision.
- Share information, knowledge and skills with the supervisee.
- If required, constructively challenge personal and professional areas of concern.
- Where supervision relates to a specific case, review documentation relevant to discussions in case records, reports and statements.
- Document the areas of concerns discussed and identify where information will need to be shared with other agencies/professionals, the supervisee's manager or the child/family.
- Assist staff in involving management in cases if required.
- Receive regular supervision; this supervision should be with a safeguarding professional on at least a 3 monthly basis.

### **Supervisee's (practitioner) Responsibilities**

The practitioner has a responsibility to ensure that they receive the most effective and timely support, which is:

- To familiarise themselves with the Safeguarding Supervision Policy and to ensure that the principles are applied to practice.
- To understand their responsibilities in relation to safeguarding.
- To cooperate with instructions and advice given by the Safeguarding team.
- To attend safeguarding meetings if required
- To access advice and support from the Safeguarding team as and where required.
- To take responsibility for ensuring they receive safeguarding supervision.
- Maintain accurate, meaningful and contemporaneous records and documentation. To document all actions in the patient's notes.
- Complete necessary supervision documentation if required for each supervision session.
- Prioritise issues/cases to be discussed at each session.
- Identify issues for exploration and improvement of practice.
- Develop practice as a result of supervision.
- Share issues and explore interventions that are useful.
- Be prepared for constructive feedback/challenge.
- Reflection on practice is positively encouraged.

- Where areas of concern are identified, the practitioner has a responsibility to address these with their line manager.

## 4. PROCEDURE

### **Principles of safeguarding children supervision**

Safeguarding children supervision takes place in order to:

- Ensure the quality and safety of services to children, young people and their families.
- Provide formal support and guidance for all staff working with children, young people and families, in order to enable them to meet their safeguarding children responsibilities.
- Ensure that practice is consistent with local and national guidance in safeguarding children.
- Ensure that practitioners working with children, young people and families understand their roles and responsibilities regarding safeguarding children in the multi-agency arena.
- Provide a source of advice, support and expertise for staff in an appropriately safe, learning environment.
- Coach and challenge staff towards the goals of developing confidence and competence in safeguarding children.
- Provide an opportunity for reflection and critical incident analysis, to identify and learn from near misses and best practice to ensure best outcomes for children, young people and families and staff.
- Help identify training and development needs of staff.
- Support staff through serious safeguarding incidents and consider how learning needs may be met.

### **Principles of safeguarding adults supervision**

The primary aims of safeguarding adults' supervision are:

- To ensure professional practice remains patient focused, promotes patient choice and implements the principles of Making Safeguarding Personal.
- To ensure practitioners are aware of and comply with relevant legislation.
- To ensure that all actions taken are with consent of the individual or are in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues.
- To allow practitioners to discuss strategies in order to prevent adults at risk from suffering harm.
- To allow practitioners to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- To create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may impact on their practice.
- To ensure the practitioner fully understands their role, responsibilities and scope of their professional discretion and authority.
- To enable and empower the practitioner to develop skills, competence and confidence in their Safeguarding Adults practice.
- To provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice.

- To identify the training and developmental needs of the practitioner so that they have the skills and knowledge to provide an effective service.
- To identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to.

### **Process of Supervision**

The supervision process includes the following elements.

- To ensure when supervision relates to individual children or adults that each discussion is documented within the individual's health record, this can be a cross reference note to separate supervision records.
- When supervision relates to either retrospective cases or situations within a group setting- this should be clearly documented within the relevant supervision documentation.
- Where issues are identified that suggest individuals have safeguarding training needs the document should ensure a plan to address need is recorded and this should be re-visited at the next session and until training need completed.
- Where issues of concern arise with respect to individual practice, values and attitudes, these will be discussed with the practitioner and where necessary the practitioner's manager in order to address the concerns. The practitioner will be informed of the supervisor's intentions. This will be documented within supervision records, including plans to address the concerns.
- Supervision will include consideration of diversity issues in order to promote best practice.
- The boundaries of confidentiality within safeguarding supervision will be clearly communicated and understood.

Bunker and Wijnberg (1988) identified the role of the supervisor as embedded within both the management system and the professional practice system as a key element in each and as an essential link between the two systems. The outcomes of safeguarding supervision should focus on improvement. This could include reduction of risk to a child and family and as such improvement in patient care. For practitioners it should lead to increased knowledge and skills, Knowledge of policies and procedure and improved documentation.

### **Models of Supervision**

There are a number of models of supervision, which can include one to one, or group supervision. In order to implement safeguarding supervision across the Trust, one to one and group supervision and a cascade model will be used as relevant to the circumstances and context.



**Group safeguarding supervision is:**

A negotiated process whereby members come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities (Morrison 2005). Group supervision can be based on a specific topic or a 'case'. Benefits of group supervision include the following -

- It promotes a culture of peer /team support and accountability
- It expands the skills – pool and knowledge base
- The diversity of a group widens perspectives
- It enables a focus on a process as well as a task
- It is a source of emotional support from peers
- It increases options, ideas, and innovations
- It fosters a sense of group or team cohesion
- It is an opportunity for supervisor to spot potential team problems.

It is suggested that group supervision will last no more than 2 hours and have no more than 10 people plus facilitator/supervisor at each session.

**Safeguarding Supervision Contracts**

All staff who receives regular formal supervision will complete a written contract with their safeguarding supervisor. This contract will identify the roles and responsibilities of both the supervisor and the supervisee and will be jointly developed by the Safeguarding professionals and managers in line with the need of staff within the different practice areas. A contract template will be available from the safeguarding professionals that can be adapted to meet the needs of individual staff within different practice areas.

The purpose of the contract is to ensure:

- Reflects the seriousness of the activity.
- Clarity of expectations.
- Roles and responsibilities are understood.
- Practical issues are agreed
- Represents a positive modelling of behaviour.
- Ensures the supervisee is aware of his/her responsibilities and roles within supervision.
- Clarifies accountability.
- Provides a basis for reviewing and developing the supervisory relationship.
- Acts as a bench mark against which supervision can be audited.
- Promotes the interests of the children and young people, vulnerable adults/and staff accessing Safeguarding Supervision.
- Ensures that the standard of supervision afforded to staff by the provider is of an appropriate quality.
- Places a duty on staff to demonstrate continuing development (Adapted from Morrison 2005).

A copy of the contract will be held by the supervisor and the supervisee. The supervisor will take responsibility for monitoring and reviewing the contract with the supervisee as necessary.

**Safeguarding supervision documentation**

Practitioners should ensure that records are available to the supervisor when they seek supervision relating to individual patients. At the introductory session between the supervisor and supervisee, appropriate safeguarding supervision documentation is agreed and explained. Practitioners then are expected to commence safeguarding supervision documentation prior to the appointment and review this within the session with their supervisor.

The supervisor and supervisee will agree how and where safeguarding supervision records will be stored at the introductory session and what will be recorded within health records on an ongoing basis. Where follow-up supervision sessions are arranged documentation from the previous session should be made available for further discussion or closure. The record of supervision attendance should be available to the practitioner's line manager on request.

**Ad-Hoc Safeguarding supervision**

It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions. In the first instance they should approach a safeguarding professional. The Safeguarding professionals are available for advice regarding any safeguarding issues that practitioners wish to discuss. Staff can make individual appointments with the Safeguarding professional where they have concerns about an adult or a child. Please contact the Safeguarding Secretary for contact numbers or to arrange ad-hoc supervision on 01302 642437.

**Medical staff – safeguarding children supervision**

For immediate support, advice and supervision on clinical matters about children and young people please contact the Named Doctor for Safeguarding Children via the switchboard or email to discuss: [lavleen.chadha@nhs.net](mailto:lavleen.chadha@nhs.net)

**PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

**There is no single definition of Best Interest.** Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

## 5. TRAINING/ SUPPORT

### **Education/Training**

The Trust will ensure that those practitioners providing supervision will be trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of adults and children.

Those carrying out a role as a supervisor should access regular supervision themselves from a safeguarding professional.

The Corporate Safeguarding Team can provide training for safeguarding supervisors when there is a need in order for identified attendees to deliver supervision within their own practice areas. Those who are going to undertake this role should be nominated to undertake the training, this may be internal or external depending on availability. Once training is completed, the supervisor should arrange to meet with a safeguarding professional to discuss implementation in their clinical area.

Managers should identify how many supervisors are needed within their practice areas and ensure training needs are met before implementing safeguarding supervision. Where requirements cannot be met a risk assessment should be undertaken and safeguarding supervision be put onto the division or department risk register.

Supervisors are responsible for identifying an appropriate safeguarding supervisor and to expand their safeguarding knowledge and skills.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Audit of the supervision process and adherence to this policy within the Trust is required to demonstrate compliance with Section 11 of the Children Act 2004 and in reporting of safeguarding performance and compliance to Local Safeguarding Partnerships and Clinical Commissioning Groups. An annual safeguarding declaration is also completed.

### **Monitoring Arrangements**

Line Managers must be able to evidence their arrangements for staff safeguarding supervision and records should be retained to demonstrate this.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Supervision training provision to train supervisors	Safeguarding team with OLM team	Record kept of all training provided. Data onto OLM	Reported to Strategic Safeguarding People Board (SSPB)
Supervisors undertaking supervision	Associate Divisional Directors & Matrons	As and when required	Audit Reported to Strategic Safeguarding People Board (SSPB)

## 7. DEFINITIONS

**Safeguarding Children supervision** is defined as:

“An accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work in order to achieve agreed outcomes”

**Working Together to Safeguard Children (HM Government, 2018)**

**Supervision** is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes:

**Safeguarding Adults Supervision** is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations. It is central to the process of learning.

## 8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 2

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Safeguarding Children Policy - PAT/PS 10

Mental Capacity Act 2005 Policy and Procedures - PAT/PA 19

Equality Analysis Policy - CORP/EMP 27

Fair Treatment for All Policy – CORP/EMP 4

Safeguarding Adults Policy - PAT/PS 8

## 10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 11. REFERENCES

Bunker D, Wijnberg I (1988) *Supervision and Performance: Managing professional work in human service organisations*. San Francisco. Josey Bass

HM Government (2004) The Children Act.

HM Government (2018) Working Together to Safeguard Children.

Jarvis P (1995) *Adult and Continuing Education*. London. Routledge.

Morrison T (2005) *Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users*. London. Pavillion.

## APPENDIX 1 – SUPERVISION REQUIREMENTS

Identifying which Trust Staff should receive Safeguarding Supervision and suggested frequency.

### Safeguarding Children

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding Professionals	3 monthly	Yes	No	Designated Nurses or Senior Named Nurses who are external to the Trust
Safeguarding Children Supervisors	3 monthly	Yes	No	Safeguarding Professionals within DBTH
Staff working predominantly with Children and Families and those staff holding a child/family caseload	3 monthly	Yes	Yes	Safeguarding Supervisors within individual practice areas.
Ward-based and hospital Midwives	Group supervision not less than on a 4 monthly basis.	Supervision can occur individually on an ad-hoc basis as required.	Yes Group supervision not less than on a 4 monthly basis. Supervision to take place at handover when there is a family with safeguarding involvement on the ward.	Safeguarding Supervisors within individual practice areas.
Role involves input with children and families- but practitioners do not hold a caseload.	3 monthly	Yes	Yes	Safeguarding Supervisors within individual practice areas.

Role involves working with adults	Ad hoc according to need	Yes	No (as it will be case specific)	Safeguarding Supervisors within individual practice areas.
Non Clinical staff	Ad hoc according to need	Yes	No (as it will be case specific)	Safeguarding Supervisors within individual practice areas.

### Safeguarding Adults

Staff Role	Supervision Requirements	Individual	Group	Suitable Supervisors
Safeguarding Professionals	3 monthly	Yes	No	External Senior Safeguarding Adults Professionals
Safeguarding Adult Supervisors	3 monthly	Yes	No	Internal Safeguarding Professionals
Staff working predominantly with Adults	Ad hoc according to need	Is required for specific case related situations and may require support from Safeguarding Professionals	Is the general requirement for wards and departments	Safeguarding Supervisors within individual practice areas.
Staff working predominantly with children	Ad hoc according to need	Is required for specific case related situations and will require support from Safeguarding Professionals	No	Safeguarding Professionals
Non Clinical staff	Ad hoc according to need	Is required for specific case related situations and will require support from Safeguarding Professionals	No	Safeguarding Professionals

**Please note** – any member of trust staff can approach a safeguarding professional for individual safeguarding supervision. This includes board members.

# APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/PS 13 v.4 - Safeguarding Supervision Policy	Directorate of Nursing	Elizabeth Boyle	Existing policy	11.6.2021
1) Who is responsible for this policy? Safeguarding Team Manager				
2) Describe the purpose of the service / function / policy / project/ strategy To set out the process, principles and recommendations for staff accessing safeguarding supervision.				
3) Are there any associated objectives? No				
4) What factors contribute or detract from achieving intended outcomes? Staff availability and capacity issues				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/ pregnancy and religion/belief? No				
• If yes, please describe current or planned activities to address the impact				
6) Is there any scope for new measures which would promote equality				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: June 2024				
Checked by: Abigail Trainer		Date: June 2021		