

Shropshire, Telford and Wrekin ICS Safeguarding Supervision Policy January 2022

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Version No.:	Version 5 November 2022 Version 4 January 2022 Version 3 July 2021 (v.1 original May 2016, v.2
Approval Date:	21 st March 2022
Review Date:	December 2023

Document Control Sheet

Title:	Supervision policy for all staff employed by Shropshire, Telford & Wrekin ICS who are involved in any aspect of patient care.		
Electronic File Name:	Supervision Policy for Shropshire, Telford and Wrekin ICS		
ICS Document Ref:	SG005		
Placement in Organisational Structure:	Safeguarding / Quality		
Consultation with stakeholders:	Quality Committee		
Equality Impact Assessment:	This policy is equally applicable to all staff employed by the ICSs regardless of Race, Gender, Equality, Health Inequalities, Mental Capacity etc.		
Approval Level:	Quality Committee. Minor change January 2022 ; Executive Director of Nursing and Quality approval		
Dissemination Date:		Implementation Date:	March 2022
Method of Dissemination:	Directors, all Line Managers and website		

Document Amendment History

Version No.	Date	Brief Description
Version 1	May 2016	Document initiated
Version 2	May 2018	Minor changes
Version 3	July 2021	Updated / minor changes for the new CCG
Version 4	January 2022	Minor changes
Version 5	November 2022	Updated / minor changes for the new ICS

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin ICS website:

<https://www.shropshiretelfordandwrekin.nhs.uk/>

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

Supervision can mean different things to different people, but essentially it is an on-going process of professional support which brings skilled supervisors and practitioners together in order to reflect upon and assume responsibility for their own practice whilst developing individual competencies. Within the context of safeguarding, supervision is key in strengthening the protection of children, young people (CYP) and adults by actively promoting a safe standard, excellence of practice and prevention of poor/unsafe practice. Therefore, the ICS recognises that comprehensive safeguarding supervision arrangements are required to ensure that the appropriate advice and supervision is available to all staff commensurate with their role and in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 – Intercollegiate Document.

Working Together to Safeguard Children (2018) states effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare; Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family.

The Care Act Statutory Guidance helps provide assurance in relation to the Care Quality Commission (Regulation 13) 'Safeguarding people who use services from abuse and improper treatment to ensure people who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.'

For those practitioners who need to access adult safeguarding advice and supervision, the ICS recognises the need to fully utilise these opportunities to provide ongoing support with the Mental Capacity Act and Prevent which are integral to safeguarding practice as detailed in "Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework."

Whilst it is expected that all professionals working with CYP and adults should ensure that safeguarding and promotion of their welfare is an integral part of all aspects of their care, this work is often demanding and requires sound professional judgements to be made. It can be extremely challenging, distressing and stressful for those practitioners involved in their care. Therefore, it is important that staff are aware not only of the importance of safeguarding supervision but that whilst it is complementary to managerial supervision (which is about monitoring and appraising performance) it is a separate process. These supervision guidelines have been written with reference to *Adult Safeguarding: Roles and Competencies for Health Care Staff* (Published by the Royal College of Nursing 2018) and 'Safeguarding Children and Young People' – *Roles and Competences for Health Care Staff* (Inter Collegiate Document RCPCH 2019). They should read in conjunction with the ICS's other Safeguarding policies.

Safeguarding supervision uses the supervisory relationship to promote positive outcomes for CYP and adults by creating a safe contained environment where the practitioner has the capacity to think and reflect. It enables the practitioner to take responsibility for their own practice and response to the safeguarding needs of children and families. Effective supervision should take into account the wider family and social context. This relates specifically to their cases but also generally in their professional development. It provides a clear focus on the CYP's welfare and similarly in adult safeguarding it advances the six principles of safeguarding identified in the Care Act 2014.

2 Purpose

Shropshire, Telford and Wrekin ICS is committed to ensuring that all staff have access to a variety of reflective learning activities. The purpose of this policy is to clarify the position and the principles underpinning the implementation of Safeguarding Supervision for staff within the ICS ensuring the process provides educational and supportive elements which are consistent with best practice. The policy aims to set and maintain the highest possible standards for all stages of the supervision process, with clear and concise expectations for all involved. The policy should be read in conjunction with the ICS's other Safeguarding policies.

3 Responsibilities

The Executive Director of Nursing and Quality for Shropshire, Telford and Wrekin ICS is responsible for ensuring this document is kept updated.

3.1 The Chief Executive / Accountable Officer

The Chief Executive / Accountable Officer has ultimate responsibility for Safeguarding for Shropshire, Telford and Wrekin ICS.

3.2 Executive Directors, Community Health Services Managing Director and Deputy Directors

All Directors, Deputy Directors and Line Managers are responsible for the implementation of the policy.

3.3 All Staff

All staff working with CYP and adults that have a responsibility to seek out supervision on a regular basis if they are encountering relevant issues.

4 Procedures / Processes

4.1 Individual/Planned 1:1 Supervision

This is planned supervision with a safeguarding supervisor within the organisation. The supervisee presenting cases for discussion will be responsible for implementing any agreed actions. If not the formal line- manager, the safeguarding supervisor should provide assurance that the supervision is taking place and provide feedback as per organisational policy.

Appendix 1 provides a template for a supervision agreement/contract; Appendix 2 provides a template for recording specific scenarios; Appendix 3 provides a simple log denoting the number of sessions etc.

An entry into the patient's notes of the case supervision discussion must also be recorded as evidence that the practitioner has sought regular supervision regarding the management of the case

4.2 Group Supervision

Group supervision can be utilised with any team that has common caseloads or across teams where staff report safeguarding challenges or issues. The purpose of group supervision is to support the team in working effectively to ensure the most appropriate care provision and to promote a consistent and a cohesive approach. Cases are discussed constructively to improve practice. This could include learning points from SI's, IMR's, CSPR's, SAR's, DHR's and changes in policies and protocols

The Designated Nurse for Children's safeguarding and Designated Adult lead within the ICS will offer to conduct such supervision at the request of Provider safeguarding colleagues if there are particularly complex issues or during times of no Named Nurse being available.

4.3 Specialist Supervision

It is recognised that there may be occasions when supervision of a more specialist nature is required when a supervisee is managing a situation outside of the usual clinical practice and the Designated Nurse / Lead will facilitate access to specialist support if required.

4.4 Ad-Hoc Supervision

It is recognised that staff will often require advice or support in relation to safeguarding adult/children outside of formal supervision sessions. For example following "on call" incidents for Directors and Senior Managers or a complex case or issue for the Individual Commissioning Team.

The Designated Child and Adult Lead for Safeguarding will record the information discussed and the actions agreed and send to the person seeking the advice and support so they can ensure it is saved in the patient records etc. There is also an option to use Appendix 2 if preferred. All staff should have access to daily ad hoc supervision for urgent and routine work, which should be recorded for quality assurance purposes and by the supervisee in the relevant documents. This type of supervision will not involve a contract of supervision.

4.5 Named GP / Nurse Supervision / Adult Lead in Provider Organisations

In addition to any internal supervision the Lead/Designated Professional will offer supervision sessions for the Named Nurses/Doctors Safeguarding Children within Provider Trusts upon request. In the event that the Named Professionals choose not to access supervision from the Designated/Lead professionals assurances must be provided of the arrangements in place to ensure the Named Professionals receive this valuable support.

NHS Trust providers commissioned by Shropshire, Telford and Wrekin ICS are expected to have relevant supervision policies in place which recognises the need for relevant staff in their employment e.g. Emergency Department staff, Health Visitors, Paediatric Nurses, School Nurses, FNP, Mental Health Practitioners to name a few to receive the required levels of child/adult safeguarding supervision. These arrangements will be overseen by the Trusts and will be monitored through the Safeguarding dashboards which the provider submits on a quarterly basis.

4.6 Supervision Matrix

Staff Group	Supervisor	Type of Supervision	Frequency
Designated and Lead for Children / Adult Safeguarding ICS	Out of area peer	Individual/Group	3 monthly
Named Children's GP	Children's Doctor	Individual	3 monthly
Named Children's Nurse's and Midwife within Provider Organisations	Designated Children's Nurse / out of area	Individual	3 monthly
Individual Commissioning Team	Lead for Adult Safeguarding Children's Safeguarding and the deputy designated staff	Group / Individual / ad hoc	As requested
All ICS Staff	Lead Adult and children safeguarding and the deputy designated staff	Ad hoc	As requested

5 Supervision Contract

Formal individual supervision sessions will be undertaken within a supervision contract. The purpose of this contract is to ensure:

- Clarity of expectations of both the supervisor and supervisee
- To ensure escalation of risks noted in supervision
- Roles and responsibilities are understood
- Practical issues are agreed

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.

6 Supervision Responsibilities

6.1 ICS

The ICS 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 (and receive) safeguarding adults/children supervision are appropriately qualified and in receipt of appropriate continual professional development and arrange their own regular supervision.

Information of any concerns or themes around supervision will be escalated to the Quality and Performance Committee and forwarded onto the ICS Governing Body as needed.

6.2 Line Managers

It is the responsibility of the Line Manager to address any managerial issues arising from supervision. These may include the need for additional resources, staff support, caseload issues, any potential HR or disciplinary matters, or health and safety issues.

6.3 Staff providing services to children, families or adults with care and support needs:

It is the responsibility of all staff working with children, families and adults to access and participate in supervision according to this policy.

6.4 Designated Nurse for Safeguarding Children

The Designated Nurse for Safeguarding Children will deliver safeguarding supervision to safeguarding specialists within Provider organisations directly or through an agreement that identifies this is available from another sources. This will include Named Nurses, Designated LAC Nurses, and Named Midwife.

6.5 Named GP

The Named Children's GP for the ICS will receive safeguarding supervision from the Designated Children's Doctor

6.6 Supervisors

The ICS safeguarding supervisors include the Designated Nurse for children and young people and the Safeguarding Adults Lead.

The supervisor has the primary responsibility for managing the process of safeguarding supervision

Supervisors will take the lead on drawing up, in discussion with the supervisee, the supervision agreement.

Supervisors are responsible for ensuring, in conjunction with their managers, that they are appropriately supported and in receipt of their own regular supervision.

6.7 Supervisees

The supervisee is responsible for negotiating the supervision ground rules with the supervisor, preparing information for the supervision session in advance and ensuring that the relevant documentation is completed. Professionals carry the final accountability for decision making. The supervisee is responsible for ensuring that the records are available for any individual or family to be discussed at the supervision session. The supervisee is responsible for ensuring that the plans formulated during supervision are adhered to and that targets set are achievable and realistic.

6.8 Supervisors and Supervisees

Both supervisors and supervisees are responsible for ensuring that they access mandatory and relevant safeguarding education and training.

They are also responsible for ensuring that the Local Safeguarding Partnership processes, regional procedures and where applicable NHS Trust Safeguarding Policies are being consulted and used.

Supervisors and supervisees are responsible for ensuring that practitioners are working in partnership with both adult and children's health care professionals as appropriate and that they work together using a multi-agency and as well as multi-disciplinary approach

A when formal safeguarding supervision takes place a record must be completed and revisited at the following supervision session.

(Appendix 2)

Supervisees are responsible for ensuring that all supervision sessions that necessitate specific case reflections and actions are recorded in the patient records (within the ICS this is most likely to be limited to the Individual Commissioning Team). For individual cases discussed, all actions and decisions agreed are to be documented and the records are countersigned by both.

7 **Escalation Arrangements**

At times confidential information disclosed may be escalated within the ICS to a person with sufficient authority to act. This should normally be after discussing it with the supervisee so they are aware of why this is necessary. This may be because the supervisee may require more support with a case or that formal steps are required to improve practice or additional action is required to manage risk. This may also include external agencies when the interests of patient safety and public protection override the need for confidentiality, and this will be explained in the supervision meeting.

8 **Scope of Policy**

This policy applies to all staff within the ICS who may deliver or receive safeguarding supervision.

9 **Process for Monitoring Compliance with the policy**

The Designated Nurse and Lead for Safeguarding Adults will maintain a record of all supervision received and delivered to confirm that supervision is being completed and standards are being met.

10 **Related Documents**

The following documents contain information that relates to this policy: Royal College of Paediatricians and Child Health Safeguarding competencies

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Adult Safeguarding: Roles and Competencies for Health Care Staff
(Published by the Royal College of Nursing 2018)

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

Care Act: Care and Support Statutory Guidance- Chapter 14 safeguarding
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

STW ICS Managing Safeguarding Allegations Against Staff Policy.

West Midlands Adult Safeguarding Editorial Board Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care & support needs in the West Midlands.

<http://www.keepingadultssafeinshropshire.org.uk/>

<https://www.telfordsafeguardingpartnership.org.uk/site/index.php>

Working Together to Safeguard Children

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942455/Working_together_to_safeguard_children_Statutory_framework_legislation_relevant_to_safeguarding_and_promoting_the_welfare_of_children.pdf

NHSE

Safeguarding Children, Young People and Adults at Risk in the NHS: 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/>

11 Dissemination

These guidelines will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Published to the Website
- Awareness raising by the specialist staff

12 Appendices

Appendix 1

Supervision Contract

This Contract was drawn up on (Date):	
Between Supervisee:	
and Supervisor (print names) :	
A copy of this contract will be held by both the supervisee and the supervisor. This contract will change as and when necessary and with prior consultation.	

Frequency/Length
Supervision sessions will be held every 12 weeks or as otherwise agreed
Adequate time will be made available. If a supervision session is missed the Supervisee takes responsibility to rearrange an alternative date as soon as possible.

Confidentiality
<ul style="list-style-type: none"> • The Supervisee accepts that work issues may be discussed, when appropriate, with other managers • The Supervisee is entitled to have issues concerning the quality of his/her work to be overtly discussed and open to his/her involvement • The Supervisee and Supervisor are to inform each other of anything that needs to be kept confidential so agreement can be sought about the appropriateness of this • The Supervisee accepts that their supervision records will move with them in the event of transfer of Supervisor.

Supervisee's Rights
<ul style="list-style-type: none"> • To protected time in a private venue • To Supervisor's attention, ideas and guidance • To receive feedback • To set part of the agenda • To ask questions • To expect Supervisor to carry out agreed action or to provide and appropriate explanation within an agreed timeframe • To state when over/under worked (to be then addressed with the line manager) • To have their development/training needs met • To challenge ideas and guidance in a constructive way.

Supervisee's Responsibilities
<ul style="list-style-type: none"> • To be proactive • To have a predominantly problem solving approach • To accept feedback positively • To update the Supervisor and provide relevant information • To prepare for supervision, and to keep their copy of supervision record in a secure location • To bring issues, concerns and problems • To maintain the agreement

<p>Supervisor's Rights</p> <ul style="list-style-type: none"> • To bring concerns/issues about the Supervisee's work <ul style="list-style-type: none"> • To question the Supervisee about their work and workload • To give the Supervisee constructive feedback on their work performance • To negotiate around Supervisee's work/workload • To observe Supervisee's practice and to initiate support/corrective action as required

<p>Supervisor's Responsibilities</p> <ul style="list-style-type: none"> • To make sure supervision sessions happen as agreed and to keep a record of the meeting • To create a supervision file for each Supervisee containing their supervision records and other documents relating to their employment and development • To ensure the Supervisee is clear about their role and responsibilities in relation to adult safeguarding • To record the supervision session and to store their copy in the supervision file • To monitor Supervisee's performance • To set standards and use these with the Supervisee • To know what the Supervisee is doing and how it is being done • To liaise with the line manager so they along with the supervisee can deal with problems as they impact on the Supervisee's performance

Conflict
<ul style="list-style-type: none"> • Every effort should be made to resolve any conflict, within supervision. • In exceptional circumstances, where this cannot be achieved, the Supervisee has recourse to the Supervisee's line manager

Recording mechanisms
<ul style="list-style-type: none"> • The Supervisor and Supervisee agree notes of the session, which should be signed and dated, using the pro-forma provided

Signed by: (Supervisee)		Date	
Print Name			
Signed by: (Supervisor)		Date	
Print Name			

Appendix 2: Individual Supervision

Name of Supervisee	
Date of Contact	
Role of Supervisee	
Document the details of any children or adult safeguarding concerns to be raised with the appropriate LA here (action to be led by supervisee unless otherwise stated)	

Date of previous supervision:	
Evaluation of any previous actions :	

What are we concerned about?

Background factors:	

<p>Yes/No</p>	
<p>Current Risks or concerns</p>	
<p>Consider issues regarding e.g.:</p> <ul style="list-style-type: none"> ✓ Mental capacity ✓ Making safeguarding personal ✓ Is the matter a crime ✓ Other children at risk ✓ Domestic Abuse 	
<p>Actions:</p>	

What is working well? Strengths and protective factors:

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Signed by: (Supervisee)		Date	
Print Name			
Signed by: (Supervisor)		Date	
Print Name			

Appendix 3

Suggested Supervision log

Supervisee		Supervisor
Date of session	Type/length of session	Outcome/action

Appendix 4



REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in [How to revalidate with the NMC](#).

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust