

Policy for Safeguarding
Supervision with commissioned and non-commissioned services
including NHS Lewisham Clinical Commissioning Group
(Relates to Safeguarding Adults at Risk and Children)

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Related Document	CCG Safeguarding Through Commissioning Policy vs6 2016

Public Sector Equality Duty

The general equality duty requires public sector bodies, in the exercise of their functions, to have due regard to the need to the need to:

- **Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the equality Act 2010**
- **Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it**
- **Foster good relations between people who share a relevant protected characteristic and those who do not share it**

Staff should be alerted to the increased likelihood of harm being suffered by disabled children, young people and vulnerable adults, along with those living in special circumstances, whose needs may not be recognised by staff employed in providing services.

Equality Statement –

Lewisham Clinical Commissioning Group aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It is recognised that some people can suffer disadvantage as a result of discrimination and this can increase vulnerability.

Safeguarding Adult and Children's procedures support all Adults and Children at Risk who may be or are abused and is also aimed at preventing abuse occurring.

It is every person's right to live a life free from abuse and neglect. Adults and Children at Risk will be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998.

Actions taken within the policy aim to protect an individual's interests and to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation.

However, we do recognise that certain population groups may be more vulnerable than others; most pertinently those persons who are unable (by virtue of physical and / or mental disability) to express their choice directly and those who do not possess the Mental Capacity to make informed choice over significant decisions in their life. This CCG positively embraces the needs of such persons as being of a paramount consideration in the development of this policy.

Any individual's communication needs will be considered at all times.

Equality Act 2010 - The Equality Act provides protection from direct or indirect discrimination; harassment and victimisation for people with a 'protected characteristic' that relate to: disability, gender reassignment, pregnancy and maternity, race, religion belief or non-belief, sex, sexual orientation and age.

Contents

Executive Summary	4
1. Policy Statement	4
2. Purpose.....	4
3. Scope	4
4. Definitions.....	4
5. Duties and Responsibilities	8
6. Support and guidance for staff.....	9
7. The Process/ Safeguarding Supervision Agreements.....	9
8. Documentation/Record Keeping.....	9
9. References.....	10
Appendices	
Appendix 1 Individual Supervisory Agreement.....	11
Appendix 2 Group Supervisory Agreement.....	12
Appendix 3 Supervision Record	13
Appendix 4 Monitoring of Supervision	14

Executive Summary

Safeguarding supervision is an essential requirement to ensuring that commissioned and non-commissioned services fully understand and underpin the need to keep Adults and Children at Risk safe and protected them from harm. The NHS Lewisham Clinical Commissioning Group will encourage and support safeguarding supervision. The planning and delivery of supervision sessions for staff must be resourced and the supervisor allocated time in order to meet the identified supervision needs of the safeguarding team. The NHS Lewisham CCG considers that supervision is intrinsically linked to quality. Refusing safeguarding supervision may have an impact on quality and safety and will be escalated to the Executive lead for safeguarding in the CCG and relevant Designated Professionals.

1. Policy Statement

NHS Lewisham Clinical Commissioning Group recognises the importance of the provision of safeguarding supervision and guidance. Safeguarding supervision is an essential requirement to ensuring that staff within commissioned and non commissioned services fully understand and underpin the need to keep vulnerable adults and children and protect them from harm. Provider Health organisations should have an organisational Safeguarding Supervision policy as described in the CCG Safeguarding Through Commissioning policy.

2. Purpose

The purpose of this policy is to set out the arrangements for and approach to the provision of effective Safeguarding supervision for both the Clinical Commissioning Group and commissioned services and non-commissioned services. Safeguarding supervision is focused on and concerned with issues in relation to supporting individuals to ensure that they are competent to safeguard and promote the welfare of vulnerable adults and or children.

2.1 Functions of Supervision

Education: Professional development of staff

Supportive: Helping staff to deal with the difficulties of safeguarding situations

Management: Accountability and adherence to policies, practices and services

Mediatory: Negotiating inside and outside of the organisation for resources and services

3. Scope

This policy applies to all nominated safeguarding leads within commissioned services and non-commissioned services and the NHS Lewisham CCG and those staff who have been advised by their organisations to participate when appropriate. The content of this policy does not preclude any practitioner from seeking advice at any time from the Designated Professionals for Safeguarding Adults and Children at NHS Lewisham Clinical Commissioning Group.

4. Definitions

4.1 Individual Supervision

Individual supervision is provided for any member of staff as a booked session. This form of tailored supervision is for staff where they have concerns about a vulnerable adult and needs direct communication. Individual supervision is arranged by the supervisee when s/he feels able to address how a case has impacted on them. Although the supervisor will be

Clinical Commissioning Group

aware of on-going cases and the impact these have on individual staff, the supervisor cannot initiate safeguarding supervision. However the supervisor can initiate 'checking-in' with the relevant supervisee. The supervisor will continue to offer individual safeguarding supervision whilst difficult cases are being progressed until the time of closure of the concern.

In reference to individual cases, safeguarding supervision helps practitioners to keep a focus on the vulnerable person, to avoid any delay in action, to maintain objectivity and to feel supported and understood with regard to the emotional impact of the work on the employee.

4.2 Group Supervision

Group supervision (peer supervision) can be based on a specific topic or a "case". group safeguarding supervision is defined as "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 2001).

Benefits of group supervision include:

- It promotes a culture of team/peer support and accountability.
- It expands the skills pool and knowledge base.
- The diversity of the 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.

All staff involved in safeguarding children and adult at risk will have access to advice and support from designated persons, managers and from named and Designated Safeguarding Adult and Children professionals. Successful supervision is important in promoting good standards of practice and to supporting individual staff members in protecting adults and children at risk from harm.

4.3 Safeguarding Supervision for Named and Safeguarding Lead Professionals

4.3.1 In addition to any internal supervision the Safeguarding Lead/ Designated Professionals will offer supervision sessions for the Named Nurses/Doctors for Safeguarding within provider Trusts. 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.

4.3.2 Providers commissioned by LCCG are expected to have relevant supervision policies in place which recognise the need for relevant staff in their employment e.g. Accident and Emergency departments, Health Visitors, Paediatric Nurses, School Nurses, Family Nurse Partnership, Mental Health Practitioners to name a few to receive the required levels of child/adult safeguarding supervision. (Safeguarding through Commissioning Policy LCCG vs6 2016)

4.3.4 These arrangements will be over seen by the Designated Adult and Children Professionals in conjunction with Director of Nursing and Quality. Audits of compliance should form part of the safeguarding dashboard.

4.3.5 Local arrangements for Child Safeguarding

Clinical Commissioning Group

The Designated Doctor and Nurse for Safeguarding Children will deliver safeguarding supervision to safeguarding specialists within provider organisations.

As important as it is for those health professionals involved in child protection work to receive support for their work and have an opportunity to develop their work, it is doubly so for the Named and Designated Professionals. The casework load is often more complex and challenging and there are issues relating to the extended safeguarding role implicit in the job description which need to be discussed and addressed. There are also issues which may be confidential to these particular roles which cannot be discussed in a peer review setting.

The Designated Nurse for safeguarding undertakes to provide supervision to the Named Nurse and Named Midwife on at least a 2 monthly basis.

The Designated Doctor for safeguarding undertakes to provide supervision sessions on a three monthly basis for the Named Doctor.

The Named GP will receive safeguarding supervision from the Designated Doctor.

There are two aspects to this supervision:

- The majority of clinical discussion of cases is best facilitated in the Peer Review setting, but the difficult, complex or politically sensitive cases could be discussed here.
- Secondly there is supervision of the wider roles for a Named Doctor, Nurse and Midwife, including working relationships within and between agencies, interagency issues and management issues within the context of the roles and responsibilities of the Named Professionals.

A supervision agreement should be completed by the professionals concerned (Named and Designated Doctors, Nurses and Midwife) and records kept as a summary of those meetings.

It would be advantageous for Directors to occasionally access these sessions, the Trust Boards can be further assured of the close and efficient working of the leads for Safeguarding within the organisations.

4.3.6 Designated Adult Safeguarding Professional

- Provides advice on adult safeguarding case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services.
- Provide supervision for Named Professionals across the health community, or ensure they are receiving appropriate supervision from elsewhere.
- To provide mentoring as required to the Named Doctors and Executive Leads as required.
- Receives supervision on a regular basis either internally or ensures they are receiving appropriate supervision from elsewhere.

4.3.7 Primary Care

- GPs, Practice Nurses, Dentists, Dental Nurses, Pharmacists and Optometrists should seek safeguarding supervision/advice as required to discuss individual cases. These professionals should have access to their GP Safeguarding Leads, Named

GPs, Designated Professionals or Safeguarding Advisors, depending on local arrangements.

Supervision may take the form of:

- Contracted and planned safeguarding supervision which is recorded with clear action planning,
- Supervision and professional support within established professional meetings
- 1:1 face to face and/or telephone contact mentorship
- Shadowing – within peer groups and/or with external bodies e.g. Department of Health, Care Quality Commission

4.4 Confidentiality

Supervision is a confidential process, with the following exceptions:

Information shared through the supervision process may need to be disclosed to other professionals or agencies in order to protect the Adult or Child at Risk from significant harm

- If there are issues regarding professional competence, unsafe or poor practice, which cannot be resolved within the supervisory relationship this will be discussed with the Supervisee and a decision, taken as to how this issue will be resolved. This may involve consultation outside of the supervision with the supervisee’s line manager.
- If a serious concern is highlighted in regard of a professional working with vulnerable person this must be discussed with the local Authority designate officer (LADO, Head of Safeguarding). ***To be a good supervisor/supervisee you need to:***
 - Plan a joint agenda (e.g. review previous supervision notes before meeting and make a note of issues you wish to raise)
 - Openly discuss real issues
 - Attend regular sessions at agreed dates and times and be on time
 - Raise problems and issues before they get serious, e.g. in relation to potentially violent service users
 - Do what you say you will do
 - Keep up to date with related reading around legislative changes, policy and procedures
 - Keep up to date with related reading around research and theory related to service user’s needs
 - Use supervision to reflect on your understanding and application of knowledge, theory and your skills, and how this has an impact on outcomes for the service user
 - Use supervision to reflect on how you promote the values of anti-oppressive behaviour

Note: Line Managers

It is the responsibility of the line managers to address any managerial issues arising from supervision.

CCG Responsibilities

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 (and receive) safeguarding children and adult supervision are appropriately qualified, in receipt of appropriate continual professional development and arrange their own regular supervision.

Monitoring Compliance

Monitoring Compliance The Designated Professionals will keep records to confirm that supervision has taken place.

The CCG will request information on provider supervision compliance and audit data.

5. Duties and Responsibilities of NHS Lewisham Clinical Commissioning group

5.1 The Accountable Officer

Ensures that the responsibility to safeguard and prevention of harm to Adults and Children at Risk is discharged effectively across the whole health economy through Lewisham CCGs commissioning arrangements.

Within the Lewisham CCG ultimate accountability for safeguarding resides with the Accountable Officer who will delegate the discharge of his responsibility for safeguarding to the Governing Body Lead (Clinical Director).

5.2 The Governing Body Lead Clinical Director Lead for Safeguarding

The Governing Body Lead (Clinical Director) will be the board executive for safeguarding and will be accountable to NHS Lewisham CCG Governing Body for providing assurance that the range of safeguarding statutory duties are discharged and all responsibilities met.

The Governing body lead will be responsible for ensuring that the organisation from which the CCG contracts or commissions services, provide a safe system that safeguards Adults and Children at Risk. This includes the CCG's having an internal governance framework and operating arrangements that can properly implement and support robust systems and processes to monitor all safeguarding requirements, including an early warning system of a failing provider.

5.3 Nurse Director

The Nurse Director will be responsible for the management of the Designate Safeguarding Adults and Children's team support the Governing Body Lead (Clinical Director) to undertake his role.

5.4 Designated Safeguarding Adult and Children Professionals

- It is the role of the Designated Professionals to take the professional lead for Safeguarding supervision and to provide relevant advice and expertise to individuals.

- Produce a Supervision policy for the health community which provides direction and options for supervision models, as appropriate to need
- Co-ordinating safeguarding supervision compliance measures and reporting these as required to both the CCG and external organisations as requested.
- To ensure the effectiveness of arrangements for supervision and to demonstrate evidence of this including agreed audits on a regular basis
- The review this policy and the production of any supplementary practice guidance.

5.5 Supervision for the CCG Designated Safeguarding Professionals

Should receive regular safeguarding adult /child protection supervision/peer review and undertake reflective practice from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with safeguarding/child protection expertise).

The Designated Professionals should also receive supervision at a strategic level. This is achieved through regular meetings with the Safeguarding lead from the Commissioning body and peer support from the Health Safeguarding Operational monthly meeting.

6. Support and Guidance to Staff

Safeguarding supervision will:

- Provide the opportunity for discussion of personal experience and the testing of ideas incorporating reflective practice.
- Enable the practitioner to express both positive and negative feelings that they may have towards cases. Consideration should be given to the effect of fear or anxiety on current work and perceptions.
- Discussion and sharing of responsibility will help to reduce stress and anxiety in practitioners.
- Allow the discussion of inter-professional relationships with team members and professional colleagues.

6.1 Ad-hoc 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 the safeguarding organisational lead, who will record the information discussed and the actions agreed. All staff should have access to ad hoc supervision for urgent and routine work, which should be recorded by the supervisor for quality assurance purposes and by the supervisee in the relevant documents. This type of supervision will not involve a contract of supervision.

7. The Process/ Safeguarding Supervision Agreements Specialist 1:1/Group Supervision

All staff who receives regular supervision will complete a written agreement with their Safeguarding supervisor. This agreement will identify the roles and responsibilities of both the supervisor and supervisee (Appendix 1 or 2). The agreement:

- Reflects the seriousness of the activity.
- Represents a positive modelling of behaviour.

- Ensures the supervisee is aware of his/her responsibilities and roles within supervision.
- Provides a basis for renewing and developing the supervisory relationship.
- Promotes the interests of the Vulnerable individual, children and young people and staff accessing Safeguarding supervision.
- Ensures that the standard of supervision afforded to the staff by the provider is of an appropriate quality.
- Places a duty of staff to demonstrate continuing development (Adapted from Morrison 2001)

8. Documentation/Record Keeping

A group (Appendix 2) or individual (Appendix 1) supervision agreement will be signed by the supervisor and all supervisees at the start of the supervision session. The supervisor should keep a copy. All supervisee's should keep a copy and a copy should be available to line managers on request. Supervision must be recorded using supervision tools identified.

The safeguarding supervision form (Appendix 3) will be completed by the supervisor when giving telephone advice or direct face to face supervision to the supervisee. The supervisor should keep a copy and forward a copy to the supervisee. A copy should be made available to the supervisee's Line Manager on request.

The supervisor must complete the supervision monitoring form (Appendix 4) upon completion of the supervision. The supervisor should keep a copy, the supervisee should keep a copy and a copy should be made available to the supervisee's Line Manager on request.

Supervision Matrix

Staff Group	Supervisor	Supervision Type	Frequency
Designated/Lead Professional CCG	External	Individual	Bi-3 monthly
Named GP	Designated Doctor	Individual	Bi-monthly
Named Professionals/Leads Provider organisations	Designated Professionals CCG	Individual	Ad-hoc
Practice Staff	Lead GP's	Individual/group	Ad-hoc
GP's	Peer review	Individual/group	Ad-hoc
CCG staff and Primary Care Services	Designated Adult/Children Professionals CCG	AdHoc Adults also available via NHSE CCG support group and local CCG peer supervision	As required
Health Provider Staff	Named Nurses/ Doctors/ Safeguarding Specialists/Advisors	Individual or group Supervision as appropriate to role	3 monthly
All Provider staff	Named Nurse /Doctor/ Safeguarding Specialists	AdHoc safeguarding case advice	As required

References

This policy is underpinned by the findings and recommendations from legislation, guidance and reports including:

- Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015) NHS England
- Royal College of Paediatrics and Child Health: Safeguarding children and young people:
- Roles and competences for health care staff - Intercollegiate document, March 2014
- Health Care Act 2014
- No Secrets (2000)
- Health and Social Care Act 2008 (Regulated Activities) Regulations (2010)
- Department of Health & Department Education and Skills (2004)
- Nursing and Midwifery Council (2004) Reporting Lack of Competence: A Guide for Managers and Employees, the Stationary Office, London.
- HM Government (2015). Working Together to Safeguard Children. London: The Stationery Office.

**Appendix 1 Example:
Individual Supervisory Agreement**

Safeguarding supervision is a supportive and enabling means of encouraging professionals to reflect on their practice. It takes place in a safe environment and optimises the learning for practitioners to be confident within their practice in relation to safeguarding Adults at Risk and Children. It involves:

- A discussion combined with analysis of perceived safeguarding concerns.
- A discussion to share and analyse concerns where issues of vulnerability/need are causing concern for the practitioner.

Practicalities	For example: is session meeting needs
Frequency	For example: Monthly
Length	
Venue	
Specific needs	
Confidentiality	For example: Confidentiality is respected unless a risk to practice or an adult at risk is identified and accountability issues are raised. In this instance the issue will be raised directly with the supervisee prior to contacting the relevant manager/team leader.
Professional Responsibility	For example: The identification of cases to bring to supervision lies with the practitioner.
Commitment	For example: To be given priority to enable safe practice.
Documentation	For example: A copy of supervision monitoring form should be kept by both the supervisor and the supervisee.

Proposed venue(s) and Agreement Date.....

Agreement Review Date

Frequency

Duration

Supervisee

Supervisor.....

Appendix 2 Example:

Group Supervisory Agreement

Safeguarding Supervision is a supportive and enabling means of encouraging professionals to reflect on their practice. It takes place in a safe environment and optimises the learning for practitioners to be confident within their practice in relation to safeguarding Adults at Risk. It involves:

- A discussion to share and analyse concerns where there are perceived safeguarding concerns.
- A discussion to share and analyse concerns in relation to Adults at Risk and Children where issues of vulnerability/need are causing concern for the practitioner.

Practicalities	For example: Are the sessions meeting your needs? Review as required
Frequency	For example: 3 monthly. Supervision can be sought between sessions.
Length and specific needs	For example: 1 – 1 ½ Hours
Venue	For example: To suit practitioner and supervisor
Confidentiality	
Professional Responsibility	For example: The identification of cases to bring to supervision lies with the practitioners
Commitment	For example: To be given priority to enable safe practice.
Documentation	For example: A copy of supervision monitoring form should be kept by both the supervisor and the supervisee.

Proposed venue(s) and Agreement Date.....

Agreement Review Date

Frequency

Duration

Supervisee

Supervisor.....

Appendix 3 Example Supervision Record

Safeguarding supervision record	Supervisor signature	Supervisee signature
Date	Designation and contact details	Background concern and summary

A record of the supervision will be kept as a record of the supervision and discussed at the stage of agreement. This is for summary and background only and in agreement with the supervisee. Records will be maintained for both parties. The importance of appropriate storage of confidential material will be highlighted.

To be a good supervisor/supervisee you need to:

- Plan a joint agenda (e.g. review previous supervision notes before meeting and make a note of issues you wish to raise)
- Openly discuss real issues
- Attend regular sessions at agreed dates and times and be on time
- Raise problems and issues before they get serious, e.g. in relation to potentially violent service users
- Do what you say you will do
- Keep up to date with related reading around legislative changes, policy and procedures
- Keep up to date with related reading around research and theory related to service user's needs.
- Use supervision to reflect on your understanding and application of knowledge, theory and your skills, and how this has an impact on outcomes for the service user.
- Use supervision to reflect on how you promote the values of anti-oppressive behaviour

Note: Line Managers

It is the responsibility of the line managers to address any managerial issues arising from supervision.