

SAFEGUARDING SUPERVISION FOR NAMED PROFESSIONALS IN COMMISSIONED SERVICES

First issued by/date	Issue Version	Purpose of Issue/Description of Change	Planned Review Date
August 2013	1	New Procedure developed	June 2015
August 2016	2	Changes to reflect Care Act 2014 and Intercollegiate Guidance Safeguarding Adults	August 2018
Named Responsible Officer:-		Approved by	Date
Director of Quality & Patient Safety		Quality Performance & Finance	August 2016
Policy file: Safeguarding policy		Impact Assessment Screening Complete - Yes Full impact Assessment Required - No	Policy No. POL027
<p>Key Performance Indicators:</p> <ol style="list-style-type: none"> 1. Named Safeguarding Professionals have received supervision in accordance with best practice and contractual requirements. 			

SAFEGUARDING SUPERVISION FOR NAMED PROFESSIONALS IN COMMISSIONED SERVICES

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1. Introduction

The requirement to provide supervision and support to front line staff within child protection is well documented in statutory national guidance (Working Together to Safeguard Children, 2010,2013 & 2015).

NHS England Safeguarding Vulnerable People in the NHS – Accountability & Assurance Framework July 2015 section 4.1.2 states:-
Effective supervision arrangements for staff working with children/families or adults at risk of abuse or neglect.

- For adults specifically the Care Act 2014 section 14.12 describes the need to support the development of a positive learning environment across partnerships at all levels with them to help break down cultures that are risk averse and seek to scapegoat for blame practitioners.
- Section 14.51 states in order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support.
- Section 14.228 states regular face to face supervision and reflective practice, from skilled managers is essential to support staff and to enable staff to work confidently and competently with difficult and sensitive situations.
- Safeguarding Adults: roles and competencies for health care staff – intercollegiate document Feb 2016

It is a requirement of Outcome 12 (requirements related to workers) and 14 (Supporting workers) of the Care Quality Commission Essential Standards of Quality and Safety (2010)

Additionally, it is Safeguarding Standard number 10 in the NHS Northwest/Wirral CCG Safeguarding Children and Vulnerable Adults Policy (2013) and is a requirement of the LSCB/SAPB Safeguarding Standards

The benefits of good quality supervision are well documented. Professional effectiveness; analysis of potential and actual risks; action planning; and review of the work carried out with children and families are all essential components of supervision.

It can also help to reduce staff burn out and stress in primary health care teams.

A formal supervision framework enables front line clinicians to assess risk and to plan and evaluate care and intervention in complex clinical situations. It is a fundamental mandatory requirement in order to ensure that the safety and welfare of the most vulnerable adults, children and families are subject to continuing assessment, monitoring and review. The primary aim of supervision is to enable clinical practice to safeguard adults/children and promote their welfare. Factors which place children at greater risk are situations where professionals operate within a closed system where for example they are not open to review the case (Reder *et al* 1993)

Named Professionals specialising in safeguarding are no exception. They require safeguarding supervision and support from Designated Professionals (as experts in the field).

2. Definition

There are many definitions put forward to define supervision. For the purpose of this guideline the definitions that have been put forward are from the Department of Health (1993) and Morrison (2001):

A formal process of professional support and learning which enables individual practitioners to develop knowledge and competency, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations (DoH, 1993).

Supervision has been described as a process in which one worker is given responsibility by the organisation to work with another in order to meet certain objectives. These objectives are competency, accountability, performance, on going professional development and personal support (Morrison, 2001).

3. Principles

Safeguarding supervision and support:

Is an essential part of clinical governance arrangements, in terms of quality assurance and minimisation of clinical risk.

Promotes the highest level of collaboration and co-operation both within and between agencies to ensure that a child's /adult's needs are identified, action planned and reviewed.

Promotes partnership with children/adults and families.

Takes full account of the outcomes for the child(ren)/vulnerable adult concerned in light of their individual needs and is sensitive to their racial, cultural, linguistic and religious identity and sees the situation from the child/vulnerable adult's perspective and experience.

Provides a child/vulnerable adult centred focus within a supportive and developmental forum.

- Is an essential part of revalidation for nurses registered with the NMC

4. Aims

To ensure empowered clinical practice protects children/ vulnerable adult's and promotes a child/vulnerable adult's best interest.

To ensure practice is soundly based and consistent with Wirral Safeguarding Children Board (WSCB), Wirral Safeguarding Adult Board () and organisational procedures.

To ensure named professionals fully understand their roles, responsibilities and scope of their professional discretion and authority.

To identify training and developmental needs of named professionals so that each has the skills to provide an effective service.

To ensure named professionals for safeguarding are supported in practice.

5. Process

Safeguarding supervision and support is proactive, mandatory and child/vulnerable adult focussed. It is a pre-requisite of the role of named professionals working in the specialist field of safeguarding.

One to one safeguarding children supervision will be undertaken by the Designated Nurse/Doctor for Safeguarding Children.

One to One Safeguarding Supervision for Adults will be undertaken by the Designated Nurse for Safeguarding Adults.

Supervision will be informed and underpinned by local safeguarding procedures /best practice guidance.

6. Frequency/timing of supervision

Individual supervision will take place every 3 months.

Each session will not exceed 2 hours.

Dates and times will be agreed following each session.

7. Confidentiality

Safeguarding Supervision is a confidential process (this is reflected within the contract with the supervisor and supervisee) with the following exceptions:

information shared through safeguarding supervision process may need to be disclosed to another professional or agency in order to protect children/vulnerable adults from significant harm

if there are issues with regard to professional competence, unsafe or poor practice.

8. References

Reder et al (1993) Beyond Blame Child Abuse Strategies Revisited Routledge: East Leeds PCT.

CQC (2015) Fundamental Standards of Safety & Quality

Skills for Care (2013): Institute of Public Care: Evidence Review: Adult Safeguarding

Wirral CCG (2016) Commissioned Services Standards for Safeguarding Children & Adults at risk

Department of Health (1993): A Vision for the Future: The Nursing, Midwifery and Health Visiting Contribution to Health and Health Care: HMSO, London.

Morrison T (2001): Staff Supervision in Social Care. Ashford Press: Southampton.

Working Together to Safeguard Children (2010, 2013, 2015): HM Government

Care Act 2014

Safeguarding Adults: rules & competencies for Health Care Staff – Intercollegiate document Feb 2016

Appendix 1
(To be adapted for adults)

SAFEGUARDING CHILDREN CLINICAL SUPERVISION AGREEMENT

This is a supervision agreement between:-

Supervisee Name **Designation**

Supervisor Name **Designation**

Service

1 Mandate for safeguarding children clinical supervision

Working to ensure children are protected from harm requires sound professional judgements to be made. Work can be demanding, distressing and stressful. All of those involved should have access to advice and support.

Designated professionals provide advice, support and clinical supervision to named professionals in provider organisations (Working Together, 2010). The principle functions of the process are:

To improve outcomes for children by adopting a child centred approach to actions.

To provide support and advice on matters relating to safeguarding children

To promote effective inter agency communication on matters of safeguarding children.

To establish that health professionals are aware of Trust policies and guidelines and adhere to Local Safeguarding Children Board procedures.

To encourage effective working relationships with families and other agencies e.g. by working with the Common Assessment Framework

To ensure the health practitioner is clear about their role, responsibilities and the scope of their professional accountability.

Promote professional development by assisting in the identification of training and development needs relating to their role in safeguarding children and also learning from work experiences.

2 The structure we have agreed on is as follows:

- a) frequency of session
- b) length of each session
- c) location of session

- d) recording of session will be by
- e) supervision records will be held by and stored as follows:

- f) purposes for which the supervisory record may / or may not be used:
- g) others who may see the record:

3 The Agenda for the session will include:

- a) matters the supervisee wishes to include
- b) matters arising from previous supervisory sessions
- c) effectiveness of reporting mechanisms within the organisation
- d) multidisciplinary and interagency communication systems, including difficulties working with different agencies
- e) discussion of any concerns, complex or unusual practice issues that are on-going
- f) issues which have a direct impact on Named Professional's work e.g. workload, relationships with other agencies
- g) quality of advice and support provided to professionals within the organisation
- h) use of safeguarding children policies / procedures within the organisation
- i) recording practices
- j) educational needs
- k) need to develop other policies and procedures
- l) safeguarding children training needs within the organisation
- m) communication between the Named / Designated professionals
- n) opportunity for you to give feedback on your experience of and expectations of supervision

4 There will only be interruptions if.....

5 We have agreed:

- a) That both parties will prepare for supervision.
- b) That both parties will agree to treat supervision sessions as a matter of high priority and neither party will cancel or postpone any session unless in an emergency or as a result of illness
- c) In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.
- d) Supervision will take place in a room that provides confidentiality and privacy. The supervisor will ensure an appropriate room is available for supervision.

- e) Record keeping / report writing will be considered as appropriate.
- f) Developmental needs arising out of supervision will be referred to the supervisee's line manager.
- g) Where the supervisor becomes aware of concerns regarding unsafe practice of the supervisee, this will be discussed with the supervisee's line manager. This will take place with the supervisee's knowledge.
- h) During supervision both parties will approach the sessions in an open honest way, ideas and suggestions will be open to constructive challenge so as to improve and learn from practice.
- i) Both parties will be aware of and confront at every opportunity any practice, which they feel, is influenced by prejudice of any kind, such as race, gender or disability.
- j) Any disagreements will be recognised and addressed by the supervisor and supervisee.

We, the undersigned agree to be bound by the terms of this agreement and understand that in the event of it not being followed the relevant line manager will be informed

Supervisor

Designation
Signature
Print Name
Date

Supervisee

Designation
Signature
Print Name
Date

Appendix 2 (Record of session template)
 (To be adapted as necessary)

NAMED DOCTOR/NURSE SAFEGUARDING CHILDREN CLINICAL SUPERVISION	
Name of supervisee	
Name of supervisor	
Date of supervision	

TOPIC FOR DISCUSSION	YES	NO
Serious case review/ internal management review		
Cases requiring escalation		
Cases of Fabricated/ Induced illness		
Cases of Sexual Activity in Under 13s & Under 15s		
Policy, Practice issues		
Training Issues		
Audit		

UPDATE OF ACTIONS FROM PREVIOUS SAFEGUARDING CHILDREN CLINICAL SUPERVISION SESSION	Completion Date

SAFEGUARDING CHILDREN CLINICAL SUPERVISION TOPICS DISCUSSED

ACTION PLAN FOR NAMED NURSE/DOCTOR		
Name	Action	Completion Date

ACTION PLAN FOR DESIGNATED NURSE/DOCTOR

Next Supervision

Date		Time	
Designated Nurse/Doctor for Safeguarding Children			
Signed		Print Name	
Named Nurse/Doctor for Safeguarding Children			
Signed		Print Name	

Appendix 3

Supervision Table

<p>Designated Nurse SG Children</p> <p style="text-align: center;">↓</p> <p>Named Nurses – WCT x 1 WUTH x1</p> <p>Named Midwives- WUTH x 1 121 x 2</p> <p>NB Named Nurse CWP Supervised by Designated Nurse West Cheshire</p>	<p>Designated Dr SG Children</p> <p style="text-align: center;">↓</p> <p>Named Dr - WUTH Named Dr – CWP Named GP – WCCG</p>
<p>Designated Nurse for SG Adults</p> <p style="text-align: center;">↓</p> <p>Named Practitioners- WUTH x 2 CWP x 1</p> <p>Lead Nurse for Nursing Homes WCCG x2 CCC x 1</p>	<p>Abbreviations</p> <p>WCT = Wirral Community NHS Trust WUTH = Wirral University Hospitals NHS Trust CWP = Cheshire & Wirral Partnership NHS Foundation Trust CWW AT = NHS England, Cheshire Warrington & Wirral Area Team 121 = One to One Midwifery Limited CCC = Clatterbridge Cancer Centre WCCG = Wirral Clinical Commissioning Group</p>

APPENDIX 4 - IMPACT ASSESSMENT SCREENING TOOL

1. Initial Screening Process

1.1 Title of the policy/procedure/function/service	
Safeguarding Supervision Policy for Named Professionals in Commissioned Services	
1.2 Directorate/Department	
Safeguarding	
1.3 Name of the person responsible for this Equality Impact Assessment	
Debbie Hammersley	
1.4 Date of Completion	
June 2013	
1.5 Aims and Purpose of this policy/procedure/function/service	
The aim of this policy is to detail the requirement and process involved in the provision of Safeguarding Supervision for Named Professionals in commissioned services, by the Designated Professionals	
1.6 Is this a new or existing policy/procedure/function/service	
New	
1.7 Examination of Available Evidence – Tick evidence used	
<i>Census Data for UK</i>	–
<i>Census Data for London</i>	–
<i>Census Data for Local Authority Area</i>	–
<i>Trust Workforce Data</i>	–
<i>Trust Patient Data</i>	–
<i>National Patients Survey</i>	–
<i>Trust Patients Survey</i>	–
<i>Complaints Summaries</i>	–
<i>Other Internal Research/Survey/Consultation/Audit (please list)</i>	
Named and Designated professionals in Wirral health economy were consulted	
<i>Other External Research/Survey/Consultation/Audit (please list)</i>	
The Care Quality Commission sets out expectations that staff should be supported and supervision provided appropriate to their needs. The intercollegiate document sets out competencies required for Named and Designated Safeguarding Professionals highlighting the role of supervision. This policy is based on the principles detailed within those documents.	

What is the summary of the available evidence?

A formal procedure ensures a robust system and clearly sets out expectations of both Designated and Named Professionals in the supervision process. It is an essential part of clinical governance arrangements, in terms of quality assurance and minimisation of clinical risk.

1.8 Does the evidence indicate that there is, or is the potential to be any significant impact on anyone or any group in relation to the following equality strands?

Strand	Yes/No/Insufficient Data	Justified Yes/No
Ethnicity/Race	No	N/A
Disability	No	N/A
Gender/Sex	No	N/A
Religion/Belief	No	N/A
Sexual Orientation	No	N/A
Age	No	N/A
Human Rights	No	N/A

If further evidence is required to complete this section, take steps to obtain to **before** proceeding with the assessment. If the review of evidence indicates that there is a significant unjustified impact, a Full Equality Impact Assessment must be carried out.

1.9 No further evidence Required. Skip to Section 5.	✓
1.10 Full Equality Impact Assessment required.	No

APPENDIX 5 DISSEMINATION AND TRAINING PLAN

To be completed with the corporate document when submitted to the appropriate committee for consideration, approval and ratification.

The status column must be given a **Red**, **Amber** or **Green** rating with evidence to demonstrate an action has been completed.

DISSEMINATION PLAN

Title of document: Procedure for Safeguarding Supervision for Named Professionals in Commissioned Services	Date finalised: July 2016				
Dissemination Lead: (print name and contact details)	Val Tarbath Designated Nurse/Manager Safeguarding Adults Old Market House val.tarbath@nhs.net				
Proposed action to retrieve out-of-date copies of the document.	New Procedure				
To be disseminated to: Provider Heads of Safeguarding	Disseminated by whom?	Timescale	Status R A G	Paper or Electronic	Comments
Website <input type="checkbox"/>	-Val Tarbath	September 2016	Amber (awaiting ratification)	Electronic	Providers also to retain document
Other (give details) x <input type="checkbox"/>					
Training Sessions (give details below)					

IMPLEMENTATION PLAN

Training	Timescale	Owner	Status
Training Event – None required by target audience	N/A		
Training Plan Lead	N/A		
Compliance monitoring	Timescale	Owner	Status
Methodology to be used for monitoring/audit purposes	N/A		
Responsibilities for conducting monitoring/audit	N/A		
Frequency of monitoring/audit (e.g. annually, half yearly)	N/A		
Process for reviewing/reporting results: Exception report via QPF Committee.	Quarterly		