

<b>Corporate</b>	<b>CCG: CO31 Safeguarding Supervision Policy</b>
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V1	January 2018	January 2019

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<b>Consultation Process:</b>	CCG Head of Corporate Affairs CCG Quality, Safety and Risk Committee

<b>Policy Adopted From:</b>	New Policy
<b>Approval Given By:</b>	Quality, Safety & Risk Committee (January 2018)

## Document History

Version	Date	Significant Changes
1	January 2018	New Policy.

## Equality Impact Assessment

Date	Issues
December 2017	Please see Section 14 of this document

### POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

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## 1. Introduction

For the purposes of this policy, Newcastle Gateshead Clinical Commissioning Group will be referred to as “the CCG”.

The CCG fully recognises its responsibility for protecting and safeguarding the welfare of children and adults at risk. We acknowledge our responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation.

CCGs have a duty under Section 11 of the Children Act (2004)<sup>1</sup> to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The CCG should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including the provision of appropriate supervision and support, to fulfil their child welfare and safeguarding responsibilities effectively.

The CCG is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that children, young people and adults achieve their optimal life chance in accordance with Working Together to Safeguard Children (2015)<sup>2</sup> and The Care Act (2014)<sup>3</sup>.

Working Together to Safeguard Children (2015)<sup>2</sup> provides the statutory framework for safeguarding and promoting the welfare of children and highlights the importance of safeguarding supervision.

The Care Act (2014)<sup>3</sup> and accompanying Statutory Guidance (2016)<sup>4</sup> provides the statutory framework for safeguarding and promoting the welfare of adults. This guidance has replaced previous guidance in the document ‘No Secrets’ (2000).

Safeguarding children and adults is a collective responsibility across the health economy. The CCG, as a commissioner of local health services needs to be assured that the provider organisations have effective safeguarding arrangements in place which includes arrangements for the supervision of Named and Designated Professionals and other staff working with children and vulnerable adults. Newcastle Gateshead CCG also needs to ensure safeguarding supervision arrangements are in place for its own safeguarding specialist staff.

This policy supports the overarching Safeguarding Strategy, Safeguarding Adults Policy and Safeguarding Children Policy, giving specific clarity around safeguarding supervision within the CCG. Commissioned provider organisations are required to have their own separate Supervision Policies.

### 1.1 Status

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<sup>1</sup> [Children Act 2004](#)

<sup>2</sup> [Working Together to Safeguard Children \(2015\)](#)

<sup>3</sup> [Care Act \(2014\) HMSO:London](#)

<sup>4</sup> [Care and Support Statutory Guidance Chapter 14](#)

This policy is a Corporate policy.

## 1.2 Purpose and scope

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

This policy primarily applies to all nursing staff working within the CCG Safeguarding Team.

As commissioning organisation employees of the CCG will not be responsible for a caseload; however “ad hoc” supervision may be provided to any CCG employee who is involved in a complex case where advice and guidance may be required.

The aims and objectives of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision.

## 2. Definitions

In this policy, a child refers to anyone who has not yet reached their 18th birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Act 1989<sup>5</sup> and 2004<sup>6</sup>.

Safeguarding children and young people and promoting their welfare means:

- Protecting children from maltreatment.
- Preventing wherever possible impairment of children’s health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and;
- Taking action to enable all children to have the best outcomes<sup>7</sup>.

For those young people 16-17 years of age the Mental Capacity Act (2005)<sup>8</sup> may also apply where there is a disorder or impairment of the mind or brain.

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<sup>5</sup> [Children Act 1989](#)

<sup>6</sup> [Children Act 2004](#)

<sup>7</sup> [Working Together to Safeguard Children \(2015\)](#)

<sup>8</sup> [Mental Capacity Act \(2005\) HMSO: London](#)

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances<sup>9</sup>.

For the purposes of Adult Safeguarding, an adult is anyone over the age of 18. The Care and Support Act Statutory Guidance (2016)<sup>9 10</sup> defines safeguarding adults criteria as safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When there is concern that an adult may lack capacity in relation to protecting themselves from harm and/or abuse the Mental Capacity Act (2005)<sup>11</sup> should be adhered to, in conjunction with the Care Act Statutory Guidance (2016)<sup>9</sup>.

Whilst many of the processes are similar within safeguarding adults and safeguarding children it is important to recognise that the differing legislation frameworks applicable to safeguarding adults means it could not and should not implicitly follow the children's approach.

### **3. Safeguarding Supervision**

Supervision is defined as:

'A process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users'<sup>12</sup>.

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<sup>9</sup> [Care and Support Statutory Guidance Chapter 14](#)

<sup>10</sup> [Care Act \(2014\) HMSO:London](#)

<sup>11</sup> [Mental Capacity Act \(2005\) HMSO: London](#)

<sup>12</sup> Morrison, T. (2005) 3<sup>rd</sup> edn. Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.

The objectives and functions of supervision have been described as:

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

Working to ensure children and adults at risk are protected from harm requires sound professional judgements to be made. It is demanding work that can be both distressing and stressful<sup>13</sup>. Staff involved must have access to advice and support from professionals experienced in the field of safeguarding children and adults at risk.

Safeguarding Supervision usually takes place on a one to one basis however group supervision may be appropriate in some instances<sup>14</sup>.

Safeguarding Supervision will be delivered by an appropriately qualified, experienced Safeguarding Professional who will be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults<sup>15</sup>. In accordance with contractual arrangements they are accountable for the advice they provide and action they may have to take following the supervision session.

The CCG Safeguarding Professionals will have planned supervision on a regular basis as detailed in the table below.

Designation	Frequency of supervision
Designated Nurse Safeguarding Children	Quarterly
Named GPs Safeguarding Children	Quarterly
Safeguarding Children Officers	Monthly
Designated Nurse Looked After Children (LAC)	Quarterly
Designated Nurse Safeguarding Adults	Quarterly
Named GP Safeguarding Adults	Quarterly
Safeguarding Adults Officers	Monthly

*Table 1: Designated Frequency of Supervision*

Safeguarding Supervision will be agreed using the Supervision contract (Appendix 1) and recorded using the Safeguarding Supervision Discussion form (Appendix 2). All documentation will be stored securely and a central record maintained of when supervision sessions were undertaken.

<sup>13</sup> [Working Together to Safeguard Children \(2015\)](#)

<sup>14</sup> Morrison, T. (2005) 3<sup>rd</sup> edn. Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.

<sup>15</sup> [NHSE Accountability and Assurance Framework](#)

The Designated Doctors for Safeguarding Children and LAC are currently hosted by local NHS Foundation Trusts. As such, the expectation is that they will adhere to their employers Safeguarding Supervision Policy. However, the CCG will seek assurance from the organisations that their systems and processes are robust.

#### **4. Duties and 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 safeguarding supervision (Supervisor) have received the relevant training, are appropriately qualified, in receipt of continual professional development and have arrangements in place for their own supervision.

The CCG will ensure that staff receiving supervision (Supervisee) have had the relevant awareness training.

It is essential that both the Supervisor and Supervisee are well prepared for the safeguarding supervision session, ensuring that the relevant documentation is completed. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.

It is the responsibility of the Supervisee to contact their Supervisor to arrange safeguarding supervision and ensure that their attendance meets the mandatory requirements of this policy.

Should supervision be cancelled it is the responsibility of the professional cancelling the supervision to rearrange a convenient date for both Supervisor and Supervisee.

Safeguarding supervision will be held in a safe place for both Supervisor and Supervisee.

#### **5. Implementation**

This policy will be available to CCG staff for use in relation to Safeguarding Supervision as described in section 3.0.

All managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **6. Training Implications**

Safeguarding Supervision will be delivered by an appropriately qualified Safeguarding Nurse who has been trained in supervision skills.

Supervisees will have received relevant awareness of safeguarding supervision training.

## **7. Related Documents**

### **7.1 Other related policy documents**

- Newcastle Gateshead CCG Safeguarding Children Policy
- Newcastle Gateshead CCG Safeguarding Adults Policy
- Newcastle Gateshead CCG LAC Strategy
- NHSE Accountability and Assurance Framework

### **7.2 Legislation and statutory requirements**

- Children Act (1989)
- Children Act (2004)
- Mental Capacity Act (2005)
- Care Act (2014)
- Department for Education (2015) *Working Together to Safeguard Children*. London: HMSO
- Department of Health (2016) *Care and Support Statutory Guidance*. Chapter 14. London: HMSO

## **8. Monitoring, Review and Archiving**

### **8.1 Monitoring**

Monitoring of adherence with this policy is a statutory responsibility of the CCG.

Implementation of the Safeguarding Supervision Policy will be monitored via the internal audit process.

Evidence of the supervision arrangements will be provided to NHS England, Safeguarding children Boards, Safeguarding Adult Boards and CQC where required to provide assurance that the CCG is complying with its statutory requirements.

## **8.2 Review**

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

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

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

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

## **8.3 Archiving**

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

## **9. Equality Analysis**

A full Equality Impact Assessment (EIA) to be completed and attached as Appendix 3 when draft agreed by Safeguarding Committee

## Appendix 1

### Safeguarding Supervision Contract

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

Appendix 2

Safeguarding Supervision Case Discussion Form

<b>PRACTITIONER NAME:</b>	<b>DESIGNATION:</b>
<b>ESTABLISHMENT BASE:</b>	
<b>SUPERVISOR'S NAME:</b>	<b>DESIGNATION:</b>
<b>ISSUES:</b>	
<b>AGREED ACTION:</b>	
<b>SIGNATURE OF SUPERVISOR:</b>	<b>DATE :</b>
<b>SIGNATURE OF SUPERVISEE:</b>	<b>DATE:</b>

## Appendix 3

# Equality Impact Assessment



North of England  
Commissioning Support

Partners in improving local health



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

We need to:

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

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

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

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

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

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

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

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



**STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	
<b>Title of service/policy/process:</b>	<b>Safeguarding Supervision Policy</b>
Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
<b>Who will be affected by this policy/service /process? (please tick)</b>	
<input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Other	
<b>If other please state:</b>	
<b>What is your source of feedback/existing evidence? (please tick)</b>	
<input type="checkbox"/> National Reports <input type="checkbox"/> Staff Profiles <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
<b>If other please state:</b>	
<ul style="list-style-type: none"> <li>• NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework</li> <li>• Internal Audit</li> </ul>	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
<b>National Reports</b>	<ul style="list-style-type: none"> <li>• NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance framework 2015</li> <li>• Working Together to Safeguard Children DFE 2015</li> </ul>
<b>Staff Profiles</b>	
<b>Staff Surveys</b>	
<b>Complaints and Incidents</b>	
<b>Staff focus groups</b>	
<b>Previous EIA's</b>	
<b>Other evidence (please describe)</b>	



## STEP 2 - IMPACT ASSESSMENT

**What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)**

**Age** A person belonging to a particular age

The safeguarding supervision policy applies to both child and adult safeguarding.

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy applies to both adults and children at risk which may include individuals with a physical or mental impairment which could make them vulnerable to abuse.

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

This policy makes no reference to gender reassignment or transgender. There is no need for an additional privacy procedure.

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

This policy applies to all staff and makes no distinction between marriage and civil partnerships.

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

There are no implications for pregnancy and maternity. All staff can access the policy through the intranet.

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There are no requirements for translation at present within the current staff group. Should this change then versions in other languages can be obtained.

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Safeguarding supervision is delivered flexibly and arranged between the supervisor and supervisee. This will ensure that supervision can be arranged for staff at a time which supports religious or other reasons.

**Sex/Gender** A man or a woman.

This policy is non-gender specific. There is no discrimination between males and females.

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

This policy makes no reference to sexual orientation - there is no distinction between sexual orientation.

**Carers** A family member or paid [helper](#) who regularly looks after a child or a [sick, elderly](#), or [disabled](#) person

No impact identified



## STEP 3 - ENGAGEMENT AND INVOLVEMENT

**How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?**

All staff to whom the Policy applies have been engaged in its development.

**Please state how staff engagement will take place:**

Via management supervision and the CCG Safeguarding Committee



#### STEP 4 - METHODS OF COMMUNICATION

<b>What methods of communication do you plan to use to inform staff of the policy?</b>
<input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
<b>If other please state:</b>



#### STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

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

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



#### STEP 6- ACTION PLAN

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

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



**SIGN OFF**

<b>Completed by:</b>	<b>Howard Stanley</b>
<b>Date:</b>	<b>11<sup>th</sup> December 2017</b>
<b>Signed:</b>	
<b>Presented to: (appropriate committee)</b>	<b>Quality, Safety and Risk Committee</b>
<b>Publication date:</b>	<b>January 2018</b>