



North East London

NHS NEL ICB Safeguarding Children and Adults Supervision Policy 2022 - 2025

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18/05/2022	1.0	Safeguarding Designated Professionals	DRAFT	New Policy under NHS NEL ICB
16/11/2022	2.0	Safeguarding Designated Professionals	DRAFT	Updated Policy under NHS NEL ICB
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1. Introduction

1.1 Safeguarding supervision supports professionals to reflect critically on the impact of their decisions on the baby, child, young person or adult and their family (Working Together 2018, The Care Act 2014, Mental Capacity Act 2005). NHS NEL ICB recognises that safeguarding supervision is integral to providing an effective person-centred service and that it has a responsibility to ensure that appropriate staff receive and deliver safeguarding supervision on a regular basis. Working to ensure that babies, children and young people and adults are protected from harm requires sound professional judgment to be made. It is demanding work that can be distressing and stressful and those involved must have access to advice and support from professionals experienced in the field of safeguarding. It is important that designated professionals who provide safeguarding supervision have access to their own supervision as this promotes good standards of practice and can play a critical role in ensuring a clear focus on welfare. **Critical reflection through supervision should strengthen the analysis (Working Together 2018) quality and safety of safeguarding and to support staff to remain emotionally and clinically safe in practice.**

1.2 This policy has been written to be consistent with national and local policies and procedures, in particular, London Child Protection Procedures, Working Together to Safeguard Children (2018), and the London Multi-Agency Adult Safeguarding Policy and Procedures.

2. Scope

2.1 This policy applies to all staff within NHS NEL ICB who deliver or receive safeguarding supervision. All commissioned provider services are required to have their own supervision policy.

3. Purpose

3.1 The purpose of this policy is to provide specific guidance on how supervision is conducted within the context of safeguarding babies, children, young people and adults across NHS NEL ICB. Effective supervision can support the professional to:

- Improve practice
- Incorporate findings from local and national case reviews
- Keep a focus on the baby, child or adult
- Help to avoid drift and support escalation as necessary

- Maintain a degree of objectivity and challenges fixed views
- Test and assesses the evidence base for assessment and decisions
- Work with children and adults who may have been harmed or are risk of harm
- Work with children or adults living in complex family situations
- Work with adults who lack capacity
- Reflect on cases and build experience
- Identify any relevant training and development for the practitioner
- Address the emotional impact of work
- Ensuring local systems and pressures are safe and effective

4. Definitions

4.1 Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes (Providing Effective Supervision: Skills for Care & CWDC 2007). It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills.

4.2 Safeguarding Supervisor. This is an appropriately qualified, experienced designated professional who provides supervision.

4.3 Safeguarding Supervisee. The professional who is receiving supervision.

4.4 Professional Advocate: A person who has attended the Professional Advocacy course who can offer a form or restorative clinical supervision in addition to safeguarding supervision. The aim of the PA is to listen to challenges faced by the supervisee and equip them with quality improvement techniques. Through supporting staff, this inevitably supports the service and in return the patient experience will be improved.

4.5 Professional Advocacy and Listening Lounges/Thinking Space.

It has already been established that supervision can contribute to preventing burnout (NHS England, 2017), therefore following the success of a model of clinical midwifery supervision, via the Professional Midwifery Advocate, (PMA) this has led to NHS England introducing a national programme of Professional Nurse Advocate (PNA) and Professional Advocate role (PA) (NHS England and NHS Improvement, 2021).

The national programme of professional advocacy uses the A-EQUIP model.

This involves:

- advocating for the patient, the nurse and healthcare staff
- providing clinical supervision using a Restorative Clinical Supervision (RCS) approach
- enabling nurses to undertake personal action for quality improvement
- promoting the education and development of nurses. (p.4, NHSE & NHSI, 2021)

The NHS Long Term Plan (2019) emphasises on retaining the staff that we have which means ensuring that they feel supported within their practice. They need to be able to develop their skills, which can be supported via the A-EQUIP model within their supervision session.

Where possible a preventative approach should occur and should be a place of psychological safety. In times of extreme pressures, such as the pandemic, additional RCS drop-in sessions should be made available.

5.0 Roles and Responsibilities

5.1 The NEL ICB Chief Officer is accountable for ensuring that the health contribution to Safeguarding is discharged effectively across the whole local health economy through ICB commissioning arrangements and internal processes. This role is supported by the Chief Nursing Officer who is board lead for Safeguarding.

5.2 NHS NEL ICB Chief Nurse as Executive Lead

- To ensure that safeguarding is core business in strategic and operating plans and structures.
- To oversee, implement and monitor the ongoing assurance of safeguarding arrangements.
- To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding.
- To ensure the appointment of Designated Professionals.
- To ensure that provider organisations are quality assured for their safeguarding arrangements.
- Within both commissioning and provider organisations to ensure support of named/designated lead professionals across primary and secondary care and independent providers to implement safeguarding arrangements.
- To ensure that there is a programme of training and mentoring to support those with responsibility for safeguarding.

- Working in partnership with other groups including commissioners/providers of health care (as appropriate), local authorities and police to secure high quality, best practice in safeguarding/ child protection for children.
- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively.

5.3 Director of Nursing and Safeguarding: is NEL ICB's Executive Lead for Safeguarding Adults and Children and will ensure that the ICB works closely with partner organisations and providers to deliver on the safeguarding strategy.

5.4 Associate Director (s) Safeguarding Adults/Children: will assist the Nurse Director in ensuring that NEL ICB works closely with partner organisations and providers to deliver on the safeguarding strategy.

5.6 Designated Professionals:

- Provide support and ensure contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community.
- Conduct training needs analyses, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community.
- Lead/oversee safeguarding/child protection quality assurance and improvement across the health community.
- Lead innovation and change to improve safeguarding across the health economy.
- Take a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews across whole health community.
- Give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- Take a strategic and professional lead across the health community on all aspects of safeguarding/child protection.
- Provide expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns.
- Provide expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.

- Monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance

5.7 All Staff: are responsible for ensuring that they are aware of the policy and the importance of supervision and are able to inform appropriate people of their concerns.

5.8 Safeguarding supervisors will ensure that:

- They have received adequate supervision skills training and ensure that their knowledge remains current through relevant course updates or accessing relevant literature.
- They have up to date knowledge in legislation, policy and research relevant to the field of safeguarding.
- They are accountable for the advice they give and the actions they take.
- That staff receiving safeguarding supervision have signed a supervision contract with their supervisor.
- They acknowledge when they do not have the skills/knowledge to safely address an issue raised and to redirect the supervisee accordingly.
- They discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case.
- They share information knowledge and skills with the supervisee.
- They constructively challenge any personal and professional areas of concern and escalate where necessary
- They will document the agreed summary of the discussion with clear action plan indicating responsibility for each action. A copy should be held securely by the professionals.

5.9 Supervisees will ensure that:

- They have agreed, signed and adhered to a supervision contract (appendix1).
- Identified and prioritised issues/cases to be discussed
- Developed and improved practice as a result of supervision, identifying any training needs
- Explored interventions that are useful.
- Be prepared for constructive feedback/challenge, develops skills in reflective practice.

- Seek timely advice and support from the designated professionals as and when required.
- Maintain accurate records as per record keeping policy/professional guidance.
- Where follow-up safeguarding sessions are arranged, documentation from the previous session will be made available for further discussion.

6. Principles underpinning safeguarding supervision

6.1 Safeguarding supervision is based on key principles found in supervision theory to ensure safe outcomes. It focuses on the baby, child, adult and their families and also meets the needs of the organisation and the practitioner through developing best practice. This policy is one of a number under the overarching NHS NEL ICB safeguarding strategy and is underpinned by national guidance. The strategy enables a wide range of practitioners to identify and utilise common core skills and knowledge for babies, children, young people and adults. These include:

- Effective communication and engagement
- Child and adult development
- Safeguarding and promoting the welfare of children and adults at risk
- Supporting transition
- Multiagency working
- Information sharing
- Restorative practice

6.2 Through safeguarding supervision, staff training and developmental needs can be identified and the ethos of safeguarding being everyone's responsibility underpinning the process is reinforced.

6 Organisational accountability

For further information around organisational accountability please see the link below:

<https://www.kingsfund.org.uk/blog>

7.1 The ICB has a duty to make arrangements to safeguard and promote the welfare of children and adults and to cooperate with other agencies to protect individual babies, children, young people and adults from harm. This includes:

- Ensuring designated and named professionals in the ICB have access to safeguarding supervision as discussed in their development plan
- Ensuring those practitioners providing supervision are adequately trained in supervision skills and have up to date knowledge of the legislation, policy and research

relevant to their field of safeguarding. This must reflect the requirements set out in Working Together (2018), the Intercollegiate Document for Safeguard Children (2019) the Intercollegiate Document for Adult Safeguarding (2018) Intercollegiate Document for Looked after Children (2020) the Care Act 2014 and the Mental Capacity Act 2005.

8. Individual accountability

8.1 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. Safeguarding supervision does not replace nor should it delay the individual's responsibility to make a referral to statutory agencies where there are concerns that a baby, child or young person may be suffering or likely to suffer from significant harm or concerns about an adult at risk. In such cases staff should refer to appropriate safeguarding children and adults at risk policies.

9. Safeguarding Supervision Arrangements

9.1 Designated professionals should have peer-to-peer or individual supervision to ensure continued development in practice in line with agreed best practice.

9.2 Designated professionals are required to attend quarterly supervision sessions. These supervision sessions are to be formally recorded. The ICB will also ensure that protected time is available to enable staff to receive safeguarding supervision and will meet any costs incurred to enable this.

10. Confidentiality

10.1 Supervision is a confidential process and it should take place in an appropriate setting. The sessions will be confidential except where this is a risk to the safety or wellbeing of the baby, child, young person or adult at risk. Advice given should be documented by both the supervisor and supervisee. If appropriate, this should be entered onto the clinical record by the supervisee.

10.2 If concerns arise with regard to professional competence of either the supervisee or the supervisor during supervision, either party should feedback to the other at the end of supervision and both professionals should endeavour to resolve the issue. However, if this cannot be resolved at this level the line manager should be informed to facilitate resolution of such disputes.

11. Advice to NEL ICS staff, members, NHS professionals and independent providers

11.1 Designated professionals are available to provide advice and guidance with regards to the identification and management of safeguarding concerns to ICS staff. Advice provided must be clear and should assist the professional's decision making. The ICB will ensure that:

- Contact details for safeguarding professionals are available in the ICB place websites.
- ICB staff that have direct contact with service users in the course of their work will require safeguarding supervision
- Signposting to out of hours advice can be sought from the duty social worker within the local authority.
- Unless otherwise agreed the person requesting advice is responsible for taking action as required.

12. Escalation of Concern

12.1 Problem resolution is an integral part of professional co-operation and joint working to safeguard babies, children, young people and adults. Concern or disagreement may arise over another professional's decisions, actions or omissions in relation to a referral, an assessment or an enquiry. It is important to resolve difficulties quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution. The safety and focus of the individual children and adults are the paramount consideration in any professional disagreement and unresolved issues should be escalated to their line manager/safeguarding lead with due consideration to the risks that may exist for the child or adult.

12.2 Where practitioners are concerned or in disagreement with their colleague relating to the safeguarding of a child or adult they should seek advice and support from the designated professionals as well as following the LCSPs/LSABs or provider's escalation policies.

13. Documentation

13.1 A copy of the signed safeguarding supervision contract should be kept securely by the supervisor and supervisee. Where possible the supervisee will ensure that records are available to the supervisor when they seek supervision relating to individual cases. The supervisor and supervisee will agree how and where safeguarding supervision records will be stored in-line with the provider's record keeping policy. The supervisor does not

make an entry into the health record but s/he will make a summary of the safeguarding supervision with clear action plan indicating responsibility for each action (Appendix 2). A copy should be held securely by the supervisor and supervisee.

14. Non-attendance

14.1 It is the responsibility of the supervisee to contact their supervisor to arrange safeguarding supervision and ensure that their attendance meets the expectations of the supervision contract. The supervisor will maintain a record of supervision attendance and inform the practitioner's line manager of any practitioner who does not access safeguarding supervision within the above prescribed time frames. It is the responsibility of the line manager to address this with the practitioner.

15. Training

15.1 All practitioners' delivering safeguarding supervision must have completed training in the supervision process and receive three-yearly updates.

16. Monitoring Compliance

16.1 Monitoring of adherence with this policy is required to ensure compliance with:

- Section 11 Audit, Children Act 2004 /LCSP Self-Assessment
- NHS NEL ICB Safeguarding dashboards
- Outcome 7 Care Quality Commission Essential Standards.

References

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<https://www.londonsafeguardingchildrenprocedures.co.uk/> 7th edition

Mental Capacity Act 2005. London: HMSO

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/>

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RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff

RCPCH (2019) Intercollegiate Document: Safeguarding Children & Young People: Roles and Competences for Health Care Staff. London:

Skills for Care & CWDC (2007) Providing Effective Supervision: a workforce development tool, including a unit of competence and supporting guidance

Equality Impact Assessment Form - Policy

Equality Impact Assessment Form	
Policy authors: Anna Jones, Mary Lee	Date of assessment: 16/11/2022
Title of policy: Safeguarding Children and Adults Supervision Policy	Is this a new or existing policy? Updated existing policy
<p>1. Is there a concern that the policy does or could have a differential impact in any of the following areas?</p>	
	Y/N – delete as appropriate
Age	No
Marriage/civil partnership	No
Disability	No
Religion/beliefs	No
Gender	No
Race	No
Pregnancy/maternity	No
Sexual orientation	No
Gender re-assignment	No
<p>2. If the answer is 'no' for the groups above, please sign and date the form and add this form to the end of the policy.</p>	
<p>3. If the answer is 'yes' for any of the groups above, please explain the reasons and complete box 4 (below). For help please contact the engagement adviser for advice (020 8926 5048).</p>	
<p>4. Are there any additions or actions to be added to the policy which ensure the policy does not have an adverse impact on any of the protected groups? If the answer is "yes", please detail below.</p>	
<p>Signed: Anna Jones & Mary Lee</p>	<p>Date: 16/11/2022</p>
<p>Your contact details (department; e-mail; telephone number)</p>	<p>a.jones2@nhs.net mary.lee1@nhs.net</p>

Appendix 1: Supervision Contract

Supervisor Name:	
Designation:	

Supervisee Name:	
Designation:	

As supervisor and supervisee, we agree to:

- Work together in accordance with the supervision policy to facilitate in depth reflection on issues affecting practice.
- To develop the practitioner both personally and professionally to ensure high quality clinical practice is maintained.
- Ensure an appropriate venue is available and allow sufficient time for the supervision session.
- Arrive on time, have protected time by not allowing interruptions and switching off mobile phones.
- Do not cancel supervision appointments unless unavoidable situations arises.
- Maintain confidentiality within the boundaries specified within the supervision policy.
- Resolve differences constructively and actively work towards resolution.

Type of supervision	Frequency	Duration	Venue

As a supervisor I agree to:

- Make time available for supervision to be booked in advance
- Document the agreed summary of the discussion with clear action plan indicating responsibility for each action.
- Ensure a copy of the supervision summary is held securely by the Supervisor and Supervisee.
- Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure

As a supervisee I agree to:

- Prepare for the session and ensure any relevant records are available
- Take responsibility for making effective use of time to ensure all actions agreed are completed within timescales
- Report to the supervisor when actions are unable to be completed
- Maintain records in-line with local policy and GDPR regulations.

Supervisor signature and date	
Supervisee signature and date	

Appendix 2: Supervision Record

Date	Venue
Name of Supervisor	Name of Supervisee
Time supervision commenced	Time supervision ended

Reflections/review of actions from last supervision session:

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Issues raised in supervision

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Action Plan

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Supervisor
signature

Supervisee
signature

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