

**TRUST WIDE POLICY**

**Safeguarding Supervision Policy**

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(Version No. 1.0)**

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August 2018	1.0	Linda Williams: Interim Safeguarding Advisor	New document

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## 1.0 Introduction

- 1.1 All staff within Clatterbridge Cancer Centre NHS Foundation Trust (CCC) must adhere to legislation and statutory guidance.
- 1.2 Within Working Together to Safeguard Children 2015 and following the introduction of the Care Act 2015, it is seen as best practice for practitioners working in complex situations with adults at risk of abuse to access safeguarding supervision.
- 1.3 This policy must be read in conjunction with CCC Safeguarding Adults, Safeguarding Children and Prevent Safeguarding Policy (2018).
- 1.4 This policy does not replace clinical supervision and should be used in conjunction with the CCC Clinical Supervision Policy.

## 2.0 Purpose

- 2.1 This Policy is designed to ensure that all staff working for or on behalf of CCC provide a consistently high standard of service delivery to the adults, young people, children and families within their care.
- 2.2 Robust supervision provides a level of assurance that adults at risk, children and young people are protected from harm and risk; built upon solid decision making, assessment and professional judgment.

## 3.0 Scope

- 3.1 The policy relates to patients who access services from the Clatterbridge Cancer Centre NHS Foundation Trust.
- 3.2 This policy is applicable to all clinical staff working at the CCC, regardless of their role within the trust, and must be brought to their attention. This policy is also applicable for bank staff and agency staff.

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- 3.3 Reference is made within the policy to the Trusts Safeguarding Adult, Safeguarding Children and Prevent Policy (2018).
- 3.4 This policy will be applied without discrimination, regardless of gender/transgender, race, disability, sexual orientation, age, religion/belief or cultural practice
- 3.5 Safeguarding children, young people and adults is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from peers, managers, named and designated professionals. Those providing supervision should 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.

## 4.0 Responsibilities

### 4.1 Chief Executive (CEO)

The Chief Executive should ensure that policies and procedures are updated regularly to reflect any structural, departmental and legal changes

### 4.2 The Executive Director of Nursing and Quality

The Executive Director of Nursing & Quality is: -

- The nominated Director at board level for safeguarding
- Responsible for reporting to the Trust Board on safeguarding issues
- Responsible for providing assurance that the Trust is meeting its safeguarding requirements on an annual basis
- Responsible for promoting initiatives to ensure the Trust has robust arrangements for safeguarding and provision of leadership

### 4.3 The Head of Safeguarding

The Head of Safeguarding will: -

- Report to the CCC Safeguarding Sub Committee on the uptake of safeguarding supervision

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- Report to the CCC Safeguarding Sub Committee on the yearly audit of the quality and impact of safeguarding supervision

#### 4.4 The Named Nurse Safeguarding Adults and Children

The Named Nurse Safeguarding Adults and Children is responsible for: -

- The review and quality assurance compliance of the Policy
- The co-ordination of supervision training delivery and effectiveness
- Leading on audit and monitoring of this policy in practice
- Reviewing the Policy and associated pathways and for amendment as required.

#### 4.5 Line Managers

Line managers must:

- Ensure all staff within their department are aware of this policy and the process to be followed
- Ensure all staff have accessed the appropriate level of training as defined in the Trust's safeguarding training strategy and training needs analysis
- Provide routine management supervision assuring core competencies in safeguarding practice

#### 4.6 Clinical Staff

All clinical staff: -

- Have responsibility for the implementation of this policy, reporting variances appropriately and in a timely manner
- Have responsibility to ensure that they have accessed safeguarding supervision appropriate to their role

### 5.0 Relevant Legislation / Statutory Requirements

- The Children Act 1989
- The Children Act 2004
- The Care Act 2014
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2018

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- The UN Convention on Rights of the child (1992)
- The Human Rights Act 1998
- The Data Protection Act 2018

## 6.0 Main Body of Policy

### 6.1 Safeguarding Adult Supervision:

- Safeguarding supervision in relation to adults at risk of abuse is best practice to support staff when dealing with complex cases
- Any member of staff working with an adult where there are safeguarding issues can request supervision at any time from the Named Nurse Safeguarding Adults and Children or Named Doctor Safeguarding
- The primary aim of supervision of cases that relate to adults at risk of abuse is to ensure professional practice remains patient focused and patient choice is promoted at all times
- Practitioners need to be aware of and comply with relevant legislation, and safeguarding supervision gives an opportunity to identify what legislation was used by authorities and how this impacted on the specific case

#### 6.1.1 Safeguarding Adult Group Supervision

- Named Professionals will be in receipt of safeguarding supervision from the Designated Safeguarding Leads, commissioning organisation, in line with the National Safeguarding Standards Quality Schedule (May 2018): - access to a minimum of one hour supervision on a quarterly basis
- Group supervision sessions will be available to Trust staff and will be facilitated by the Named Professionals
- Group supervision would be provided in the instance of a complex case, sudden untoward incident or at the request of a team
- If group supervision is delivered, it would give an opportunity for practitioners to discuss the details of the case in a safe environment
- The Named Professionals would facilitate the development of strategies to support health professionals when working with adults at risk from abuse

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### 6.1.2 Safeguarding Adults One to One Supervision

- One to one supervision sessions will be available to Trust staff and will be facilitated by the Named Professionals
- One to one supervision would be provided in the instance of a complex case, sudden untoward incident or at the request of an individual
- The Named Professionals would facilitate the development of strategies to support health professionals when working with adults at risk from abuse

### 6.1.3 Key lines of discussion

Key lines of discussion within safeguarding supervision would be to: -

- Create an opportunity for the practitioner(s) to reflect, analyse and discuss individual practice
- Ensure the practitioner(s) fully understands their role, responsibilities and scope of their professional discretion and authority
- Provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice
- Identify, in partnership between the practitioner and Named Professional any difficulties in ensuring policies and procedures are adhered to
- Ensure that all action taken was with the consent of the individual or was evidenced to be in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues

### 6.1.4 Expected Outcome of Safeguarding Adult Supervision

The aims of supervision should be to achieve the following outcomes: -

- The practitioner's professional practice will be patient focused; ensuring the holistic needs of the adult are paramount to the discussion
- The practitioner will have a clear understanding of their role and responsibilities when working with adults at risk
- The practitioner's response to safeguarding adults' concerns is appropriate and in the best interests of the individual

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- The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work with adults at risk
- The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation
- The practitioner will maintain confidentiality with regards to safeguarding adult's issues
- The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding adults
- To identify any training needs
- The supervisor will inform the Trust of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibilities in safeguarding

## 6.2 Safeguarding Children Safeguarding Supervision

- Named Professionals will be in receipt of safeguarding supervision from the Designated Safeguarding Leads, commissioning organisation, in line with the National Safeguarding Standards Quality Schedule (May 2018): - access to a minimum of one hour supervision on a quarterly basis
- This policy will assist the Trust to fulfil its duty under Section 11 of the Children Act 2004
- Safeguarding Supervision underpins practice that is reflective of and consistent with Local Safeguarding Children Boards and Trust procedures
- Ensuring that practitioners understand their roles and responsibilities, it should assist in identifying training and developmental needs of practitioners, so that each has the skills to provide an effective service
- Effective supervision needs to be grounded within a secure working professional relationship; the supervisor needs to take time to understand the supervisee's supervision history, experience and assess the supervisee's strengths and challenges
- The supervisor's practical and emotional intelligence is crucial to ensure that supervision is supportive, reflective, providing advice and guidance,

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ensuring that there is high quality of assessment, decision making, intervention and critical analysis of practice

- In order for safeguarding supervision to be effective; it is important that the safeguarding specialist nurse (supervisor) and health practitioner (supervisee) approach the sessions in an open and honest way, in order that supervisees develop and improve practice.

### 6.3 The Supervision Process - One to One Supervision

It is a joint responsibility of the health practitioner and safeguarding supervisor to arrange for their safeguarding supervision and agree a mutually convenient date, time and venue. The supervision session arrangements should take priority although the frequency of supervision will be flexible and agreed by the health practitioner and safeguarding supervisor according to need and complexity of case

To gain the most benefit from supervision there are responsibilities for both the supervisee and supervisor as follows: -

- ✓ The Supervisee will be asked to:
  - Adhere and agree to their role in frequency of the supervision to a mutually convenient time, place and date
  - Prepare for the session, be punctual and ensure that there will be no interruptions, except in an emergency
  - Implement any agreed actions and recommendations from supervision sessions
  - Participate in solution focussed, reflective and critical analysis of selected cases
  - Manage records safely and maintain record keeping
  - Ensure supervision reflects the feelings and wishes of the child or adult

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- ✓ The Supervisor will:
  - Establish a confidential, safe environment to explore practice issues and challenge practice where appropriate in a constructive manner
  - Provide a professional supervision relationship for safe, reflective practice
  - Promote an open, supportive and respectful working relationship
  - Be punctual and ensure that there will be no interruptions except in an emergency
  - Provide clear feedback and reflect on ways to improve supervision for the supervisee
  - Maintain appropriate electronic records
  - Review the clinical record along with the supervisee during face to face supervision
  - Supervision should take place more frequently if the supervisee/ supervisor requests or deems it appropriate
  - Consideration must be given to more frequent supervision of practitioners during any mentorship/ preceptorship programme
  - If any record keeping issues are identified by the safeguarding supervisor during the supervision session, advice will be given about the requirements of both NMC and Clatterbridge Cancer Centre NHS Foundation Trust Record Keeping Policy
  - If the health practitioner fails to address the record keeping issues or in the event of unsafe practice being identified; the safeguarding supervisor must, in conjunction with the supervisee, report the matter to the line manager of the supervisee to take any necessary and appropriate action required
  
- ✓ Both the Supervisor and Supervisee will:
  - Maintain a patient centred approach, be reflective of their feelings and attitudes (emotional intelligence) and ensure that outcomes for children, young people and adults at risk are improved by appropriate action planning and monitoring of the cases
  - Highlight both positive and negative changes in patient

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circumstances since the previous supervision and any associated increase or decrease in risk. Explore the evidence base for decision making and record in supervision document

- Identify if there are differences of professional judgement / opinion or concerns in relation to case management with/by partner agencies. This will be discussed within the supervision session. In the instance that these concerns are escalated, the practitioner will be supported in challenging partner agencies in an appropriate manner
  - Discuss applicable policy and procedures to ensure that they are understood and adhered to including reviewing of record keeping practice in line with NMC guidance and Clatterbridge Cancer Centre NHS Foundation Trust Record Keeping Policy
  - Discuss training needs and agree areas of professional development which may be facilitated by the safeguarding supervisor
- ✓ Additional Support and Advice
- Advice, support and guidance are available from the Safeguarding Team outside these planned sessions
  - If there is any significant deterioration in the circumstances of a child / adult or the risk is perceived to have increased, the health practitioner must contact the Safeguarding Children's Team immediately to discuss the case and take any necessary action to safeguard the child / adult
  - The safeguarding team will operate an on-call duty system between the hours of 09.00 to 16.45 Monday to Friday (excluding bank holidays). This service is to ensure that during core working hour's practitioners who have concerns about a child, young person or adult at risk have prompt access to advice, guidance and support from a safeguarding specialist

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## 6.4 Group Supervision

Any employee of Clatterbridge Cancer Centre NHS Foundation Trust can request safeguarding supervision or debriefing if they have been involved in an incident that is distressing, has been difficult to manage or a complex case

If multiple staff have been involved with a specific case, there may be an option to offer group supervision. Group supervision gives an opportunity for professionals from across services to look at the case and hold an open discussion in a safe environment to identify what went well, what would be done differently and identify opportunities to share good practice

It is the responsibility of the safeguarding supervisor to arrange group safeguarding supervision sessions when requested and agree a mutually convenient date, time and venue. The supervision session arrangements should take priority although the frequency of supervision will be flexible and agreed by the health practitioners and safeguarding supervisor according to need and complexity of case

## 7.0 Appendices

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## Appendix 1- Record Template for Group Supervision

To be stored safely in safeguarding confidential files with access by all group members if required.

Record Template Group Supervision
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<b>Details of child / adult</b>		
<b>Service area</b>	<b>Supervisor</b>	<b>Date of discussion</b>
<b>Professionals present</b>		
<b>Original Need &amp; Concerns/Reasons for Current Involvement:</b>		
<b>How Are Needs Being Met Regarding:</b>		
<b>Ethnicity/Culture:</b>		
<b>Religion:</b>		
<b>Identified Special Needs:</b>		

<p><b>RISKS</b></p> <p><b>What Are We Worried About?</b>  <i>Details of significant child / adult protection concerns, patterns &amp; history that make you feel that the child / adult are at risk of present or future abuse &amp;/or neglect.</i></p>	<p><b>SAFETY</b></p> <p><b>What's Going Well?</b>  <i>Consider all aspects that indicate safety &amp; protection that relate to the risks e.g. strengths, resources, willingness &amp; ability to make changes. Progress made / reasons to feel reassured that the danger/harm has got less. How has the child / adult been protected?</i></p>

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**What are the child's / adults views of their situation? How safe do they feel? How do we know?**

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**Is there any missing information that needs to be pulled together or issues where further clarification/assessment is needed?**

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**Agreed Plan of Action/Next Steps:**

Who	What	When

**Signatures:**

## Appendix 2 - Record Template for One to One Supervision

To be stored safely in safeguarding confidential files with full access by safeguarding supervisee.

### Record Template One to One Supervision

<b>Details of child / adult</b>		
<b>Supervisee</b>	<b>Supervisor</b>	<b>Date of discussion</b>
<b>Original Need &amp; Concerns/Reasons for Current Involvement:</b>		
<b>How Are Needs Being Met Regarding:</b>		
<b>Ethnicity/Culture:</b>		
<b>Religion:</b>		
<b>Identified Special Needs:</b>		

<b>RISKS</b>	<b>SAFETY</b>
<b>What Are We Worried About?</b> <i>Details of significant child / adult protection concerns, patterns &amp; history that make you feel that the child / adult are at risk of present or future abuse &amp;/or neglect.</i>	<b>What's Going Well?</b> <i>Consider all aspects that indicate safety &amp; protection that relate to the risks e.g. strengths, resources, willingness &amp; ability to make changes. Progress made / reasons to feel reassured that the danger/harm has got less. How has the child / adult been protected?</i>

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**What are the child's / adults views of their situation? How safe do they feel? How do we know?**

--

**Is there any missing information that needs to be pulled together or issues where further clarification/assessment is needed?**

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**Agreed Plan of Action/Next Steps:**

Who	What	When

**Signatures:**

### Appendix 3: Audit Trust Standards for Safeguarding Supervision

Standard	Actions
<b>Standard of record keeping will be reviewed to identify adherence to CCC record keeping policy and NMC guidance.</b>	Safeguarding Supervisor to read and review each record brought to supervision to cover the period in-between supervision sessions
<b>Effectiveness of multi-agency working will be assessed.</b>	Safeguarding Supervisor and practitioner to discuss reflect and analyse case to identify any issue. Have an agreed action plan with clear responsibility for actions
<b>Identification of differences in professional opinion which need to be escalated</b>	Safeguarding Supervisor to discuss concerns and determine whether the differences of professional judgment/ opinion warrant a telephone discussion or formal letter to the Social Worker and/or Team Manager. If a letter is required, safeguarding supervisor to review prior to sending to ensure it accurately reflects the issues and risk to the child / adult
<b>Personal issues which may impact on the health practitioner's ability to manage case effectively to be assessed</b>	Safeguarding Supervisor to sensitively explore any issues and agree an appropriate plan of action for managing the particular case and support mechanisms available for staff member to access
<b>Practice issues e.g. failure to comply with policy and procedures to be assessed</b>	Review of record keeping and general discussion of case may highlight practice issues which need to be addressed. Significant issues must be escalated appropriately to Line Manager of practitioner
<b>Training and development needs of practitioner to be assessed. Compliance with mandatory safeguarding training assured</b>	Identification of specific training needs during supervision and advice given on how to access relevant training.