



Policy:

NP 039 Safeguarding Supervision Policy

Executive Director Lead	Executive Director or Nursing and Operations
Policy Owner	Head of Safeguarding
Policy Author	Head of Safeguarding

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Summary of policy
The policy outlines the roles and responsibilities of all staff

Target audience	This policy applies to all professional and clinical staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.
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Keywords	Safeguarding, Supervision,
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Storage & Version Control
This is Version 2 of the policy. Version 2 of this policy is stored and available through the SHSC intranet/internet

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	14/04/2021	Director of Quality identified need for separate policy.
1.0	Draft Issue and amendments	27/4/2021	Amendments made as per comments
1.1	2 nd Draft issue and amendments	29/4/2021	Reviewed amendments to Appendices and transfer to SHSC template
1.2	3 rd Draft and amendments	7/6/2021	Feedback from team review
1.3	4 th Draft with amendments	19/7/2021	Review by admin for formatting before external consultation
1.4	5 th Draft with amendments	17/08/2021	Amendments to staff Requirements
1.5	6 th Draft with amendments	19/8/2021	Additional information added regarding Action Learning Sets
2	No amendments made since policy first approved	April 2022	Approved at PGG 25/04/2022

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1 Introduction

Sheffield Health and Social Care NHS Trust (SHSC) aims to provide the highest standards of quality and safe patient care. Every employee has a personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that always reflects the Trusts vision and values.

SHSC recognise that, to deliver their roles and statutory duties, and to support the organisation to meet its objectives, all employed professional and clinical support staff have the right to regular supervision that enables a mechanism for providing professional advice, support, and guidance, underpinned by reflective practice that empowers employees to be effective and accountable in the conduct of their duties.

In order to promote safeguarding, and protect children and adults at risk from harm, practitioners have the right to specialist safeguarding supervision.

SHSC is committed to ensuring identified services with planned, unplanned, or urgent interface with patients receive safeguarding supervision.

SHSC is committed to ensuring that there is an environment that promotes equality, embraces diversity, and respects human rights both within our workforce and in service delivery.

The Trust will ensure that there is a systematic process in place for implementing, monitoring and evaluating Safeguarding Supervision in line with best practice guidance as a minimum and is committed to ensuring that time and facilities are available to ensure that Safeguarding Supervision takes place, that it is recorded, monitored and audited.

This policy outlines the types and process of Safeguarding Supervision and requires that all professional and clinical support staff access and participate in appropriately agreed levels of Safeguarding Supervision. This policy must be read in conjunction with SHSC Supervision Policy (NP 019 V3 May 2020).

Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for Safeguarding, promote the welfare of patients, and creating an environment where staff can raise concerns and are supported in their Safeguarding role.

2 Scope

Safeguarding supervision is the framework for safeguarding patients and is different from clinical and management supervision. Supervision usually takes place on a one-to-one basis either face-to-face or virtually but may also be undertaken by a group when '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 2005).

SHSC have developed this 'Action Learning' approach to group supervision. SHSC believes the diversity of a group can widen perspectives and bring focus on process as well as task. Group supervision can be an important source of emotional support from peers and promote a culture of team/peer support, cohesion, and accountability. Further benefits include the expansion of the 'skills pool' and knowledge base and the increased options, ideas, and innovations.

Safeguarding Supervision is mandatory for all registered clinical staff working directly with children and adults at risk of harm.

This section gives the scope of the policy and any limitations or exceptions to its application. It will normally indicate that a policy is trust-wide.

3 Purpose

This policy aims to provide a framework for the mandatory provision of Safeguarding Supervision and must be used in conjunction with SHSC Supervision Policy.

Safeguarding Supervision:

- Enables practitioners to deal with the stresses inherent in working with Children, Adults and their families who are at risk of or experiencing harm.
- Supports practitioners to reflect critically on the impact of their decisions on the patient and their family.
- Supports practitioners to analyse and synthesise complex cases.
- Provides a safe place to explore and challenge hypothesis.
- Facilitates staff to increase their knowledge, skill, confidence and competence when working with adults, children, young people and their families/ carers, creating more positive outcomes.
- Scrutinises and evaluates the work carried out, assessing strengths of the practitioner and areas for development.
- Provides coaching and professional development.
- Ensures that all work and performance issues are openly, honestly and positively dealt with in supervision and that poor practice is challenged.
- Supports staff to explore their own role and responsibilities and the scope of their professional judgement and authority, in relation to the individuals and families they are working with.
- Assists in identifying the training and development needs of practitioners.
- Helps reduce the incidence of serious case reviews/ public enquiries with their associated risk of negative publicity, which impacts on corporate morale and subsequent recruitment and retention problems for organisations involved (Department for Education 2011)

Functioning properly, safeguarding supervision facilitates good quality, innovative and reflective practice in a safe environment (DH 2004; DCSF 2014, HMG 2018)

4 Definitions

The Care Quality Commission (CQC) document; Supporting Clinical Supervision (2013) recognises the importance of access to supervision for practitioners working with vulnerable patients. The guidance recognises that there are several types of supervision.

The three most referred to are: clinical, managerial and professional supervision. The terms used in this area may sometimes overlap and in practical terms, it may sometimes be difficult to separate them from each other. Safeguarding supervision often encompasses aspects from all types of supervision.

Clinical supervision provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing

development needs.

Professional supervision is often referred to as clinical supervision.

This term is sometimes used where supervision is carried out by another member of the same profession or group.

This can provide staff with the opportunity to:

- Review professional standards.
- Keep up to date with developments in their profession.
- Identify professional training and continuing development needs.
- Ensure that they are working within professional codes of conduct and boundaries.

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:

- Review their performance.
- Set priorities/objectives in line with the organisation's objectives and service needs.
- Identify training and continuing development needs.

https://cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf

The NHS Management Executive defined Clinical Supervision in 1993 as: - "A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations."

5 Detail of the policy

It is recognised that working in the field of Safeguarding entails making difficult and challenging professional judgements. It is demanding work that can be distressing and stressful. Therefore, all front-line practitioners must be well supported by effective Safeguarding Supervision, advice, and support.

Sheffield Health and Social Care NHS Trust (SHSC) is committed to promoting the welfare of patients and protecting them from harm in all localities, where services are provided and ensure they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7.

Safeguarding Supervision offers a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved (see appendix 1); discussing cases at varying levels of concern from confirmed abuse/ high risk indicators to the cases with very early potential indicators in order to ensure safe practice (HMG 2018). Safeguarding Supervision should help to ensure that practice is soundly based and consistent with SHSC Safeguarding Policies, which is underpinned by Sheffield Safeguarding Children's Partnership and Adult Board policies and procedures:

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures>

<https://sheffieldscb.proceduresonline.com/contents.html#>

The aim of this framework is that it will support a variety of models of clinical supervision that can be developed in accordance with local circumstances and staff development needs.

6 Duties

Chief Executive

The Chief Executive has overall accountability for the strategic and operational management of SHSC.

Executive Director of Nursing, Professions and Operations

Executive Director of Nursing, Professions and Operations will have overall responsibility for ensuring that there is an effective training programme in place within SHSC to support the implementation and maintenance of the Safeguarding Supervision Policy. They will provide the Chief Executive and Trust Board with an annual report of Safeguarding Supervision, including an overview of themes and changes that have been implemented as a result of supervision.

The Heads of Nursing have responsibility for:

- Ensuring that effective systems are in place to provide assurances that all aspects of this policy are being applied to all clinical staff within their service.
- Ensuring that all clinical staff are aware of the Safeguarding Supervision policy and that they are assigned to a Safeguarding Supervisor and ensuring that all new starters are linked into Safeguarding Supervision and Preceptorship requirements.
- Service leads will commit to offering protected time to clinicians to engage meaningfully in their supervision sessions. The requirement of a private quiet area free from interruption is essential.
- Investigating non-compliance with individual members of staff and formulating action plans to address noncompliance within agreed timescales.

The Corporate Safeguarding Team

The Corporate Safeguarding Team, led by the Head of Safeguarding will ensure Safeguarding Supervision is available to all clinical staff.

Safeguarding Supervisors

Supervisors are an important source of advice and expertise, and therefore the relationship between the supervisor and supervisee is one that should be based on respectful honesty and constructive challenge as well as supporting reflective learning and providing the opportunity for the practitioner, to explore any blocks to effective safeguarding practice in a safe environment (Brandon et al 2012).

Safeguarding Supervisors will ensure that they:

- Have up to date knowledge in legislation, policy and research relevant to safeguarding.
- Be accountable for the advice that they give.
- Agree and sign a supervision contract/agreement with the supervisee and ensure that supervision is conducted within a safe, uninterrupted environment (appendix 1).

- Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee to the corporate safeguarding team.
- Discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case.
- Provide clear feedback to the supervisee and identify who is responsible for implementing any required action resulting from the supervision.
- Share information knowledge and skills with the supervisee(s).
- Constructively challenge any personal and professional areas of concern as required
- Document a summary of the concerns discussed and identify where information will need to be shared and with whom.
- Receive regular supervision, not less than once every three months.

The Safeguarding Supervisor has responsibility for:

- Providing supervision in accordance with this policy.
- Setting up and signing the supervision contract/agreement at the onset of supervision and reviewing yearly or more frequently if required (Appendix 1).
- Agree and book the dates for the next session at the end of the current session.
- Being accountable for the advice they give and any actions they take.
- Conducting the sessions in a structured manner using a recognised framework e.g. Action Learning Sets, resilience/ vulnerability matrix, Kolb reflective cycle.
- Following up on cancelled appointments or non- attendance and resolving any difficulties that may result in non-attendance. This will also include completing DATIX, assigned to the practitioner's line/ service manager.
- Contributing towards audit of the supervision process.
- Formulating with the supervisee(s), any necessary action plans, ensuring they are person focussed with realistic targets and an action plan at the end of each supervision session.
- Identifying any training needs.
- Recognising practice issues which may need to be discussed with the supervisee's line manager.
- Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

The Supervisee has responsibility for:

- All practitioners are accountable under their professional code for actions or omissions in their practice. Staff are accountable in ensuring they access supervision.
- Signing the supervision contract (1:1 sessions only) or Group Agreement.
- Prioritising attendance at agreed sessions as per policy.
- In addition to planned supervision sessions practitioners may seek case supervision on complex or urgent cases from their line manager or a member of the Corporate Safeguarding Team as necessary. This may be by telephone.

- (1-1 sessions only) Informing the supervisor at the start of a session, the number of cases to be discussed, their priority and any other issues to be explored, so that the session can be appropriately managed. The supervisee must discuss the most concerning case first to ensure that there is time for full discussion of the issues and formulation of an action plan. For Action Learning sets, supervisees should be prepared to share 1 safeguarding case to allow the group to function and learning from other participants.
- Maintaining an individual record of cases discussed (Appendix 3).
- All complex cases should be brought to supervision.
- Being accountable for their professional judgement in deciding which cases to bring to supervision and for any decisions made during supervision.
- Formulating with the supervisor, where applicable, SMART (specific, measurable, achievable, realistic and timely) action plans, ensuring they are child/patient focussed with realistic targets and review dates, at the end of each supervision session. This should be recorded in the supervision template for children and the Chronology of Events for adult cases.
- Arranging a 1:1 session with their supervisor within 2 weeks if they are not able to attend a planned group or 1:1 supervision session. If this is not possible the supervisee should speak with their line manager and/or Safeguarding Lead to arrange supervision at the earliest opportunity.
- Informing the supervisor, if they are under increased pressure, professionally or personally so that extra support may be offered. This may need to be in conjunction with the practitioners team lead/manager
- The supervision must be recorded on the Supervision Dashboard through SHSC Apps which can be accessed via the staff intranet; it is the supervisee's responsibility to record the session.

The General Managers have responsibility for:

- Ensuring that effective systems are in place to provide assurances that all aspects of this policy are being applied to all clinical staff within their service.
- Ensuring that all clinical staff are aware of the Safeguarding Supervision policy and that they are assigned to a Safeguarding Supervisor and ensuring that all new starters are linked into Safeguarding Supervision and Preceptorship requirements.
- Service leads will commit to ensuring clinicians have protected time to engage meaningfully in their supervision sessions.
- Investigating non-compliance with individual members of staff and formulating action plans to address noncompliance within agreed timescales.

6 Procedure

The safeguarding supervision model within SHSC for is based on a cascade model and will be a combination of 1:1 and Group supervision sessions (see table below). Safeguarding Supervision sessions are based around an Action Learning Set approach.

Action Learning is based on the relationship between reflection and action. A practitioner can bring an issue, case, or problem to the session where colleagues or the supervisor can support to clearly identify the issue through active listening and powerful questioning, and support with planning future action in a structured, safe, and supportive session.

Action Learning can be a method of management and organisational development, but it is also a personal development tool which helps an individual to learn new ways of working, share experiences and help with problem solving. It gives individuals time to explore issues that they need to resolve in an environment which is empowering, and which helps them to find a solution.

In group supervision, all members of the group also develop skills in listening, reflecting back what they have heard, demonstrating empathy, questioning to help the presenter to understand the issue more fully and providing feedback.

Practitioners are able to raise difficult questions, discuss sensitive issues and share their learning in a supportive environment, secure in the knowledge that what they say remains confidential to the session.

Confidentiality in Safeguarding Supervision is of utmost importance to ensure practitioners feel able to share issues or problems that are sensitive or where an incident has occurred. This should only be breached if there is an identified risk to the practitioner or another individual or where there is a concern about the practitioner's capability or conduct. In such cases, the supervisor should inform the supervisee of any concerns and action and who relevant information will be shared with e.g., line manager, service manager, HR advisor.



Practitioner Role	Supervisor	Frequency	Safeguarding Supervision Type
Head of Safeguarding, Named Nurse for Children and Adult Safeguarding Advisor	Designated Nurse/Professionals for Safeguarding or Senior Named Nurses who are external to the Trust	Bi-monthly (6 per year minimum)	1:1
Safeguarding Practitioners	Named Nurse for Children or Adult Safeguarding Advisor	Monthly	1:1
Cases which require Specialist Safeguarding support/ supervision	Head of Safeguarding, Named Nurse for Children or Adult Safeguarding Advisor	As required (would be counted in the annual requirement)	1:1 or Action Learning Set
Safeguarding Managers	Named Nurse for Children, Adult Safeguarding Advisor or safeguarding senior manager with appropriate experience and training at Level 3 Safeguarding Adult/ Children	Quarterly (4 per year)	Action Learning Set or 1-1 (Minimum of 1 x 1:1 session)
All other registered professionals	Safeguarding Manager or Line Managers with appropriate experience and training at Level 3 Safeguarding Adult/ Children	Quarterly (4 per year)	Action Learning Set or 1-1 (Minimum of 1 x 1:1 session)

The minimum requirements for the participation in safeguarding supervision by clinicians will be reinforced during the appraisal process and participants will be expected to demonstrate compliance at their appraisals.

All staff will have access to safeguarding supervision and can contact the Corporate Safeguarding Team administrator to make arrangements. Staff can request additional 1:1 safeguarding supervision with the Head of Safeguarding, Named Nurse for Children or Adult Safeguarding Advisor for more complex cases. It is expected that these cases will have been previously discussed by the practitioner with their line manager, Matron or Safeguarding Manager. Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations. Each session will last a minimum of 1 hour and a maximum 2 hours.

Team Leaders will be expected to provide a range of clinical supervision opportunities within their normal working practices for their skill mix teams.

8 Development, Consultation and Approval

The process of developing this policy has been led by an Independent Safeguarding Consultant and the Interim Head of Safeguarding.

Policy has been sent for review to (people)

- Executive Director of Nursing, Professions and Operations
- Director of Quality
- Heads of Service
- Heads of Nursing
- Matrons
- Director for AHP's
- Consultant Clinical Psychologist
-

The policy was also circulated for consultation on Jarvis

And assured at:

- Policy Governance Group

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Annual Audit of staff attending safeguarding supervision using ESR	Audit	Corporate Safeguarding Team	Annual	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee
The Corporate Safeguarding Team will produce quarterly reports regarding staff attendance at safeguarding supervision	Report	Head of Safeguarding	Quarterly	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee

10 Implementation Plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale and Progress
Dissemination, storage and archiving	Post on Trust intranet (Jarvis)	Director of Quality	Within 1 week of ratification
Communication of updated policy to all staff	'All SHSCFT staff' email alert and communication in CONNECT	Director of Quality	Within 1 week of ratification
Cascading of information to all staff	Senior Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy.	Director of Quality	Within 1 month of dissemination
Ensure Safeguarding Supervision is captured separately to the current supervision system	Interim Head of Safeguarding to liaise with IMST	Director of Quality	Within 1 month of dissemination
Training and development	Ensure up to date information is available at induction for all new staff Training to be provided on Action Learning Sets to ensure Safeguarding Managers and relevant mangers can lead group supervision using this approach.	Director of Quality	Within 1 month of dissemination

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

11 Dissemination, Storage and Archiving (Control)

The Trust will ensure that the policy is circulated to all relevant staff using the Trust Jarvis pages and is promoted via the Safeguarding Assurance Committee. Dissemination will take place via:

- Staff Induction
- Safeguarding Training
- Trust Intranet (Jarvis)
- Learning Lessons Hub
- Strategic Development Group

12 Training and Other Resource Implications

12.1 In order to meet its obligations the Trust has made training of all staff in adult and child safeguarding mandatory at the required level, to be undertaken a minimum of three-yearly basis (dependent upon role and in line with the NHS Intercollegiate Guidance safeguarding competency pathway as set out by the intercollegiate document guidance):

- Basic training with respect to awareness that abuse can take place and the duty to report.
- Training on recognition of abuse and responsibilities with respect to both Trust and Multi-Agency procedures.

12.2 It is the Trust's expectation that all staff access safeguarding training in accordance with their roles and responsibilities. The training will include sections on the sharing of information and confidentiality in line with national and local protocols. Additional Trust training will also focus on record keeping; promoting the keeping of clear, accessible, comprehensive and contemporaneous records that are in line with national and local protocols.

12.3 The Trust's Electronic Staff Record maintains a record of all children and adult safeguarding training delivered, with reference to appropriate levels achieved.

12.4 The Trust accesses and contributes to the Local Safeguarding Board Partnership training pool, in delivery and receipt of advanced and / or specialist training.

12.5 Further detail in relation to available safeguarding training, levels and competencies can be found in the Safeguarding Training Strategy, which is available on the Trust Intranet.

13 Links to Other Policies, Standards (Associated Documents)

[Sheffield Safeguarding Children and Child Protection Procedures](#)

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures>

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/pipot-procedure>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

<https://www.rcn.org.uk/professional-development/publications/pub-007366> -Children and Young People

<https://www.rcn.org.uk/professional-development/publications/pub-007069> - Adults

SHSCFT Performance Development Review (PDR) Policy
 SHSCFT Multi-Professional Preceptorship Policy Preceptorship Policy
 SHSCFT Domestic Abuse Policy
 SHSCFT Human Resource Policies
 SHSCFT Consent Policy
 SHSCFT Incident Reporting Policy
 SHSCFT Supervision Policy
 SHSCFT Safeguarding Children Policy
 SHSCFT Safeguarding Adults and Prevent Policy
 SHSCFT Raising Concerns at Work (Whistle Blowing) Policy
 SHSCFT Access to Care Records Policy
 SHSCFT Being Open and Duty of Candour Policy
 SHSCFT Confidentiality and Information Sharing Policy

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
Head of Safeguarding	Diane Barker (Hester Litten-Interim)	271 8484	diane.barker@shsc.nhs.uk hester.litten@shsc.nhs.uk
Named Nurse for Safeguarding Children	Angela Whiteley		Angela.whiteley@shsc.nhs.uk
Adult Safeguarding Advisor	Stephenie Barker		Stephenie.barker@shsc.nhs.uk
Director of Quality	Salli Midgley		Salli.midgley@shsc.nhs.uk
Executive Director of Nursing, Professions and Operations	Beverley Murphy		Beverley.murphy@shsc.nhs.uk

Appendix 1

Supervision Contract

SUPERVISOR Name and Designation	
SUPERVISEE Name and Designation	
LOCALITY/TEAM	
CONTACT TELEPHONE NUMBER AND EMAIL	
SUPERVISION HISTORY (past experiences)	

Each practitioner is accountable for his/her professional practice

Be aware of the organisational policies, procedures, and guidelines in relation to safeguarding children/child protection/vulnerable children/looked after children/adults at risk of harm.

Statement of Values

Everyone regardless of their age, gender, racial origin, culture, religious belief, language, disability or sexual identity, have the right to high quality patient focused care.

The needs and rights of clients/patients will be everybody's paramount concern and responsibility. We will work with patients/children/parents/carers and others in the community to promote and protect those needs and rights.

Confidentiality

To work within the NMC/HCPC/GMC codes for confidentiality and Trust policy.

Expectations

- To be open to constructive feedback.
- To review and reflect on practice, feedback, values and previous action plans.
- To escalate all concerns via the appropriate process

The Supervisor agrees to:

- Protect time and space of appointment.
- Support, challenge and offer guidance and information to enable the practitioner to reflect on safeguarding the welfare of patient issues affecting practice. □ To help supervisee explore, reflect, analyse and plan their work
- To ensure records are completed as per SHSC Record keeping policy.
- To identify training needs.

- Review the contract annually.
- To escalate all concerns via the appropriate process

The Supervisee agrees to:

- Prioritise supervision and be punctual for the session.
- Ensure records of all clients/patients to be discussed are available in the session.
- Be responsible for identifying and prioritising cases to be discussed at supervision.
- Update supervision template and patient records with action plans discussed/agreed.
- Use the safeguarding supervision process effectively.
- Take responsibility for making effective use of the time, for the outcomes and any actions as a result of the supervision.
- Keep a copy of the contract in an appropriate place.

FREQUENCY (see policy requirements)	
DURATION	Minimum of 1 hour – maximum of 2 hours
VENUE	Mutually agreed. To be private and preferably with IT connectivity. Mobile phones to be on silent.
CANCELLATION/DEFERRING SESSION Rearrange supervision as soon as able	This should only apply in extraordinary circumstances e.g. Sickness, court attendance, compassionate leave or a child protection conference.

Contract to be reviewed at change of supervisor or annually

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

SIGNATURES

DATE

Supervisor		
Supervisee		

Both the supervisor and the supervisee are to retain an up-to-date contract of supervision for their records.

Appendix 2

Group Safeguarding Supervision Record

Supervisor(s)	
Date	
Venue	
Start Time and duration	

All attendees have read and understood the SHSC Safeguarding Policies

Contract agreed.

Ground Rules

- Participants must ensure they arrive in good time to ensure that the session starts promptly at the agreed time.
- Each attendee to receive copy of safeguarding supervision record following group supervision.
- Supervisor to retain copy of session.

Attendees signatures

NAME	SIGNATURE	DESIGNATION AND BASE	SECURE E MAIL

Discussion Topics/ Themes of Case	
<ul style="list-style-type: none"> • • • • • 	
Outcomes/learning points/key themes identified	
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 	
Any actions for: -	
Individual practitioners	
Supervisor	
Date of next group supervision	
Venue	
Start Time	

Appendix 3

1:1 Safeguarding Supervision Record

Supervisor(s)	
Date	
Venue	
Start Time and duration	

Supervisee has read and understood the SHSC Safeguarding Policies

Contract agreed.

Ground Rules

- Supervisee must arrive in sufficient time to ensure the session can start promptly.
- Supervisor to retain copy of session.

Discussion Topics/Themes of Case <ul style="list-style-type: none">•••••
Outcomes/learning points/key themes identified <ol style="list-style-type: none">1.2.3.4.5.6.

Actions for: -

Individual practitioners

Supervisor

Date of next group supervision	
Venue	
Start Time	

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO		
Disability	NO		
Gender Reassignment	NO		
Pregnancy and Maternity	NO		

Race	NO		
Religion or Belief	NO		
Sex	NO		
Sexual Orientation	NO		
Marriage or Civil Partnership	NO		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Name /Date

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	YES
2.	Is the local Policy Champion member sighted on the development/review of the policy?	NO
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	YES
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	YES
5.	Has the policy been discussed and agreed by the local governance groups?	NO but has been circulated to members of the SAC.
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	YES Statutory requirement as per NHS Intercollegiate Guidance
Template Compliance		
7.	Has the version control/storage section been updated?	YES
8.	Is the policy title clear and unambiguous?	YES
9.	Is the policy in Arial font 12?	YES
10.	Have page numbers been inserted?	YES
11.	Has the policy been quality checked for spelling errors, links, accuracy?	YES
Policy Content		
12.	Is the purpose of the policy clear?	YES
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	YES – as above
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	NA
15.	Where appropriate, does the policy contain a list of definitions of terms used?	YES
16.	Does the policy include any references to other associated policies and key documents?	YES
17.	Has the EIA Form been completed (Appendix 1)?	YES
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	YES
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	YES
20.	Is there a plan to i. review	YES

	ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	YES