

This is due to be formally approved by the Surrey Heartlands CCG Governing Body on 22/04/2020.

# CLIN07

## Safeguarding Supervision Policy

Policy number	CLIN07
Version	4.0
Approved by	Quality and Performance Assurance Board
Name of originator/ author	Linda Cunningham / Dawn Henderson
Owner (director)	Clare Stone, Executive Director of Nursing, Quality for Surrey Heartlands CCGs
Date of last approval	March 2020
Next approval due	March 2021 or more frequently in light of changes to national or local policy and guidance

## Version control sheet

Version	Date	Author	Status	Comment
1.0	November 2017	Linda Cunningham / Dawn Henderson	Draft	
1.0	March 2018	Linda Cunningham / Dawn Henderson	Final	
2.0	November 2018	Noreen Gurner/Linda Cunningham/ Sharon Hammond	Draft	Updated in line with current legislation  7. Quality assurance and Audit added in.
3.0	November 2019	Sharon Hammond	Draft	Annual update
4.0	March 2020	Noreen Gurner-Smith	Draft	Trauma informed safeguarding approach included  NHS Surrey Heartlands CCG added

## Equality statement

NHS Surrey Heartlands CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the seven staff pledges in the NHS Constitution. This policy is consistent with these pledges: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

See next page for an Equality Analysis of this policy.

## Equality analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Title of Policy: Safeguarding Supervision Policy	Policy Ref: CLIN07
Assessment conducted by (name, role): Amanda Boodhoo, Surrey wide Associate Director for Safeguarding	Start date for analysis: 1/11/19 Finish date: 1/11/19
Give a brief summary of the policy. Explain its aim.  This Policy should be used in conjunction with Policy 68QG. Safeguarding Adults, Children and Young People Policy.  All staff within Surrey's Integrated Safeguarding team that are responsible for delivering and or receiving Trauma Informed Safeguarding Supervision.	
Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group.  Any staff responsible for recognising and overseeing safeguarding concerns. All staff and or case managers in need of safeguarding supervision.	
Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i>  Best Practice Guidance for writing procedural documents; Legislation; national and local guidance detailed in Bibliography. Lessons learned from DHR's; SAR's and SCR's	
Consultation. <i>Give details of all consultation and engagement activities used to inform the analysis of impact.</i>  N/A	
Analysis of impact  <i>In the boxes below, identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.</i>	

*Are there any likely impacts for this group? Will this group be impacted differently by this policy? Are these impacts negative or positive? What actions will be taken to mitigate identified impacts?*

No

<p>Age</p> <p>Ageism is prejudice or discrimination on the grounds of a person's age. Ageism can affect anybody, regardless of their age</p>	<p>No adverse impact. All staff with responsibilities for safeguarding children, adults and young people require safeguarding supervision for support and reflection to ensure they are working to Best Practice and in line with the legislation and statutory and local guidance to help protect adults and children all ages who are vulnerable and at risk of harm. It is also of benefit to all staff working in NHS Surrey Heartlands'CCG and Safeguarding Leads in provider organisation to ensure they have access to Safeguarding Supervision.</p>
<p>Disability</p> <p>A person has a disability (by law) if they have 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.</p>	<p>No adverse impact. The policy ensures that adults, children and young people and those with disabilities are protected from harm.</p>
<p>Gender reassignment</p> <p>Gender reassignment is a personal, social, and sometimes medical process by which a person's gender appears to others to have changed. Anyone who proposes to, starts or has completed a process to change his, her or their gender is protected from discrimination under the Equality Act. A person does not need to be undergoing medical supervision to be protected.</p>	<p>No adverse impact. The Policy ensures that all staff are aware of the need to protect gender reassignment adults and young people who experience barriers to services. It is important that this equality group feel able to raise safeguarding concerns and to ensure such situations are resolved. Safeguarding training addresses the different forms of abuse and provides resources on how to report concerns. Policy 68QG.</p>

<p>Marriage or civil partnership</p> <p>This is the relationship between two people who are husband and wife, or a similar relationship between people of the same sex (as defined by Marriage (Same Sex Couples) Act 2013).</p> <p>Civil partners must be treated the same as married couples on a wide range of legal matters.</p>	<p>No adverse impact predicted from this policy. The Policy aims to ensure that all staff are aware of the need to safeguard all adults, children and young people against hate crimes/incidents.</p>
<p>Pregnancy and maternity (adoption is covered within this)</p> <p>Pregnancy - being pregnant or expecting a baby. Maternity is the period after the birth or adoption and is linked to maternity and adoption leave in the employment context.</p>	<p>No adverse impact. Policy ensures that all staff are aware of the need to safeguard adults, children and young people against hate crimes/ incidents.</p>
<p>Race</p> <p>Race characteristics refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.</p>	<p>No adverse impact. Policy ensures that all staff are aware of the need to safeguard adults, children and young people against hate crimes/ incidents.</p>
<p>Religion and belief</p> <p>Religion refers to any religion while belief comprises religious and philosophical beliefs including lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>	<p>No adverse impact. The policy ensures that all staff are aware of the need to protect adults, children and young people against religious abuse and hate crimes/incidents and risk of radicalisation. Such risks are highlighted and mitigated within the Safeguarding Adults, Children and Young People Policy: 68QG.</p>

<p><b>Sex</b></p> <p>This is defined as a person's legal sex; in the UK this is recognised as either being a man or a woman. Sex is more commonly referred to as gender identity, which is the internal sense of being male, female, a combination of male and female, or neither male or female.</p>	<p>No adverse impact. Policy ensures all staff are aware of the need to safeguard all adults, children and young adults at risk of harm and abuse</p>
<p><b>Sexual orientation</b></p> <p>Refers to a persons' orientation or attraction towards; the same sex, opposite sex or to both sexes.</p>	<p>No adverse impact. Policy ensures all staff are aware of the need to safeguard all adults, children and young adults at risk of harm and abuse</p>
<p><b>Carers<sup>1</sup></b></p> <p>A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.</p>	<p>No adverse impact. Policy ensures all staff are aware of the need to safeguard all adults, children and young adults at risk of harm and abuse</p>
<p>If any negative or positive impacts were identified are they valid, legal and/or justifiable? Please detail.</p> <p>N/A</p>	
<p><b>Monitoring- <i>How will you review/monitor the impact and effectiveness of your actions?</i></b></p> <p>This Safeguarding Supervision Policy demonstrates how NHS Surrey Heartlands CCG is discharging their safeguarding responsibilities.</p>	
<p><b>Sign off</b></p>	
<p><b>Lead Officer:</b></p>	

<sup>1</sup> Being a carer is not an equality characteristic and is not protected under the Equality Act 2010. However, the CCGs are committed to ensuring consideration of their policies and plans on carers.

**Date approved:**

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## 1. Introduction and Policy Objective

- 1.1 This policy recognises the duties placed upon Clinical Commissioning Groups (CCGs) within Section 11 of the Children Act (2004) and Care Act (2014) to ensure its functions and any services contracted out to others, are discharged having regard to the need to safeguard and promote the welfare of children, young people and adults at risk. This includes appropriate supervision and support for staff as an essential component of clinical governance. For the purposes of this document supervision refers to trauma informed safeguarding children and adult supervision as opposed to clinical supervision.
- 1.2 Effective and accessible trauma informed safeguarding supervision is essential in order to assist staff in developing the critical thinking that is required to understand cases in a holistic manner and complete analytical assessment. Not only should it develop staff members' ability to explore and understand complex and or concerning situations, it is an essential component in supporting practitioners to cope with the emotional demands of the work.
- 1.3 Working Together to Safeguard Children (2018) acknowledges that: "Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on professionals to reflect critically on the impact of their decisions of the child and their family.
- 1.4 In accordance with clinical governance framework and principles, safeguarding supervision is mandatory for all CCG staff who work directly with children, young people and adults at risk. Staff members who do not work directly with children, young people and adults at risk will be expected to seek appropriate supervision as necessary.
- 1.5 The purpose of this policy is to provide a trauma informed safeguarding supervision framework to enable the CCG Wide Integrated Safeguarding and Named Professionals and Safeguarding Adult Leads working across Surrey Health Economy to be confident and competent in safeguarding and promoting the welfare of children, young people and adults at risk to ensure appropriate and supported decision making; and to ensure safeguarding is firmly embedded in practice and values.
- 1.6 The NMC supports the establishment of safeguarding supervision as an important part of clinical governance and in the interests of maintaining and improving standards of patient/ client care NHS Surrey Heartlands' CCG recognises the need for heightened awareness of safeguarding issues regarding children, young adults and adults at risk in all services. In order to provide safe and effective high quality services for children, young adults and adults at risk practitioners require timely supervision which provides protected time to reflect on practice, make decisions and improve the quality of practice.

1.7 The importance of reflective supervision is recognised in the Munro report (2011).

*“Intuitive and analytic reasoning skills are developed in different ways, so child protection services need to recognise the differing requirements if they are to help practitioners move from being novices to being experts on both dimensions. Analytic skills can be enhanced by formal teaching and reading. Intuitive skills are essentially derived from experience. Experience on its own, however is not enough. It needs to be allied to reflection-time and attention given to mulling over the experience and learning from it. This is often best achieved in conversation with others, in supervision, for example, or in discussion with colleagues. Michael Oakeshott draws attention to the limitations of a ‘crowded life’ where people are continually occupied and engaged but have no time to stand back and think. A working life given over to distracted involvement does not allow for the integration of experience”.*

1.8 Effective and accessible safeguarding supervision is essential if staff are to be helped to put in practice the critical thinking required to understand cases holistically, complete analytical assessments, and provide an intervention. Trauma informed safeguarding supervision is also essential to help practitioners to cope with the emotional demands of work with children and adults and their families which have an impact at all levels of intervention (Brandon et al 2006b; Horwath 2006)

## **2. Legislative Framework / Core Standards**

- Children Act 1989 and S11 2004
- Care Act 2014
- Working Together to Safeguard Children (2018)
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2018)
- Promoting the Health and Well Being of Looked After Children (DfE 2015)
- Looked after children: Knowledge, skills and competences of healthcare staff, RCN and RCPCH (2015)
- 
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (RCPCH 2019)
- Adult safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (RCN 2018)

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18,
- Surrey Safeguarding Adults Board Procedures (2016)
- Surrey Safeguarding Children Partnership Board Procedures (SSCPB)
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019).

### 3. Scope

- 3.1 Surrey Safeguarding Adult Board and Surrey Safeguarding Children Partnership Board (SSAB/SSCPB) requires each agency to have a written policy for the safeguarding supervision of staff that is known and used by all relevant staff.
- 3.2 The policy is aimed at staff directly or indirectly involved with adults, children and young people who are at risk of harm and or abuse and the purpose is to provide a clear and consistent process for the provision of safeguarding supervision across the health economy.
- 3.3 This policy is applicable to all staff (permanent and temporary) working within NHS Surrey Heartlands CCG.
- 3.4 The policy does not cover the Safeguarding policies and procedures as this is covered within the NHS Surrey Heartlands' CCG Policy 'Safeguarding Adults, Children and Young People Policy'.

### 4. Definitions

- 4.1 For or the purpose of this document children are defined as under eighteen years of age and include the unborn child and an adult is defined as a person who is aged 18 or over.
- 4.2 Safeguarding supervision is defined as:

*Supervision is a process of professional support, peer support, peer review and learning, enabling staff to develop competencies, and to assume responsibility for their own practice. The purpose of clinical governance and supervision within safeguarding practice is to strengthen the protection of children and young people and adults by actively promoting a safe standard and excellence of practice and preventing further poor practice.*

Trauma informed supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. The trauma informed supervision model incorporates many of the same elements as the practice model that we are asking practitioners to implement with the adoption of trauma-informed care. High quality supervision is the cornerstone of effective working with all children, young people and adults.

## **5. Roles and Responsibilities**

### **5.1 The Governing Bodies and Committees**

- 5.1.1** To ensure that NHS Surrey Heartlands CCG meet their statutory responsibilities to safeguard children, young people and adults at risk, of which safeguarding supervision is a vital element.

### **5.2 Directors and Managers**

- 5.2.1** It is the responsibility of NHS Surrey Heartlands' CCG management teams to ensure that appropriate staff are enabled to access safeguarding supervision as specified in this policy.
- 5.2.2** It is the responsibility of the line managers to address any managerial issues arising from supervision. These may include the need for additional resources, caseload issues, any potential disciplinary matters or health and safety issues
- 5.2.3** It is the responsibility of the line managers to ensure the supervisor and supervisee's workload commitments allow them adequate time to access safeguarding supervision

### **5.3 Policy Owners / Designated Professionals**

- 5.3.1** Designated Professionals providing safeguarding supervision must be trained in supervision skills and have receipt of proof of training, up to date continuous professional development, knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children, young people and adults at risk.

### **5.4 All Staff**

- 5.5** It is a requirement for all NHS Surrey Heartlands CCG staff associated with safeguarding to participate in safeguarding supervision appropriate to their role.

## **6. Procedure**

- 6.1** Safeguarding supervision involves meeting regularly to reflect on practice with the intention of learning, developing practice and providing high quality care to service users. It is distinguished from more informal forms of staff support and development by a 'contract' between Supervisor and Supervisee(s), setting of ground rules such as commitment to attend, confidentiality and contributing to the format of sessions". Department of Health (2000).
- 6.2** The Supervision Contract: Formal individual supervision sessions will be undertaken within a supervision contract. (Appendix 1: Provider Supervision Contract Children, Appendix 2 Provider Supervision Adults; Appendix 3: CCG Supervision Contract) and will be reviewed annually. A copy of the signed supervision contract must be sent to the Surrey Wide CCG Safeguarding Adults and Children Business Manager annually.

### **6.3 Supervision Matrix**

The matrix sets out the supervision arrangements for the Surrey Wide CCG Safeguarding Team and Named Professionals / Safeguarding Adult Leads / Chief Nurses in Provider organisations (Appendix 4)

### **6.4 Supervision Process**

The aim of the safeguarding supervision session for Named / Safeguarding Lead Professionals / Chief Nurses in Provider Organisations consists of:

- In-depth reflection on issues affecting practise aimed at supporting personal and professional development in order to achieve high quality safeguarding practice that endeavours to improve outcomes for children.
- discussion and reflection on the progress/development of quality safeguarding processes and systems as part of the named professional/safeguarding lead's strategic role in service development.

### **6.5 Reflective Supervision**

Reflective supervision is an important part of the process and is based around Kolb's Learning cycle, (Appendix 5) which is a common model of reflection used frequently within health. It is a clear and precise process allowing for description, analysis and evaluation of the experience helping the reflective practitioner to make sense of experiences and examine their practice. Reflection alone is not sufficient. The practitioner must then put any learning into practice to enable the reflective process to inform practice. Taking action is the key; and the process encourages development of an action plan enabling the reflective practitioner to explore and review their practice and to determine what changes are required in order to develop their practice in order to improve outcomes for vulnerable people. Named and Lead staff supervision will be more strategic and be based around an overview of roles and responsibilities as well as individual case discussion

### **6.6 Accountability and Assurance Framework**

As part of the safeguarding supervision process provider organisations will be required to complete the CCG's Safeguarding Accountability and Assurance Framework (AAF) on a biennial basis for children to alternate with the local safeguarding boards Section 11 audit and an annual basis for adults (Appendix 6). The framework forms part of the CCG's overall quality assurance processes to obtain additional evidence of the effectiveness of Provider's safeguarding arrangements. The CCG safeguarding team will use the information obtained from the completed AAF and triangulate with findings from other processes such as the CCG dashboard, deep dive and section 11 audits to provide evidence to the CCG of a Provider's compliance with their statutory duties. Evidence of compliance and areas of risk identified will be reviewed by the Consultant Designated Safeguarding Nurse and reported in the Annual, 6 monthly update and exception reports to the appropriate CCG. In addition to the CCG's usual quality monitoring processes,

issues identified from the completed AAF's will be discussed in safeguarding supervision in order to provide strategic expertise and support to Providers safeguarding leads to continually review and improve service development.

### **6.7 Designated Professionals and Named GP**

Supervision for Designated Professionals will be more strategic and based around an overview of roles and responsibilities as well as individual case discussion

### **6.8 Group Supervision**

Members of the Surrey Wide Safeguarding Team can provide group supervision at the request of the Named Professionals / Safeguarding Adult Leads and Chief Nurses if there are particularly complex issues in provider organisations requiring their expertise.

### **6.9 Ad-hoc supervision**

It is recognised that staff will often require advice or support in relation to safeguarding children and adults outside of formal safeguarding supervision sessions across the health economy, including GP's. In the first instance they should approach the appropriate member of the Surrey Wide CCG Safeguarding Team who will record the information discussed and the actions agreed.

All staff should have access to daily ad hoc supervision for urgent and routine work, which should be recorded by the supervisor for quality assurance purposes and by the supervisee in the relevant documents. This type of supervision will not involve a contract of supervision

### **6.10 Specialist Supervision**

There may be occasions when supervision of a more specialist nature is required either on an ad hoc basis or on a specific piece of work of a fixed duration. This will be so particularly in circumstances where the supervisee is confronted with experiences outside of his/her normal clinical practice. The need for such specialist supervision will be agreed between the supervisor and supervisee. The supervisor in conjunction with the line manager will be responsible for facilitating access in this respect. This additional supervision arrangement will not replace but enhance existing arrangements.

### **6.11 Record Keeping**

All safeguarding supervision must be recorded using the record keeping proforma (Appendix 7) and all actions and decisions agreed must be documented and the record countersigned by supervisor and supervisee.

A copy of the record of supervision must be sent to the Surrey Wide CCG Associate Director of Safeguarding for monitoring purposes. A copy of the supervision agreement must be sent to the Surrey Wide CCG Associate Director of Safeguarding and the Safeguarding Adults and Children Business Manager when reviewed annually.

## **7. Quality Assurance and Audit**

- 7.1 Monitoring of quality and adherence with this policy is required to ensure compliance with:
- Section 11 Audit
  - Outcome 7 Care Quality Commission Essential Standards (2010)
- 7.2 The Surrey Wide Associate Director for Safeguarding and the Designated Nurse for Safeguarding Adults will maintain a database of all safeguarding supervision received and delivered to confirm that supervision is being completed and standards are being met. Compliance with safeguarding supervision will be included in the safeguarding children and adult annual report
- 7.3 An annual audit of safeguarding supervision will be undertaken by the Surrey wide CCG safeguarding team to ensure quality of supervision sessions (Appendix 8) and the outcome of audit will be reported in the safeguarding children and adult annual report.

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**9.**

## 10. Appendix 1 – Provider Supervision Contract (Children)

### Supervisory Contract

*(This contract can be amended subject to agreement)*

**As Supervisee and Supervisor, we agree to the following:**

#### **Aim**

- In-depth reflection on issues affecting practise aimed at supporting personal and professional development in order to achieve high quality safeguarding practice that endeavours to improve outcomes for children.
- Discussion and reflection on the progress/development of quality safeguarding processes and systems as part of the named professional/safeguarding lead's strategic role in service development.

#### **Time**

- We will protect the time and space for supervision, by keeping to agreed appointments and time boundaries
- We will meet 4 times a year
- Privacy will be respected and interruptions avoided

#### **Participants**

- Designated Nurse/Named Nurse/Midwife.

#### **Before supervision sessions**

We will:

- Consider any actions resulting from supervision
- Reflect on any actions resulting from supervision
- Allow time to attend supervision
- Plan work to ensure punctuality at supervision sessions
- Ensure venue and times are arranged

#### **Supervision sessions**

We will:

- Work respectfully
- Respect individual roles and a commitment to understand the complexity of provider and commissioning organisations
- Be open to feedback about the supervision sessions
- Avoid interruptions
- Listen to each other and never interrupt when someone is speaking
- Be positive
- Recognise the potential for organisational issues to be raised and an agreed process as to how this will be managed
- Value equality and diversity ensuring that any practice, which either party feel is influenced by prejudice of any kind, such as race, gender or disability, will be confronted.

## **Records**

The Supervisor will keep:

- Records of attendance
- Brief records of key points raised at the session
- Brief action points agreed at the meeting

Although these are personal to the Supervisee, they may be subpoenaed by a court of law or viewed by the employer if supervision is part of the employment contract.

The Supervisee will keep:

- A brief record of individual action points
- A reflective log in relation to action points
- A note of issues to be discussed at safeguarding supervision

## **Confidentiality**

Information revealed in clinical supervision sessions remains confidential with the exception of:

- Unsafe, unethical or illegal practise being disclosed that you are unwilling to go through the appropriate procedures to address

In the event of an exception arising, every attempt will be made to support you to deal with the issue yourself. However, if concerns remain, I will reveal the information only after informing you that I am going to do so. I may also consider informing your line manager if you repeatedly fail to attend sessions but will inform you before I do this.

## **Accountability and Assurance Framework**

Providers will be required to complete the CCG's Safeguarding Accountability and Assurance Framework (AAF) on a biennial basis to alternate with the local safeguarding boards Section 11 audit. The framework forms part of the CCG's overall quality assurance processes to obtain additional evidence of the effectiveness of Provider's safeguarding arrangements. The CCG safeguarding team will use the information obtained from the completed AAF and triangulate with findings from other processes such as the CCG dashboard, deep dive and section 11 audits to provide evidence to the CCG of a Provider's compliance with their statutory duties. Evidence of compliance and areas of risk identified will be reviewed by the Consultant Designated Safeguarding Nurse and reported in the Annual, 6 monthly update and exception reports to the appropriate CCG. In addition to the CCG's usual quality monitoring processes, issues identified from the completed AAF's will be discussed in supervision in order to provide strategic expertise and support to Providers safeguarding leads to continually review and improve service development.

## **Participants**

Optional: Chief Nurse/Executive Lead/Safeguarding Governance Lead/Named Doctor

Essential: Named Nurses Safeguarding Children and Named Nurse Safeguarding Adults as a group.

**Review of Supervisory Contract**

- Annual review

Use this box to add any amendments you agree:

Click or tap here to enter text.

---

**Supervisee Name:**  
Click or tap here to enter text.

---

**Signature:**  
Click or tap here to enter text.

---

**Supervisor Name:**  
Click or tap here to enter text.

---

**Signature:**  
Click or tap here to enter text.

---

**Date Signed:**Click or tap here to enter text.

---

## 11. Appendix 2 - Provider Supervision Contract (Adult)

### Supervisory Contract

*(This contract can be amended subject to agreement)*

**As Supervisee and Supervisor, we agree to the following:**

#### **Aim**

- In-depth reflection on issues affecting practise aimed at supporting personal and professional development in order to achieve high quality safeguarding practice that endeavours to improve outcomes for adults.
- Discussion and reflection on the progress/development of quality safeguarding processes and systems as part of the lead professional/safeguarding lead's strategic role in service development.

#### **Time**

- We will protect the time and space for supervision, by keeping to agreed appointments and time boundaries
- We will meet 4 times a year
- Privacy will be respected and interruptions avoided

#### **Participants**

- Designated Nurse/Lead Nurse

#### **Before supervision sessions**

We will:

- Consider any actions resulting from supervision
- Reflect on any actions resulting from supervision
- Allow time to attend supervision
- Plan work to ensure punctuality at supervision sessions
- Ensure venue and times are arranged

#### **Supervision sessions**

We will:

- Work respectfully
- Respect individual roles and a commitment to understand the complexity of provider and commissioning organisations
- Be open to feedback about the supervision sessions
- Avoid interruptions
- Listen to each other and never interrupt when someone is speaking
- Be positive
- Recognise the potential for organisational issues to be raised and an agreed process as to how this will be managed
- Value equality and diversity ensuring that any practice, which either party feel is influenced by prejudice of any kind, such as race, gender or disability, will be confronted.

## **Records**

The Supervisor will keep:

- Records of attendance
- Brief records of key points raised at the session
- Brief action points agreed at the meeting

Although these are personal to the Supervisee, they may be subpoenaed by a court of law or viewed by the employer if supervision is part of the employment contract.

The Supervisee will keep:

- A brief record of individual action points
- A reflective log in relation to action points
- A note of issues to be discussed at safeguarding supervision

## **Confidentiality**

Information revealed in clinical supervision sessions remains confidential with the exception of:

- Unsafe, unethical or illegal practise being disclosed that you are unwilling to go through the appropriate procedures to address

In the event of an exception arising, every attempt will be made to support you to deal with the issue yourself. However, if concerns remain, I will reveal the information only after informing you that I am going to do so. I may also consider informing your line manager if you repeatedly fail to attend sessions but will inform you before I do this.

## **Accountability and Assurance Framework**

Providers will be required to complete the CCG's Safeguarding Accountability and Assurance Framework (AAF) on an annual basis. The framework forms part of the CCG's overall quality assurance processes to obtain additional evidence of the effectiveness of Provider's safeguarding arrangements. The CCG safeguarding team will use the information obtained from the completed AAF and triangulate with findings from other processes such as the CCG dashboard, and deep dive audit to provide evidence to the CCG of a Provider's compliance with their statutory duties. Evidence of compliance and areas of risk identified will be reviewed by the Consultant Designated Safeguarding Nurse and reported in the Annual, 6 monthly update and exception reports to the appropriate CCG. In addition to the CCG's usual quality monitoring processes, issues identified from the completed AAF's will be discussed in supervision in order to provide strategic expertise and support to Providers safeguarding leads to continually review and improve service development.

## **Participants**

Optional: Chief Nurse/Executive Lead/Safeguarding Governance Lead/Named Doctor

Essential: Named Nurses Safeguarding Children and Named Nurse Safeguarding Adults as a group.

## **Review of Supervisory Contract**

- Annual review

Use this box to add any amendments you agree:

Click or tap here to enter text.

---

**Supervisee Name:**

Click or tap here to enter text.

---

**Supervisor Name:**

Click or tap here to enter text.

---

**Date Signed:**Click or tap here to enter text.

---

---

**Signature:**

Click or tap here to enter text.

---

**Signature:**

Click or tap here to enter text.

---

## 12. Appendix 3 - CCG Supervision Contract

### **Supervisory Contract**

*(This contract can be amended subject to agreement)*

**As Supervisee and Supervisor, we agree to the following:**

#### **Aim**

To work together to facilitate;

- In-depth reflection on issues affecting practise aimed at supporting personal and professional development in order to achieve high quality safeguarding practice that endeavours to improve outcomes for children.

#### **Time**

- We will protect the time and space for supervision, by keeping to agreed appointments and time boundaries
- We will meet 3 times a year
- Privacy will be respected and interruptions avoided

#### **Before supervision sessions**

We will:

- Consider any actions resulting from supervision
- Reflect on any actions resulting from supervision
- Allow time to attend supervision
- Plan work to ensure punctuality at supervision sessions
- Ensure venue and times are arranged

#### **Supervision sessions**

We will:

- Work respectfully
- Respect individual roles and a commitment to understand the complexity of provider and commissioning organisations
- Be open to feedback about the supervision sessions
- Avoid interruptions
- Listen to each other and never interrupt when someone is speaking
- Be positive
- Recognise the potential for organisational issues to be raised and an agreed process as to how this will be managed

#### **Records**

The Supervisor will keep:

- Records of attendance
- Brief records of key points raised at the session
- Brief action points agreed at the meeting

Although these are personal to the Supervisee, they may be subpoenaed by a court of law or viewed by the employer if supervision is part of the employment contract.

The Supervisee will keep:

- A brief record of individual action points
- A reflective log in relation to action points
- A note of issues to be discussed at clinical supervision

**Confidentiality**

Information revealed in clinical supervision sessions remains confidential with the exception of:

- Unsafe, unethical or illegal practise being disclosed that you are unwilling to go through the appropriate procedures to address

In the event of an exception arising, every attempt will be made to support you to deal with the issue yourself. However, if concerns remain, I will reveal the information only after informing you that I am going to do so. I may also consider informing your line manager if you repeatedly fail to attend sessions but will inform you before I do this.

Use this box to add any amendments you agree:

\_\_\_\_\_  
Supervisee Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Supervisor Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date Signed:

\_\_\_\_\_

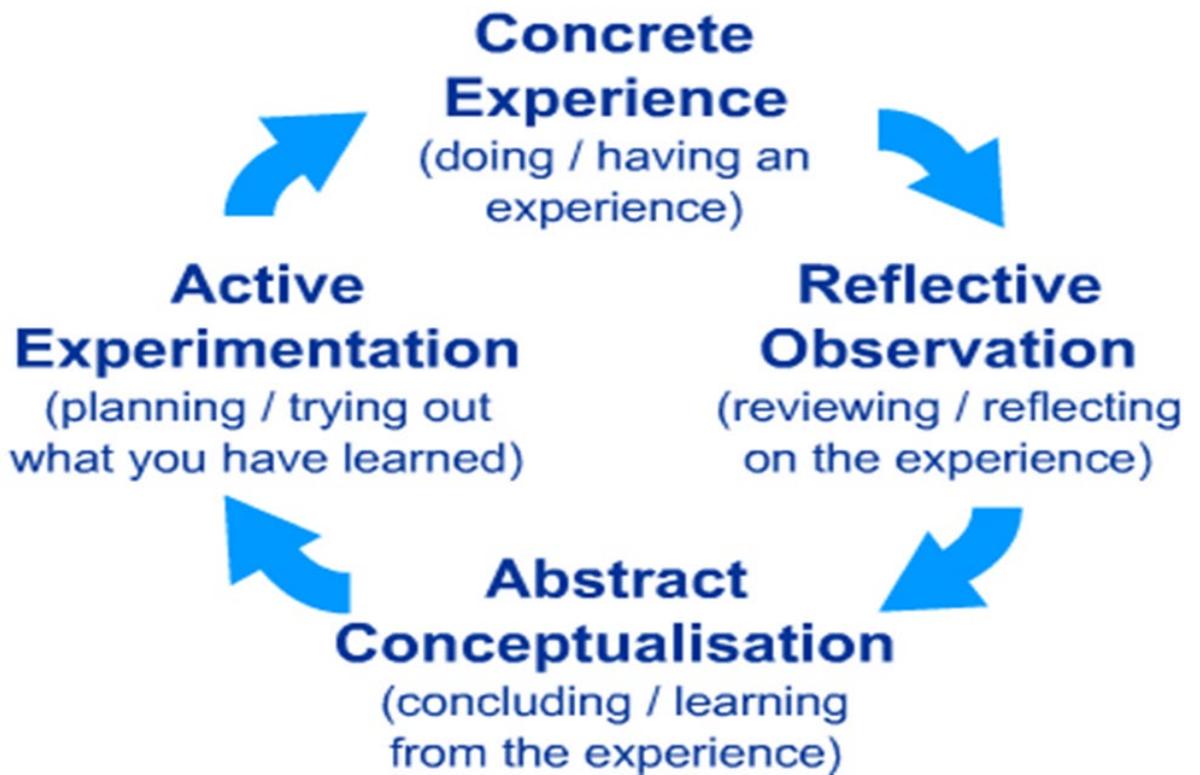
\_\_\_\_\_

### 13. Appendix 4 – Supervision Matrix

Staff Group	Supervisor	Type of Supervision	Frequency
Surrey Wide Associate Director of Safeguarding		Individual	3 monthly
Designated Nurse Safeguarding Adults		Individual	3 monthly
Deputy Designated Nurses Safeguarding Children	Out of area	Individual	3 monthly
Designated Dr Safeguarding Children		Individual	
Designated Nurse Looked After Children		Individual	3 monthly
Designated Dr Looked After Children/ Named GP Safeguarding Children		Individual	3 monthly
Designated GP Safeguarding Children and Designated Doctor for Safeguarding Adults		Individual	3 monthly
Safeguarding Manager with Lead for Child Death Review Services		Individual	3 monthly
Child Death Review Nurses	Clinical Psychologist	Individual Group	3 monthly 4 monthly
Named Nurse for Child Death Reviews	Clinical Psychologist	Individual Individual	3 monthly Twice Yearly
Child Wellbeing Professional and Lead for Learning from Child Deaths		Individual	3 monthly
Designated Doctor Child Deaths			
Lead Nurse Safeguarding Adults	Designated Nurse Safeguarding Adults	Individual	3 monthly
Surrey Wide Safeguarding Advisor for Adults & Children	Deputy Designated Nurses Safeguarding Children	Individual	3 monthly

Surrey Wide Safeguarding Advisor for Adults & Children		Individual	3 monthly
Safeguarding Business Support Team (CCG & SSCP)		Group	3 monthly
Providers Chief Nurses, Named Nurses, Midwives Safeguarding Children	Deputy Designated Nurses Safeguarding Children	Individual	3 monthly
Providers Named Doctors Safeguarding Children	Designated Doctor Safeguarding Children	Individual	3 monthly
Providers Safeguarding Adults Lead	Designated Nurse Safeguarding Adults Lead Nurse Safeguarding Adults Surrey Wide Safeguarding Advisor for Adults & Children	Individual	Twice Yearly
Providers Named Nurse Looked After Children	Designated Nurse Looked After Children	Individual	3 monthly minimum

14. Appendix 5 – Kolb's Learning Cycle



## 15. Appendix 6 - Accountability and Assurance Framework (Adult & Children)

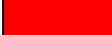
### Accountability & Assurance Framework Self-Assessment Tool (Children & Adults)

#### Introduction

CCG's are statutory responsible for ensuring that organisations from which they commission services provide a safe system that safeguards children & adults at risk of abuse or neglect. In order to ensure there are effective NHS arrangements in place that meets the requirements outlined in safeguarding Statutory Guidance, Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE&I 2019) and Safeguarding children & adults: roles and competences for health care staff Intercollegiate Documents 2014 & 2018). This document enables Providers to benchmark against these key documents to demonstrate standards of best practice and provides assurance that effective safeguarding arrangements are in place. This information will be collected biennially for children to alternate with the section 11 audit and annually for adults. The findings will be monitored through the supervision process; any issues arising from the review of the accountability and assurance framework will be discussed to agree a way forward in addressing the issues. The attached action plan should be completed to support and monitor progress.

<b>Provider</b>	
<b>Person completing the audit tool (include designation, contact details including email)</b>	
<b>Date audit tool completed</b>	

#### RAG rating Key:

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Action plans in place to ensure full compliance, timescales agreed and progress monitored in supervision
Red		Non-compliance against standards, timescales agreed and progress monitored in supervision and if required contract monitoring processes

**Standard 1: Strategic Leadership & clear lines of accountability**

**Benchmark of expected best practice: The strategic lead for safeguarding must ensure that responsibilities to safeguard children and adults are understood and implemented throughout the organisation.**

	<b>Standard 1: Strategic Leadership &amp; clear lines of accountability</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
1.1	There is a board lead for safeguarding (including LAC) and Prevent with overall accountability to ensure that their organisations' functions are discharged in accordance with statutory duties	<b>Example:</b> confirmation responsibility outlined in job descriptions. Safeguarding leadership and accountability structures are in place at Board level and visible throughout the organisation.		
1.2	The organisation has strategic representation on the Local Safeguarding Children & Adults Boards	Annual & interim report Minutes of SSCP and SSAB Meetings Detail of Board and Subgroups representation Evidence of attendance at meetings There is representation at a senior level The organisation contributes to the work of the Safeguarding Boards, including that of its sub groups		
1.3	The organisation through the Executive Lead and named professional will establish links with local and regional safeguarding networks and committees			
1.4	The organisation's Board regularly reviews safeguarding across the organisation.			
1.5	The organisation must ensure that they have effective systems in place to highlight and respond to shortfalls in capacity which have an impact on their ability to meet their safeguarding responsibilities			
1.6	The organisation must notify commissioners of any Care Quality Commission inspection related to safeguarding and Looked After Children and the outcome			
1.7	the organisation must produce an annual safeguarding report which is signed off at Board level and is submitted to the CCG			

**Standard 2: Governance arrangements / Quality Assurance**

**Benchmark of expected best practice: Providers must continually evaluate and seek to improve their governance and auditing practice**

	<b>Standard 2:</b>	<b>Evidence</b>	<b>Comment</b>	<b>RAG</b>
2.1	The organisation will have in place a programme of internal audit and review that enables the organisation to evidence the learning from reviews, incidents and inspections.			
2.2	The organisation will have a process in place for the monitoring of actions plans from SAR's, DHR's, SI's, SCR's, case reviews, partnership reviews			
2.3	The organisation must ensure that any serious incident related to safeguarding children & adults is reported to the CCG. The process for this should be set out in safeguarding policy and include process for assessing, monitoring and mitigating any risks			
2.4	The organisation should have internal systems in place for the collection of safeguarding data/activity/training, for example safeguarding dashboard			
2.5	The organisation will have an up to date safeguarding intranet web page accessible to all staff			
2.6	The organisation has a public facing webpage that details their commitment to safeguard and promote the welfare of children and adults at risk and looked after children			
2.7	The organisation will have a system in place for disseminating to staff safeguarding policy updates, including newsletters and updates from partner agencies			

### Standard 3: Safeguarding policies & systems

**Benchmark: Providers must have robust procedures and processes to safeguard children and adults, and prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors**

	<b>Standard 3</b>	<b>Evidence</b>	<b>Comment</b>	<b>RAG</b>
3.1	organisations should ensure that staff at all levels have access to clear safeguarding policy and procedures that are followed in practice, monitored and reviewed, they should be consistent with the local Safeguarding Board multi-agency safeguarding policy and procedures for children and adults, set out the responsibilities of all workers to operate within it. This includes clear up-to-date local information on who to contact for advice and support.			
3.2	The organisation must demonstrate in their assessments that the child or adults' wishes and feelings are effectively heard in accordance with guidance. Where they lack capacity this must include the use of the best interests checklist and IMCA's as appropriate.			
3.3	Safeguarding policies should reflect a 'Think Family' approach to safeguarding ensuring that the vulnerabilities of all family members are considered.			
3.4	There is a process for ensuring that patients are routinely asked about dependents such as children, or about any caring responsibilities, private fostering arrangements			
3.5	There is a process for following up children who were not brought to appointments			
3.6	There is a system for flagging children for whom there are safeguarding concerns			
3.7	There is a process for referring to the Local Authority in which the child lives when it is known that a child is not accessing education			
3.8	There is clear guidance as to the discharge of children for whom there are safeguarding/child protection concerns			

3.10	There is clear guidance for managing allegations against staff and volunteers working with children and/or adults at risk in line with those of the LSCB and LSAB. This should include a process for supporting staff to confidentially report any concerns; the process for responding to a disclosure, recording and reporting concerns, and include the details for lead/senior manager responsible for managing allegation			
3.11	The organisation has clear, accessible and well-publicised complaints procedures. All complaints that refer to the safety of children and adults at risk are referred and investigated thoroughly in accordance with the Duty of Candour (Care Act, 2014)			
3.12	There are policies in place to ensure that providers meet their obligations under the Equality Act 2010, and staff understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns			

#### Standard 4: Mental Capacity Act & Deprivation of Liberty Safeguards

**Benchmark of expected best practice: to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care**

	<b>Standard 4</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
4.1	All staff has access to clear policy, and documentation to support implementation of the Mental Capacity Act (2005).			
4.2	Paid staff and volunteers are trained to support implementation of the Mental Capacity Act 2005 and where applicable Deprivation of Liberty Safeguards 2009. There is a clear training strategy to identify level of awareness required by staff.			
4.3	Decision Makers under the MCA have a clear referral process to Independent Mental Capacity Advocacy (IMCA). Appropriate referrals are made in relation to Serious Medical Treatment (SMT).			

4.4	There are clear procedures on the implementation and management of Deprivation of Liberty Safeguards (2009) in line with the Code of Practice.			
4.5	There is a system for flagging adults in inpatient care who have learning disabilities or dementia			
4.6	Inpatient organisations adhere to DoLS statute and can evidence appropriate urgent authorisations and standard applications.			
4.7	The use of restraint (as per the Mental Capacity Act) is always appropriate, reasonable, proportionate and justifiable to that individual.' Where appropriate, staff required to use restrictive physical interventions have received specialist training			

#### Standard 5: Information sharing

**Benchmark of expected best practice: National and local safeguarding procedures and protocols are followed at all times**

	<b>Standard 5: Information sharing</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
5.1	There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance			
5.2	There is a process in place to facilitate good communication between GPs, community nursing services (i.e. health visiting, school nursing and community midwifery services) in respect of children for whom there are concerns			
5.3	There is a process in place to share relevant safeguarding information with public health nursing teams (HV & SN) for children attending ED, walk in centres and minor injury			
5.4	There is a written policy readily available to staff on record keeping, information sharing, and information governance compatible with multi-agency procedures and statutory guidance including MCA.			

**Standard 6: Partnership working**

**Benchmark: the organisation ensures they work collaboratively with a range of partners to support children and families and adults with additional needs and help to secure real improvements in their life outcomes.**

	<b>Standard 6</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
6.1	The organisation will work with partners to protect children and adults at risk and participates in multi-agency audits, and reviews as set out in statutory, national and local guidance			
6.2	The organisation will contribute to SSCP Early Help Strategy which supports children with emerging needs through to the provision of statutory support and intervention that is consistent with the SSCP levels of need threshold document			
6.3	The organisation will contribute to the Child Death Review Process			

**Standard 7: Safe recruitment**

**Benchmark: The organisation ensures that all staff with access to children and adults at risk are properly selected and vetted to ensure inappropriate employees do not gain access to children or adults at risk**

	<b>Standard 7</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
7.1	The organisation will have a safe recruitment policy which is regularly reviewed and assessable to all members of staff within the organisation			
7.2	The organisation will ensure their safe recruitment policy reflects the Lampard recommendations and takes into account the work of any volunteers, charity fund raisers or celebrities			
7.3	The organisation will ensure all appointing staff adhere to the safer recruitment guidance and staff access training in safer recruitment as needed			
7.4	As part of their induction, new employees, including volunteers will be made aware of policies and procedures in relation to safeguarding and any training needs will be identified and planned			
7.5	The organisation will ensure all staff have statements within their job descriptions and person specifications that recognise responsibilities for safeguarding			

	children and adults, looked after children, including MCA as appropriate to their role and these are reviewed through the appraisal and/or PDP process			
7.6	The organisation will have a process in place to gain assurance that any contracted services or individuals that work in regulated activity follow safe recruitment processes			
7.7	The organisation has a public facing webpage that details their annual modern slavery statement			

### Standard 8: Supervision

**Benchmark: the organisation supports, assures and develops the knowledge, skills and values of its workforce**

	Standard 8	Evidence	Comments	RAG
8.1	The organisation will have a Safeguarding and Looked After Children Supervision Policy which sets out the requirements of the workforce in relation to the requirement for supervision for staff working directly with children & adults			
	The organisation should have a process in place to evidence that all staff have received or have had access to safeguarding supervision appropriate to their role and responsibilities			
8.2	The organisation will ensure safeguarding supervision is provided by suitably trained, skilled and experienced supervisors			
8.3	The organisation will ensure there is a process in place to regularly review the workload, skills & competencies for safeguarding supervisors			
8.4	The organisation will ensure there is a process for quality assuring, evaluating and monitoring the effectiveness of supervision provided			

**Standard 9: Training****Benchmark: there is clear evidence of improved practice and Patients/clients are proactively treated with due regard to ensuring their safety and protection**

	<b>Standard 9</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
9.1	The organisation will have an up to date training strategy that reflects the requirements of the local & national policy/guidance. The training strategy should include a link to the local safeguarding children & adult boards training courses and be accessible to all staff			
9.2	The organisation will ensure that all safeguarding and looked after children training will be delivered by suitably qualified and experience trainers			
9.3	The organisation will ensure there is a process for quality assuring, evaluating and monitoring the effectiveness of training provided			
9.4	The organisation will have a clear induction process in place			

**Standard 10: Learning from incidents****Benchmark: there is clear evidence of improved practice and implementation of safeguarding recommendations**

	<b>Standard 10</b>	<b>Evidence</b>	<b>Comments</b>	<b>RAG</b>
10.1	The organisation will have a clear process is in place to disseminate safeguarding updates, lessons learnt from Serious Case Review, Safeguarding Adults Review, Serious Incident or Domestic Homicide Review recommendations within the organisation including implementation and monitoring plans, and training opportunities arising from lessons learned			
10.2	Staff are actively encouraged to discuss and debrief from incidents and near misses, and have access to training opportunities arising from these			

## Action Plan

This plan should be updated whenever there has been a change – either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for your records

<b>Action required to improve safeguarding processes</b>	<b>How will I address them?</b>	<b>Date by which I plan to achieve the required changes</b>	<b>Outcome</b>	<b>Completed</b>
Explain the need	Explain how you will take action, and what you will need	The date agreed for achieving this goal	How will your practice change as a result of the development activity?	Agreement from your peers that the development need has been met

## 16. Appendix 7 – Supervisor Record

### SUPERVISOR'S RECORD

Reflecting on clinical practice to support the development of professional skills. Allows in depth reflection on specific clinical incidents or interventions including:- Problem cases, new cases/issues, areas on conflict, examples of good practice, achievements and successes, errors and mistakes, new techniques.

<b>Supervisors Name:</b>	
<b>Practitioners Name:</b>	
<b>Date of Meeting:</b>	<b>Length of Meeting:</b>
<b>Results of actions identified in previous session:</b>	
<b>Review/update on findings from the Accountability and Assurance Framework / Safeguarding Dashboard / Section11(children)</b>	
<b><u>Key points discussed:</u></b>	
<b><u>Actions to be taken:</u></b> Where appropriate identify actions arising from the session and who should undertake them:	<b>By whom</b>
<b>Reflective Supervision</b>	

**Key points discussed:**

**Session Content including specific cases/issues:**

**Outcomes:**

**Results of the discussion, learning points etc.:**

**Actions to be taken:**

Where appropriate identify actions arising from the session and who should undertake them:

**By  
Wh  
om  
:**

**Signature:**

**Date of Next Meeting:**

*Please retain a copy and send a copy to Head of Service*

## 17. Appendix 8 - Safeguarding Supervision (supervisee) Audit tool

<b>SAFEGUARDING SUPERVISION SUPERVISEE AUDIT TOOL</b>				
How many times have you received safeguarding supervision within the last year? <b>(Click on the boxes to populate)</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did the frequency of supervision meet your needs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a signed supervision agreement between you and your supervisor		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When was the last supervision agreement reviewed?				
< 1 year <input type="checkbox"/>	> 1 year <input type="checkbox"/>	One year ago <input type="checkbox"/>		
What type of safeguarding supervision have you received?				
1:1 <input type="checkbox"/>	Group <input type="checkbox"/>	Telephone <input type="checkbox"/>	Peer <input type="checkbox"/>	
Other <input type="checkbox"/>				
<b>Safeguarding Supervision:</b> (Tick as appropriate)		Always	Sometimes	Never
Is regular and uninterrupted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarifies my roles and responsibilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me provide an improved service in my work safeguarding children and adults		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to analyse information and make effective decisions and plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures that safeguarding children and adult standards are upheld		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes evaluation of my work and constructive challenge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enables me to manage my time and workload better		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges me to work in an anti-discriminatory way		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps me child-focused		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to reflect on the impact of my work on children and adults		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes me aware of new areas of professional knowledge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me reflect on my strengths and weaknesses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports me in my work and assists me in managing stress		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involves me in consultation about agency developments and is a medium through which my ideas and concerns can be voiced higher up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a process which empowers me		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is frustrating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is dis-empowering		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keeps me up to date about statutory safeguarding requirements and other procedures and guidance, lessons from serious case reviews, serious adult reviews, domestic homicide reviews and evidence based ways of working effectively with children, adults and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists me to contribute effectively and appropriately to multi-disciplinary working.as required by SSCP/SSAB/CPB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Can you identify any areas in which you would most like supervision to improve:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			
<p>What can you contribute to achieving improvements:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			
<p>Please provide any further feedback on your experience of Safeguarding Supervision</p>			
<p><b>Name: (optional)</b></p>			
<p><b>Designation:</b></p>			
<p><b>Date:</b></p>			

## 18. Appendix 9 – Procedural Document Checklist for Approval

This checklist should be completed by the Policy Owner.

Title of document being reviewed:		Yes/No/ Unsure	Comments/ Details
<b>A</b>	<b>Is there a sponsoring director?</b>		
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?		
<b>3.</b>	<b>Development Process</b>		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target group clear and unambiguous?		
	Are the intended outcomes described?		
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?		
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.		
<b>8.</b>	<b>Process for Monitoring Compliance</b>		

Title of document being reviewed:		Yes/No/ Unsure	Comments/ Details
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to <u>monitor compliance</u> with the document? Complete Compliance & Audit Table.		
<b>9.</b>	<b>Review Date</b>		
	Is the review date identified?		
<b>10.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. who is the document owner?		
<b>Director/ Committee Approval</b>			
<b>Director Approval:</b>			
Name		Date	
<b>Committee Approval</b>			
Committee		Meeting Date	

## 19. Appendix 10 – Compliance and Audit Table

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
All managers are responsible for ensuring that staff are aware of, and adhere to, the Policy and for ensuring that all staff are updated with regards to any changes or amendments to the Policy	100%	Annually	Quality & Clinical Governance Committee	Directorate Team Meetings
Monitoring of adherence with this policy: Reports Bi-annually via annual report and 6 month update.	100%	Bi-annually	Quality & Clinical Governance Committee	Directorate Team Meetings
Compliance audit: Annual Safeguarding children and adult safeguarding supervision audit.	100%	Annually	Quality & Clinical Governance Committee	Surrey Wide Safeguarding Team Meetings