Lancashire and South Cumbria Integrated Care Board

Safeguarding Supervision Policy

This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite

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Author (inc Job Title):	Designated Nurse ICB Safeguarding Team
Ratified by: (Name of responsible Committee)	ICB Quality Committee
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This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
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Contents

For quick reference to any section in this policy, press ctrl and then click on the desired heading title.

Acknowledgement

With permission, the NHS Lancashire and South Cumbria Integrated Care Board Safeguarding Supervision Policy has been adapted from the NHS Cheshire and Mersey Integrated Care Board Supervision Policy (July 2022).

1. Introduction

1.1. All staff across Lancashire and South Cumbria ICB must fulfil their legal duty to safeguard under section 11 of the Children Act 2004, and their statutory responsibilities as set out in Working Together to Safeguard Children (2023), the Care Act (2014), the Mental Capacity Act (2005) and the Mental Capacity (Amendment) Act (2019). This policy is applicable to all safeguarding professionals, COPDOL team and appropriate clinical staff of NHS Lancashire and South Cumbria Integrated Care Board (ICB). This Policy also covers requirements for supervision between named nurses within commissioned services and supervision arrangements via Designated Professionals within the ICB.

1.2. Effective supervision is essential to professional development, it enables reflection, planning action and confidence in decision making. NHS: Safeguarding Accountability and Assurance Framework 2024 states that "Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare, furthermore, supervision should support professionals to reflect critically on the impact on their decisions on the child and their family" (Working Together 2023). The Children Act 1989, Section 11 (2004) states that organisations involved with safeguarding children must ensure that "there is effective supervision and mentoring of work with individual children and their families" Supervision should be an integral part of an organisation's culture, recognising that the culture is what establishes the tone, values and behaviours that are expected from safeguarding professionals.

1.3. It is essential that partner agencies can assure the Lancashire and South Cumbria Safeguarding Children Partnerships and Safeguarding Adults Boards that high quality safeguarding supervision plays an integral role in improving assessments and practice, to ensure that children and adults with care and support needs are safeguarded.

1.4. Many inquiries into children and adults with care and support needs, deaths and serious incidents involving care leavers and care experienced young people have demonstrated serious failings in the effectiveness of professionals and missed opportunities to safeguard. This has been in part attributed to not receiving appropriate supervised support. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family (Working Together 2023).

1.5. National, regional, and local statutory safeguarding reviews highlight several learning points for practitioners including:

- Lack of professional curiosity.
- Lack of legal literacy.
- Inadequate quality multi-agency assessments.
- Lack of confidence around information sharing.
- Failure to recognise increasing risk or escalation in abuse.

- The complex relationship between the child or adult with care and support needs, perpetrator and professional.
- Inadequate exploration of the inner world of the infant, child, young person or adult with care and support needs and consideration of their wishes and feelings.
- Non-recognition of disguised compliance.
- Inappropriate assessment of professional resilience.
- Potential risk if the cases under consideration are only those with evident elevated risk, excluding those cases with longer term but repeated concerns, such as those associated with neglect.
- Potential risk associated with over reliance on actions taken, rather than valuable information sharing and the opportunity to discuss, challenge and reflect on cases.

1.6. Effective supervision can promote good standards of practice and professional accountability, working to ensure children and adults with care and support needs are protected from harm. It is demanding work that can be distressing and emotive and those involved must have access to advice and support from professionals experienced in the field of safeguarding children, children in care and adults with care and support needs.

The restorative supervision process allows the practitioner to assume responsibility for their own practice and to provide an enhanced service which focuses on safeguarding practice, continuous improvement as well as having a positive impact on the wellbeing of staff and improving job satisfaction.

2. Purpose

2.1 The policy has multiple functions as set out in part A and part B.

Part A

To provide specific guidance to the ICB clinical teams on the implementation and utilisation of supervision within the context of safeguarding adults, children, and children in care, as outlined within the Intercollegiate documents for safeguarding as referenced below. This policy applies to all ICB clinical staff, including Designated Doctors and Named GP's, whose roles and responsibilities are aligned to level 3 and above up to level 5 safeguarding training. In addition to promoting and developing a culture that values and engages in regular safeguarding practice and reflection.

Safeguarding Children and Young People : Roles and Competencies for Health care Staff

Adult Safeguarding: Roles and Competencies for Health Care Staff

Looked After Children: Roles and Competencies of Healthcare Staff

Part B

The policy also sets outs arrangements for large NHS providers in providing effective safeguarding supervision for staff, commensurate to their role and function, as outlined within the Intercollegiate documents for safeguarding.

Compliance against supervision requirements in accordance with this policy will provide assurance to the ICB Board and its constituent members of arrangements for effective safeguarding supervision across the ICB and large NHS commissioned providers.

2.2 This policy should be read in conjunction with NHS Lancashire and South Cumbria ICB policies as below.

- Domestic Abuse in The Workplace Policy – currently under review
- Safeguarding Children and Adults Policy https://www.healthierlsc.co.uk/application/files/3817/2414/4886/240724_LSCICB_Qual02_V01.2_Safeguarding_Children_and_Adults_Policy.pdf
- Mental Capacity Act Policy https://www.healthierlsc.co.uk/application/files/4316/7699/4853/LSCICB_Qual01_Mental_Capacity_Act_Policy_V1.pdf
- Freedom To Speak Up Policy https://intranet.lancashireandsouthcumbria.nhs.uk/wp-content/uploads/2024/11/LSCICB_HR29-FTSU-Policy-V3-.pdf

This policy must also be read in conjunction with the Local Safeguarding Children Partnerships and Safeguarding Adults Boards Multiagency Policies and Procedures.

2.3 High quality supervision can help to:

- Keep the focus on the child, young person at risk in accordance with Working Together to Safeguard Children 2023. The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates.
- Keep the focus on the adult with care and support needs in accordance with the Care Act 2014 that places adults at the centre of all decision making. This Making Safeguarding Personal approach ensures that the wishes and feelings of the adult are fully considered, and their desired goals and outcomes are recognised and documented.
- Avoid drift; by ensuring any proposed actions are followed up.
- Maintain a degree of objectivity and challenge fixed views.

- Promote professional curiosity.
- Test and assess the evidence base for assessment and decisions.
- Consider legal responsibilities and take opportunities to intervene within the legal framework.
- Use a trauma informed practice approach, considering the emotional impact of the work and experience of the child, young person, or adult at risk.
- Ensure practitioners are aware of their role and responsibilities.
- Advocate best practice and provide high quality safe services.
- Facilitate an understanding of and promote access to effective interagency working.

2.4 The key functions of supervision are:

- Ensuring competent and accountable performance/practice
- Professional development
- To support practitioners to make sound and effective judgements in relation to outcomes for children, young people, families, and adults with care and support needs.
- To support practitioners to apply the principles of the Mental Capacity Act and best interest decision making where the person cannot consent to decision specific care and treatment.
- Where professional disagreements arise because of supervision, safeguarding escalation. Procedures should be followed to achieve an agreed plan for the child, young person, or adult.
- Provide a safe space for restorative discussion and to acknowledge and address support which may be required for staff who experience vicarious trauma as a result of their work.
- Support with leadership and addressing vulnerability and risk in the system.

2.5 Safeguarding supervision should:

- Ensure that practice is soundly based and consistent with local Safeguarding Children partnership arrangements and Safeguarding Adult Boards, organisational procedures, and national guidance.
- Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- Help to identify the training and development needs of practitioners, to ensure that each has the skills to provide an effective service.
- Link to individual appraisal and performance development reviews to support professional development where appropriate.

2.6 Designated Safeguarding Professionals including Designated Doctors and Named GP's provide expert safeguarding advice, consultation, and ad hoc support as required to commissioned and independent contractors, and ICB staff who provide health services to the local population. This should not be confused with safeguarding supervision. ICB safeguarding professionals and team members receive both management and safeguarding supervision on a regular / and ad hoc

basis in line with their professional development needs.

2.7 Non safeguarding professionals will have access to supervision provided by the safeguarding team on an ad hoc or case specific basis on request.

3. Definitions

3.1 **Supervision** is an accountable process which supports, assures, and develops the knowledge, skills, and values of an individual, group, or team. It is also important to note that safeguarding supervision is separate from but complimentary to other forms of management and clinical supervision.

3.2 **A child** is anyone who has not yet reached their 18th birthday. A care leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday.

3.3 **Care experienced** is the term used to describe someone (child or adult) who has been in the care system at some time in their childhood. An **adult** is anyone over 18yrs.

3.4 **Child in Need** is defined under section 17 of the Children Act 1989 as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who has a disability.

3.5 **Child protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

3.6 A **Safeguarding Supervisor** is a safeguarding professional who has undertaken a professionally recognised supervision skills course (e.g., NSPCC and or equivalent) and is experienced in the field of safeguarding children, children in care and/or adults as appropriate.

3.7 **'Adults with care and support needs'** is the term that has replaced 'vulnerable adult' (Care Act 2014). An adult is anyone aged 18 years or over who has care and support needs, whether or not those needs are being met and who, as a result of those care and support needs, is unable to protect themselves from abuse or neglect or the risk of abuse or neglect.

3.8 **The Mental Capacity Act (2005)** and Mental Capacity Amendment Act (2019) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves**.**

3.9 **Supervision**: A formal process of professional support and learning. It ensures that the work of the practitioner reaches agreed standards and adheres to policies

and procedures that support good practice in safeguarding children and adults. Supervision enables practitioners to reflect on individual practice, with the support of a supervisor. Through reflection, practitioners can further develop knowledge and skills and enhance understanding of their own practice. Supervision may be provided on a one-to-one basis or within a group setting.

3.10 **Individual supervision**: This is a supervision process offered to staff on an individual basis where there are concerns around a child or adult with care and support needs and direct one to one communication is needed to address the presenting issues. The supervision sessions are pre-arranged and follow a process or model which allows description, reflection, analysis, and action planning.

3.11 **Group supervision**: This is a negotiated process whereby members come together in an agreed format to reflect on their work, pooling their skills, experience, and knowledge, to develop analytical skills and enhance action planning.

3.12 **Ad hoc /reactive supervision**: It is recognised due to the nature of the varied work that staff within health services undertake, there may often be the requirement for staff to have access to ad hoc safeguarding supervision or support. This supervision will be provided by the ICB designated safeguarding professionals when required, with the expectation that any actions and the mechanism for recording them are agreed.

3.13 **Principles of Trauma Informed Practice for consideration in supervision**

Consider applying the principles of trauma informed practice.

Safety:

- Put measures in place so that individuals feel emotionally and physically safe.
- Consider the wider impact of your actions.
- Ask what they need to feel safe and how you can create a safe environment for them.
- Keep the person informed. Do what you say you will do when you say you will do it.

Trustworthiness:

- Be transparent and do what you say you will do.
- Explain what will happen next.
- Give relaxed, unhurried attention, listen effectively.
- Not overpromise, always manage expectations.

Choice

- Listen to what the person wants.
- If there is a choice, give it.

- Always explain clearly and transparently what will happen next.
- Validate any concerns as understandable and normal.

Collaboration:

- Ask what they need.
- Be clear about what will happen and what they have control over and choice in, empower them where possible.
- Understand local services and support agencies so that you can suggest places to go to access help.

Empowerment:

- Validate people's feelings and engage with them in a non-judgemental manner.
- Listen to what they need and ensure they are signposted or referred to appropriate support.
- Do not take over, encourage, and empower people to take positive action themselves (with your support if they want it.)

Cultural consideration:

- Open non-judgemental attitude
- Have an awareness of your own cultural values and an awareness and acceptance of cultural differences.
- Consider how you can expand your own cultural awareness, familiarise with the worldviews of cultural groups other than your own.
- Ask people about their culture to understand their preferred language, how healthcare decisions are made in their family and whether their culture prohibits any healthcare procedure or tests.

4. Roles and Responsibilities

4.1 **Chief Nurse:** Within the ICB the CEO holds overall accountability for safeguarding arrangements supported by the Chief Nursing Officer, under whom a safeguarding structure is in place, to ensure safe discharge of associated responsibilities and responsibility for ensuring that the ICB adheres to this policy.

4.2 All staff are responsible for adhering to and complying with the requirements of the policies, procedures, guidelines, and protocols contained within and applicable to their area of operation.

4.3 All staff have a duty to safeguard children, young people, and adults with care and support needs by recognising abuse and neglect and referring onwards as required (Working Together 2023; Care Act 2014).

4.4 **Designated Nurses/Professionals, Designated Doctors, Named GP's and ICB staff:** who support in the delivery of the designated function will deliver and receive supervision. Designated professionals are required to access

safeguarding supervision meetings, and these supervision meetings must be formally documented and if possible be professionally facilitated. Clear accountability and performance management arrangements are essential for designated professionals, to prevent professional isolation and promote continuous improvement in safeguarding practice.

5. Organisational Responsibility

The ICB must ensure its clinical staff, who align to level 3 and up to level 5 safeguarding training requirements, have access to safeguarding supervision (as a minimum quarterly). Line managers working in the ICB should identify clinical staff who require safeguarding supervision and share this information with the ICB's supervisors to enable planning and time for the activity to occur. Additionally, ICB line managers should ensure that protected time and sufficient resource is available to access safeguarding supervision in keeping with this policy.

The ICB will ensure that those practitioners providing safeguarding supervision are trained in safeguarding supervision skills and have up to date knowledge of the legislation, policy, and research relevant to safeguarding. This will reflect a level of competency outlined in Working Together (2023), Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document (2019) and Children in Care: Knowledge, Skills, and Competence of Health Care Staff (2020) and Safeguarding Adults: Roles and Competencies for Healthcare Staff (2024).

NHS and health services commissioned by the ICB should also have their own safeguarding supervision arrangements in place to provide effective safeguarding supervision for their staff, commensurate to their role and function (including for named professionals).

5.1 Individual Accountability

ICB clinical staff or their line manager are expected to contact their Designated Nurses/Professionals to request safeguarding supervision on an individual or group basis where necessary. This will be situated around a case and will include a level of restorative supervision. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.
Safeguarding supervision does not replace, nor should it delay, the individual's responsibility to make a referral to statutory agencies where there are concerns that a child and/or an adult with care and support needs may be suffering or likely to suffer from significant harm. In such cases staff should refer to the safeguarding policies procedures for making a referral.

5.2 ICB External Supervision Role

The ICB designated safeguarding professionals are responsible for providing prearranged and reactive safeguarding adult, safeguarding children, children in care supervision to Named Professionals in NHS Large Providers and any other patient facing ICB staff as required/requested. Designated Doctors are responsible for providing supervision to Paediatricians and Named Doctors within NHS Large Providers and Named GPs are responsible for providing ad hoc supervision to GPs within Primary Care settings.

This is usually provided through one of the safeguarding supervision arrangements **(Appendix 2)** negotiated between the designated professional and the supervisee. The ICB will require assurance of the arrangements that are in place in relation to safeguarding named professionals who do not access supervision via the ICB designated professionals.

The ICB designated professionals for Safeguarding will provide ad hoc and reactive safeguarding supervision for L&SC commissioned services where appropriate.

5.3 Supervisor Responsibilities

All safeguarding supervisors will ensure they:

- Have received professionally recognised supervision skills training and ensure that their knowledge remains current through relevant course updates and accessing relevant literature.
- That they have up-to-date knowledge in legislation, policy, and research relevant to safeguarding adults and children.
- Safeguarding supervision sessions must be held in a suitable environment where confidential discussion can take place.

- Will be accountable for the advice that they give ensuring that those receiving mandatory safeguarding supervision have agreed and signed a one-to-one safeguarding supervision contract with the supervisor (**Appendix 3).**
- Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly.
- Discuss management of individual safeguarding adult and children's cases, to explore and clarify the management and thinking relating to the case.
- Share information knowledge and skills with the supervisee where required.
- Constructively challenge any personal and professional areas of concern document the agreed summary of the discussion with clear action plan and timescale indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee.
- Where follow-up safeguarding supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure by the supervisee (see **Appendix 4** for one-to-one

safeguarding supervision recording, see **Appendix 6** for group session recording).

- The supervisor is responsible for ensuring that they arrange and attend their own safeguarding supervision.

5.4 Supervisee Responsibilities

The practitioner has responsibilities to ensure that they receive the most effective and timely support, which is:

- To access timely advice and support from the Designated Professional for Safeguarding Adults/Children/Children in Care as and when required.
- For Designated professionals for Safeguarding to take responsibility for ensuring they receive safeguarding supervision as agreed.
- For Safeguarding Designated Safeguarding Professionals undertaking mandatory supervision, to agree, sign and adhere to a supervision contract along with the supervisee (**Appendix 3** for one-to-one agreement, **Appendix 5** for group supervision agreement)
- Maintain accurate, meaningful, and contemporaneous records and documentation as per NMC/ GMC/ HCP professional guidance. Where an individual case involving an adult or a child is discussed, the supervisee is responsible for ensuring that a record is made on the individual's records. For L&SC ICB safeguarding staff please complete documentation in **Appendix 4** for ad hoc/reactive supervision when contacted for safeguarding advice and support. No patient identifiable information is to be documented on this form. Completed forms will be kept securely in the safeguarding shared drive to enable quarterly audit and review.

- Identify and prioritise issues and cases to be discussed.
- Develop and improve practice as a result of supervision, identifying any training needs explore interventions that are useful.
- Be prepared for constructive feedback/challenge.
- Develop skills in reflective practice.

6. Implementing Safeguarding Supervision

6.1 Safeguarding Supervision is a standalone process of guided and supportive discussion to enhance case management. It should not be part of management supervision or clinical supervision. Safeguarding Supervision and Clinical Supervision are different. Clinical Supervision has a broader remit and must cover all aspects of clinical practice, including case discussion, clinical updates, and personal development. Safeguarding Supervision is targeted at safeguarding practice specific safeguarding presentations, safeguarding knowledge and

application against the legal frameworks as well as ensuring compliance with and understanding of local policy.

The process of safeguarding supervision is to both support the restorative process and enable practitioners to manage and develop resilience when dealing with and discussing what can often be distressing situations. Vicarious trauma is acknowledged by LSC ICB, and clinical staff will be supported through safeguarding supervision to manage their concerns in a personally chosen manner.

There is no prescriptive list as to what should be brought to safeguarding supervision, however a very general guide and not an exhaustive list should be considered by both the supervisor and supervisee. These categories cannot indicate the nature, degree or severity of risk or function as a substitute for professional curiosity and judgement about the nature or degree levels of risk within specific families.

Restorative Supervision sessions must be pre- arranged to ensure there is adequate time allowed for the sessions and its run by an experienced supervisor to facilitate the sessions.

7. Requirements of Safeguarding Supervision for Safeguarding Specialist Roles

ICB safeguarding professionals are responsible for securing their own safeguarding supervision which can be sourced internally or externally to the ICB. This group of staff includes a wide range of specialists involved in extensive safeguarding activity including, but not exclusively **(Appendix 1 and 2)**

a) Heads of Safeguarding
b) Designated Nurses/Professionals
c) Deputy Designated Nurses/ Professionals
d) Specialist Safeguarding Practitioners
e) Designated Doctors
f) Named GPs for Safeguarding
g) COPDOL Team
h) Named Nurses/ Professionals (Large NHS Providers)

Supervision for ICB safeguarding professionals may take the form of:

a) Planned safeguarding supervision which is recorded with clear action planning. **(Appendices 4 and 6)**
b) Peer supervision and professional support within established professional meetings (e.g., Children, Adult and Children in Care/ Children in Care Networks)

c) 1:1 supervision, face to face, video call or telephone contact
d) Mentorship
e) Shadowing within peer groups and/or with external bodies e.g., NHS England, Department of Health, Care Quality Commission
f) Restorative supervision sessions with groups or one to one
g) 'Look Back' sessions' to support reflective practice and system learning

8. Part B: Provider Supervision

Provider organisations are required to have in place a Safeguarding Supervision Policy for children, adults, and children in care and care leavers. In addition, an annual safeguarding supervision schedule should be in place which in turn will inform the provider safeguarding assurance framework and provide assurances for the ICB in terms of safeguarding practice, risk management, quality, and performance.

Named Professionals for Safeguarding and Children in Care including those leading Mental Capacity, Domestic Abuse and Prevent, should be offered safeguarding supervision from an ICB Designated Nurse as per a safeguarding supervision agreement/contract and in line with the provider health organisations safeguarding supervision policy. The minimum frequency expected for planned safeguarding supervision is four times per year. If the Named Nurse covers more than one Place area, then the lead ICB placed based area Designated Nurse will deliver the supervision for that area.

Named Doctors for Safeguarding Children should receive safeguarding supervision from their Place based Designated Doctor. The detail of this should be determined locally depending on organisational delivery and as a minimum four times a year. Supervision for Named Paediatricians will be available via the Designated Doctors which should be determined locally depending on organisational delivery arrangements.

The arrangement for organising how safeguarding supervision is delivered in providers will vary across health organisations and should be set out in line with their own organisational policy.

8.1 Monitoring and Assurance Part B

NHS Lancashire and South Cumbria ICB will:

- Ensure that practice is soundly based and consistent with the procedures of the ICB partners (Lancashire and South Cumbria Safeguarding Children and Adult Boards and Partnerships).
- Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority.

- Help identify the training needs of practitioners, so that each has the skills to provide an effective service and an understanding of when and how to escalate concerns.
- Where named professionals wish to seek alternative supervision arrangements externally to the ICB. The ICB will seek assurance against the effectiveness of these arrangements.
- To monitor safeguarding arrangements for ICB Commissioned Services, the ICB assures against compliance with supervision requirements and quality of supervision in provider services via contractual arrangements and the Safeguarding Standards Audit Tool.
- Assurance is also sought through partnership work with the CSAPs and Safeguarding Adults Boards (including Sec 11 Audit and Multi-Agency Quality Improvement Audit).

9. NHS Lancashire & South Cumbria ICB Safeguarding Team Contact Details

Email – Lscicb.safeguarding@nhs.net or telephone - 0300 373 3600

10. Confidentiality

Safeguarding supervision whether in a group or 1:1 are confidential processes and should take place face to face or virtually with resolute and uninterrupted time.

The sessions will be managed in a confidential manner except where there is a potential risk to the safety and wellbeing of an adult/patient, child, colleague, or member of the public in line with a Registered Professionals codes of conduct (NMC, GMC, HCPC).

Within group supervision, cases can be discussed in a manner that maintains anonymity.

The inherent principle to be followed is that safeguarding supervision provides a safe place to explore and challenge ideas and approaches.

11. Agreement / Documentation

Safeguarding supervision can be undertaken on a one-to-one basis or via a group session. Practitioners accessing safeguarding supervision will agree and sign an agreement with their safeguarding supervisor.

The agreements will set out the process and associated agreements of both parties in relation to the provision and recording of Supervision. ICB one to one

supervision agreements are provided in **Appendix 3** and group supervision agreements are provided in **Appendix 5**.

12. Problem Resolution

12.1 Non-attendance and practice issues

It is the designated professional's responsibility to offer supervision to the named professionals however it is a joint responsibility to mutually arrange the supervision sessions.

The supervisor will maintain a record of supervision attendance and inform the practitioner's line manager of any practitioner who does not access supervision within the above prescribed time frames. It is the responsibility of the line manager to address this with the practitioner.

Safeguarding supervision is a confidential process, and the supervisor will allow time for the practitioner to reflect on and learn from mistakes and rectify them. In cases where issues are resolved within the safeguarding supervision process the information will not be shared with the 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.

12.2 Resolution of Professional Disagreement

Concern or disagreement may arise over supervisors/supervisee's opinions/advice. The safety of individual children or adults are paramount considerations in any professional disagreement and any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the child or adult.

Where a supervisor becomes concerned about the practice of a supervisee, these concerns will be discussed with the supervisee and their line manager. This will be with the supervisee's knowledge. Concerns may include where procedures/policies have not been followed, where there is a breach of professional conduct or where practice is thought to be unsafe. Confidentiality regarding issues discussed within supervision will be maintained unless concerns arise as described above.

It is important to note that the supervisor/supervisee relationship is not a mode of performance monitoring; however, where issues around capability arise these must be addressed and where necessary escalated.

13. Education And Training

All supervisors delivering safeguarding supervision must have completed training in the supervision process and ensure that their knowledge remains current through relevant course updates and accessing relevant literature. In addition, further training should be undertaken to meet the competency levels set out in the intercollegiate documents.

14. Equality and Diversity

NHS Lancashire and South Cumbria ICB comply with the Equality and Diversity Act (2010) and Public Sector Equality Duty (2011) and as such recognise that some individuals with protected characteristics in the ICB may need additional support to understand and interpret this policy. The ICB Safeguarding team will respond to any direct or indirect request for support in interpreting this policy, which includes clarification and translation.

15. Monitoring and Assurance

The ICB is required to report quarterly to NHS England via the Safeguarding Compliance Assurance Tool (SCAT) regarding compliance with supervision arrangements. The ICB will receive assurance of effective safeguarding arrangements through the Safeguarding Assurance Framework audit, and via the designate and named professional safeguarding supervision arrangements. Exceptions or non-compliance will be reported via appropriate governance routes. The designated leads will monitor quality and frequency of named nurse supervision through ongoing reflective feedback.

16. References

HM Government (2014) The Care Act.

HM Government (2004) The Children Act.

HM Government (2005) The Mental Capacity Act.

HM Government (2019) The Mental Capacity Amendment Act.

HM Government (2022). Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children.

NHS: Safeguarding Accountability and Assurance Framework.

NHS England (2024) Adult Safeguarding: Roles and Competencies for Health Care Staff.

NSPCC (2017) Supervision Skills in Safeguarding. NHS England (SS-1).

RCN/RCPCH (2020) Looked after Children: Roles and Competencies of Healthcare Staff.

RCN (2022) Safeguarding children, young people and adults at risk in the

Wonacott's Discrepancy Matrix, Research in Practice tool12.pdf
Wonnacott, J (2016) Developing and Supporting Effective Staff Supervision. Pavilion UK.

17. Appendices

Appendix 1

The supervision matrix below sets out safeguarding supervision requirements for safeguarding specialist roles within the ICB (Part A)

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ICB Staff Group	Supervisor	Type of Supervision	Frequency (minimum)
Directors of Safeguarding	Chief Nursing Officer Ad hoc/reactive/ management Local/regional/national External supervisor Peer supervision	Ad hoc/ reactive/ individual/ planned	Quarterly
Deputy Director of Safeguarding	External Supervisor / management Local/regional/national External supervisor Peer supervision	Ad hoc/ reactive/ individual/ planned	Quarterly
Heads of Safeguarding	External Supervisor/ management Local/regional/national External supervisor Peer supervision	Ad hoc/ reactive/ individual/ planned	Quarterly
Designated Professionals: Safeguarding Children Children in Care Safeguarding Adults/MCA Leads	External Supervisor/ Head of Safeguarding / management Local/regional/national External supervisor Peer supervision	Ad hoc/reactive, Individual / group/ planned	Quarterly
Deputy Designated Professionals: Safeguarding Children Children in Care	External Supervisor/ Designated Nurse Local/regional/national External supervisor Peer supervision External supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly

Safeguarding Adults and MCA			
Designated Doctors: Safeguarding Children Children in care Child Death	Local/regional/national Peer supervision External supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly
Court of Protection Practitioners Specialist Practitioners	Head of Safeguarding Designated Professionals Local/regional/national Peer supervision External Supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly
Named GPs for Safeguarding	Place based Designated Doctor for children's supervision Designated Professionals Safeguarding Adults/ MCA Supervision Local/regional/national networks for peer supervision External Supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly Ad hoc
ICB clinical staff Quality Directorate Children and Maternity Directorate Primary Care/pharmacy/ Optometry /Dentistry	Place based Designated Professionals / Deputies	Ad hoc/ reactive/ individual/ group	Ad hoc on request
Health and Care Directorate	Place based Designated Professionals / Deputies	Ad hoc/ reactive/ individual /group	Ad hoc/ on request

All Age Continuing Care Clinical Leads LDA Clinical Lead Care Sector Clinical Lead			

Appendix 2

The supervision matrix below sets out safeguarding supervision requirements for safeguarding specialist roles within NHS Large Providers (Part B)

Provider Staff Group	Supervisor	Type of Supervision	Frequency (minimum)
Directors of Nursing (safeguarding portfolio)	Directors of safeguarding LSC ICB Local/regional/national External supervisor	Ad hoc/ reactive/ individual/ planned	Mutual agreement
Deputy Chief Nurse/ Associate Chief Nurses	Deputy Director of Safeguarding LSC ICB Local/regional/national External supervisor	Ad hoc/ reactive/ individual/ planned	Quarterly
Heads of Safeguarding	Head of Safeguarding LSC ICB Local/regional/national External supervisor Peer supervision	Ad hoc/reactive, Individual / group/ planned	Quarterly
Named Nurse/Professional Safeguarding Children Children in care Safeguarding Adults MCA Lead Named Midwife	Designated Nurse Local/regional/national External supervisor Peer supervision External supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly
Named Doctors Safeguarding	ICB Designated/ Named Doctors Local/regional/national Peer supervision External supervisor	Ad hoc/ reactive/ individual/ group/ planned	Quarterly or locally agreed

Appendix 3: One to One Safeguarding Supervision Contract/ Agreement

NHS Lancashire and South Cumbria ICB One to One Safeguarding Supervision Contract/ Agreement	
Between:	
Name of Supervisee	
Name of Supervisor	
Purpose: To promote safeguarding through use of a person-centred reflective model by analysing and evaluating practice including identifying areas of good practice as well as areas of learning and development.	
AGREEMENT	
As a supervisee I agree to: • Prepare for the sessions appropriately. • Take responsibility for making effective use of the time, including punctuality and any actions I take because of safeguarding supervision. • Record and act on any actions in a timely manner. • Be willing to learn, to develop my safeguarding skills and be open to receiving support and constructive feedback.	
As a safeguarding supervisor I agree: • To keep all information revealed in the safeguarding supervision sessions confidential with the following exceptions: i. The practitioner discloses, or the supervision uncovers, any unsafe or unethical practice the practitioner is unwilling or unable to address. ii. The practitioner repeatedly fails to attend sessions. iii. Disclosure of a safeguarding incident that has not been reported through the appropriate channels. iv. In the case of concerns regarding professional abuse, the supervisor will follow internal and external protocols related to the management of allegations of professional abuse. • In the event of an exception arising, the supervisor will attempt to support the supervisee to deal appropriately with the issue. If the supervisor remains concerned, he/she will inform the supervisee's line manager only after informing the supervisee of this. • To offer the supervisee advice, support, and supportive challenge to facilitate in depth reflection on issues affecting their practice. • The supervisor will be committed to continually develop their competencies	

as a professional and safeguarding supervisor.

ARRANGEMENTS AGREED FOR SUPERVISION:	
Frequency	
Length	
Location:	

Record Keeping:

1. Minimum notes will be taken by Supervisor in order to evidence record of supervision.
2. The supervisee will be electronically sent a copy of notes
3. Notes will be stored in accordance with information governance requirements and will not be shared with any other individual / organisation unless compelled to do so to comply with legal proceedings.

Name of Supervisor	**Designation**	**Signature:**	**Date:**
Name of Supervisee	**Designation**	**Signature:**	**Date:**

Appendix 4: One to One Planned Safeguarding Supervision Plan and Decision-Making Record

NHS Lancashire and South Cumbria ICB One to One Safeguarding Supervision Plan and Decision-Making Record		
Date of supervision session:		
Venue:		
Name and designation of supervisee:		
Name and designation of supervisor:		
Reflections from last session:		
Agenda items	**Agreed actions**	**Evidence / confirmation of actions**
Updates of actions arising from last session:		
Standing agenda items:		
Risk issues **For Consideration:** • **Impact on child/ adult** • **Impact on staff/ services** • **Impact on**		

organisation • Impact across system		
Professional development/learning		
Quality improvement/ performance management		
KPI / Audit tool		
Multi-agency working – developments and / or implications		
Issues raised by Supervisee **Are actions achievable within timeframe set**		
Other practice/specific case issues/development needs:	**Agreed actions:**	**Evidence / confirmation of previous actions:**
Supervisee signature:		

Supervisor signature:	
Date/ time and venue of next session:	

Appendix 5: Group Safeguarding Supervision Agreement

NHS Lancashire and South Cumbria ICB Group Safeguarding Supervision Agreement
Each practitioner is accountable for their professional practice and by attending the Group Safeguarding Supervision is agreeing to the principles as stated.
CONFIDENTIALITY
• The group will work within the NMC/GMC/HPC professional codes and maintain confidentiality of individuals and families. • It will be agreed during the session if escalation of a situation is required who will undertake this (exceptional circumstances where the safety of a CYP / adult is identified through discussions).
GROUP EXPECTATIONS
• Open discussion where practitioners feel safe to discuss practice without fear of reprisal. • For attendees to be empowered to provide feedback where appropriate – positive or practice suggestions. • For attendees to be open to feedback from colleagues, share experiences and knowledge to promote improved safeguarding practice. • For all present to review and reflect on practice, feedback, values, and previous agreed action plans.
SUPERVISOR
The Supervisor agrees: • To protect time and space of appointments made with the group. • Support, challenge, and offer guidance and information to enable the practitioners to reflect on safeguarding the welfare of patient issues affecting practice. • To support and encourage supervisee to openly explore, reflect, analyse, and plan their work. • To maintain records of Group sessions as required in the agreed template.
SUPERVISEE
Each Supervisee agrees: • To use this process to identify own learning needs. • To escalate any concerns via the appropriate process.

- Prioritise the appointment a high priority and be punctual for 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 if relevant.
- Attendance at supervision session will be shared with line manager. Use the safeguarding supervision process effectively.
- Take responsibility for making effective use of the time

FREQUENCY	Quarterly (4 sessions)
DURATION	Minimum of 1 hour – maximum of 2 hours
VENUE	Mutually agreed central location – private room or virtual platform.

CANCELLATION/DEFERRING SESSION

- Sessions should be maintained as agreed in advance.
- Cancellations / postponement should be in exceptional circumstances only (compassionate leave / court attendance / sickness).
- If required, the Supervisor will arrange a colleague to deputise the role in advance whenever possible.

GROUND RULES

- Sessions will start promptly.
- All participants to arrive before the start of the session.
- Each attendee to receive copy of safeguarding supervision record following the group.
- Attendees will be responsible for ensuring attendance record shared with line manager.
- Supervisor to retain electronic copy of the documentation from sessions with agreement from attendees around details stored.
- Mobiles will be on silent for duration of session except in exceptional circumstances.

AGREEMENT

- We all agree to be bound by the terms of this agreement.
- Both supervisor and the supervisees should keep a copy of this supervision agreement for their records.
- In the event of the agreement not being followed by either party the relevant line manager will be informed as appropriate.

Agreement to be reviewed annually or according to group needs.			
Name of Supervisor:	**Designation:**	**Signature:**	**Date:**
Name of Supervisees:	**Designation:**	**Signature:**	**Date:**

Appendix 6: Group Planned Safeguarding Supervision Plan and Decision-Making Record

NHS Lancashire and South Cumbria ICB Group Safeguarding Supervision Plan and Decision-Making Record		
Date of supervision session:		
Venue:		
Name and designation of supervisee:		
Name and designation of supervisor:		
Reflections from last session:		
Agenda items	**Agreed actions**	**Evidence / confirmation of actions**
Updates of actions arising from last session:		
Standing agenda items:		
Risk issues **For Consideration:** • **Impact on child/ adult** • **Impact on staff/ services** • **Impact on**		

organisation • Impact across system		
Professional development/learning		
Quality improvement/ performance management		
KPI / Audit tool		
Multi-agency working – developments and / or implications		
Issues raised by Supervisee **Are actions achievable within timeframe set**		
Other practice/specific case issues/ development needs:	**Agreed actions:**	**Evidence / confirmation of previous actions:**
Supervisee signature:		

Supervisor signature:	
Date/ time and venue of next session:	

Appendix 7:

Useful Supervision Tools

Honey and Mumford Learning Style Questionnaire: What kind of learner are you?

Signs of Safety

Reflective Supervision Resource Pack

Kolb's Learning Cycle

Wonnacott's Discrepancy Matrix

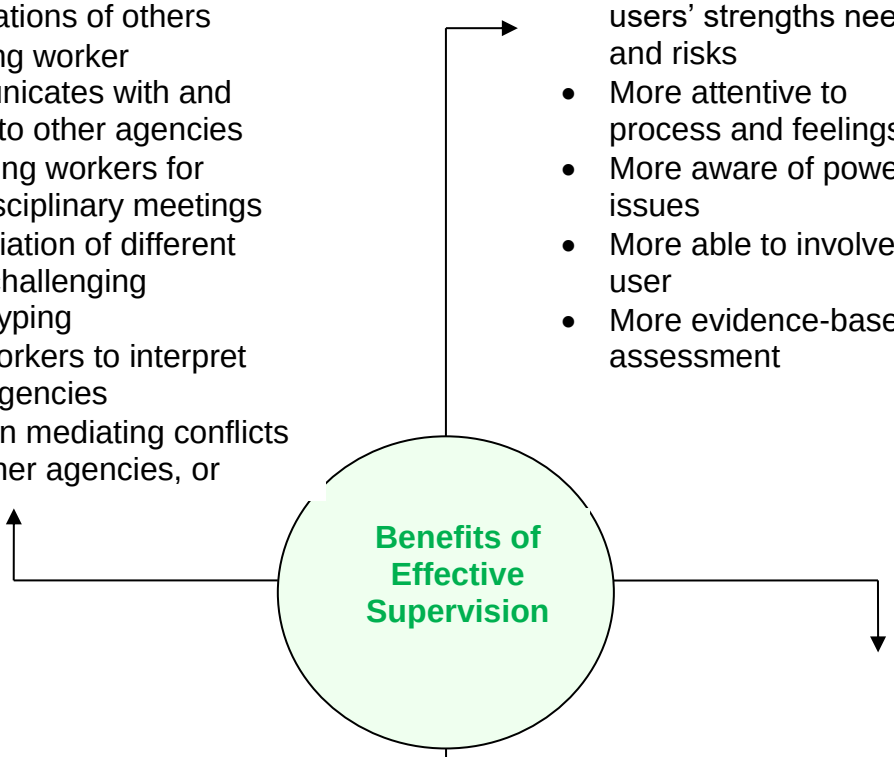
Appendix 8: Benefits of effective supervision

Benefits for Multidisciplinary working

- Role clarity for the worker
- Identifying appropriate expectations of others
- Ensuring worker communicates with and listens to other agencies
- Preparing workers for multidisciplinary meetings
- Appreciation of different roles, challenging stereotyping
- Help workers to interpret other agencies
- Assist in mediating conflicts with other agencies, or

Benefits for service users

- Worker clearer, more focused and prepared
- More observant of users' strengths needs and risks
- More attentive to process and feelings
- More aware of power issues
- More able to involve user
- More evidence-based assessment



Benefits for The Agency

- Clearer communication both up and down
- Agency values and policies disseminated
- Improved standardisation
- Shared responsibility for problems
- Improved staff consultation processes
- Improved role understanding
- Greater openness
- Increased pride in the organisation
- Lower rates of turnover sickness, complaints

Benefits for staff

- Role and accountability clear
- Work scrutinised
- Boundaries clarified
- Pressures shared
- Confidence enhanced
- Judgements reflected on
- Focus on user
- Creative practice supported
- Diversity valued
- Use / abuse of authority explored
- Poor practice challenged
- Learning needs identified