

Trust-wide Policy Safeguarding Adults at Risk: Supervision Policy	
<b>Policy number:</b>	Corp - 00243
<b>Scope of policy:</b>	All staff
<b>Ratifying committee:</b>	Maternity Adults Children Safeguarding Forum
<b>Date ratified:</b>	25/04/2024
<b>Next review date:</b>	25/04/2027
<b>Date implemented:</b>	26/04/2024
<b>Accountable lead job title:</b>	Chief Nurse
<b>Division and/or department:</b>	Corporate Safeguarding
<b>Lead author(s) job title:</b>	Head of Adult Safeguarding and Mental Health
<b>Document summary:</b>	The policy is applicable to all employees that work with adults at risk including managers, nurses, doctors, allied health care professionals and health care assistants in all Divisions, who have direct involvement with the Adult Safeguarding process.
<b>Published by:</b>	Corporate Governance Team, Great Western Hospitals NHS FT
<b>To be read in conjunction with:</b>	CQC (Care Quality Commission) regulates the Trusts activity and its right to provide services and should be read in conjunction with relevant guidance. Nursing and Midwifery Council Guidance General Medical Council Guidance  Stage 2 Full Equality Impact Assessment
<b>Review period:</b>	This document will be fully reviewed every 3 years in accordance with the Trust's agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

Version control history	
Please record brief details of the changes made alongside the next version number.	
Version	Summary of changes
<b>Version 3.0</b>	<b>Appendix B added.</b>
	<b>Group Supervision paragraph amended</b>
	<b>Clarification of when a supervision contract is required. Paragraph amended.</b>
	<b>Outcomes of Supervision has been amalgamated with the aims, as the information was repeated.</b>
	<b>Minor amendments of spelling and grammar</b>

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## 1) Purpose and rationale

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to the provision of high-quality health care in all aspects of its service to patients, visitors, local community, and employees.

The Trust recognises that to provide high standards of care and support to patients, carers and relatives, employees who look after adults who may be a risk, must have the opportunity to participate in clinical supervision; this includes but is not limited to, nurses, allied health professionals and medical employees.

The Trust also recognises that safeguarding adult’s supervision is integral to providing an effective person-centred service and that it has responsibility to provide clinical supervision to its employees. Safeguarding adult supervision is available in addition to clinical supervision and does not replace it.

Supervision is a process by which one worker is given responsibility by the organisation to work with other worker(s) to meet certain organisational, professional, and personal objectives which together promote the best outcomes for service users.

Effective supervision enables employees to have protected time to reflect and consider the whole picture, including the principle of ‘thinking family,’ and to recognise the impact behaviours can have on children, young people, and vulnerable adults.

The purpose of the policy is to promote and develop a culture in the Trust that values regular adult safeguarding supervision with the aims of:

- Providing high quality services, advocating best practice and safe service delivery and development.
- Providing formal support and guidance to healthcare professionals working with adults at risk for them to carry out their Safeguarding responsibilities, according to Trust, and Local Authority and National Policy.
- To ensure that employees working with adults at risk feel supported and understand their role, responsibilities and scope of practice/professional discretion and authority, regarding safeguarding adults in the multi-agency arena.
- To provide a source of advice, support, and expertise for employees in an appropriately safe learning environment.
- To provide an opportunity for reflection and critical incident analysis, to identify, manage and learn from good practice, near misses and learning opportunities to ensure best outcomes for adults at risk.
- To endorse clinical judgements and provide specialist support when circumstances require it in the Safeguarding adults process.

## 2) Scope

The policy is applicable to all employees that work with adults at risk including managers, nurses, doctors, allied health care professionals and health care assistants in all Divisions, who have direct involvement with the Safeguarding process.

## 3) Definitions

The following terms and acronyms are used within this document:

>	More than
<b>Adult</b>	Anyone aged > 18 years of age
<b>Adults at risk</b>	Refers to any person > 18 ‘who is’ or ‘maybe’

	<ul style="list-style-type: none"> <li>• Has care and support needs.</li> <li>• Is experiencing, or at risk of, abuse or neglect.</li> <li>• Is unable to protect themselves from abuse or neglect because of their care and support needs.</li> </ul> <p><b>Note: The adult does not need to be in receipt of services to be eligible for a safeguarding intervention</b></p>
<b>Competence</b>	The ability to perform a specific task, action, or function successfully
<b>CQC</b>	Care Quality Commission
<b>EIA</b>	Equality Impact Assessment
<b>IP&amp;C</b>	Infection Prevention and Control
<b>MAR</b>	Multi-agency reviews
<b>MCA</b>	Mental Capacity Act
<b>NHS</b>	National Health Service
<b>Practitioner</b>	Any clinical Trust employee who comes in to contact with adults who are at risk
<b>MACS Forum</b>	Maternity Adults Childrens Forum
<b>Safeguarding Adults Competencies</b>	Agreed set of abilities that enable employees to effectively safeguard and promote the well-being of adults at risk. They are a combination of skills, knowledge, attitude, and values that are required for safe and effective practice
<b>Safeguarding Adults Process</b>	Refers to Trust process and policy
<b>Safeguarding Adults Supervision</b>	Is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations
<b>SAR</b>	Serious adult reviews
<b>SCR</b>	Serious Case reviews
<b>SI</b>	Serious Incidents

#### 4) Duties

##### 4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

##### 4.2 Ward Managers, Matrons and Managers for Non-Clinical Services

All Ward Managers, Matrons and Managers for Non-Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

##### 4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

##### 4.4 Safeguarding Adults at Risk Team

The Safeguarding Adults at Risk Team will offer responsive supervision and guidance to any member or group of staff who asks for it.

Members of the Adult Safeguarding Team will provide Adult Safeguarding training and support to Senior Staff Members encouraging them to cascade Safeguarding knowledge, expertise, and advice to their employees.

#### **4.5 Maternity, Adults and Children Safeguarding Forum**

Compliance with this policy will be monitored through the Maternity, Adults and Children Safeguarding Forum (MACS).

### **5) Process**

#### **5.1 Process of Safeguarding Adults at Risk Supervision**

##### **5.1.1 Methodology**

Safeguarding Adults: A National Framework of Standards (Ref 4) for good practice, the Adult Safeguarding Intercollegiate Document (2018) (Ref 20) competency framework and outcome in adult and child protection work (Standard 4), requires agencies to provide training and supervision of employees and volunteers to promote quality standards of service delivery in relation to the Safeguarding of Adults at Risk.

**Other primary aims and outcomes are as follows:**

- To ensure professional practice remains patient focused and promotes patient choice.
- To ensure practitioners are aware of and comply with relevant legislation.
- To ensure that all actions taken are with consent of the individual or are in the best interests of the individual who lacks capacity to make their own decisions about safeguarding issues.
- To allow practitioners to discuss strategies to prevent adults at risk from experiencing harm.
- To allow practitioners to explore and develop ways of working openly and in partnership with patients, their families, professionals, and other agencies.
- To create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may be impacting on their practice.
- To ensure the practitioner understands their role, responsibilities and scope of their professional discretion and authority.
- To enable and empower the practitioner to develop skills, competence, and confidence in their Safeguarding adult's practice.
- To provide a forum for the practitioner to discuss the emotional impact on them working within this challenging area of practice.
- To identify the training and development needs of the practitioner so that they have the skills and knowledge to provide an effective service.
- To identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to.
- The practitioner will have clear understanding of their role and responsibilities when working with adults at risk.
- The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work with adults at risk.
- The practitioner will ensure that they do not discriminate against individuals because of their age, gender, race, culture, religion, language, disability, sexual orientation, or individual lifestyle choice.
- The practitioner will maintain confidentiality and comply with Information Governance Policy (Ref 3) with regards to safeguarding adult issues.
- To identify any training needs.

- The supervisor will inform the Associated Director of Safeguarding of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibility in safeguarding adults.
- Any concerns regarding performance raised in supervision will need to be taken to the supervisees line manager in accordance with the relevant Trust Human Resources policies.

### **5.1.2 The Remit and Formats of Safeguarding Adults Supervision**

The type of Safeguarding supervision required by colleagues will be dependent on their roles, responsibilities and contact with adults who are at risk. Supervision could be individual or in small, facilitated groups. As a minimum requirement Safeguarding supervision must be based on individual need (employees and patients) to reduce risk to patients, improve outcomes for patients, support professionals and minimise the risk to the organisation.

The process of setting up a system of robust Safeguarding supervision will take several years. In recognition of this, the following types of supervision will initially be offered to Trust employees working with adults at risk. Once the process is further established, the policy will be amended to reflect changes to adult supervision practice.

### **5.1.3 “Ad Hoc” Supervision**

Supervision can be provided for an individual or within a team on an Ad Hoc basis, by the Safeguarding Team. Ad Hoc Supervision may occur through a discussion with a senior team member, peer supervision between team members, or multi-disciplinary team discussions. This could also be by face-to-face consultation, telephone call or e-mail. This approach is especially useful following an incident or success to examine the thematic learning and provide employees with a safe space to explore the impact on them and their team. ‘Ad hoc’ supervision will be routinely offered via automatic e-mail response to any adult safeguarding referrer.

### **5.1.4 Individual Case Management Advice**

Individual Case Management advice often must be timely in nature. It may involve seeking opinion or advice in relation to situations, such as on injuries seen and likely causes, who to contact, which pathway of care and support to access or steps the Trust can take to mitigate the risks. Advice can be given by the Adult Safeguarding Team during the hours of 0800 – 1700 Monday to Friday.

### **5.1.5 Group Supervision**

Group supervision will be provided on a bi-monthly basis by staff members from the adult safeguarding team. The purpose of this session is to have the opportunity to reflect on safeguarding concerns, discuss the safeguarding process and talk about any practice issues, arising from cases. The aim is for it to be a reflective, non-judgemental, and safe learning session for all.

In addition, the Safeguarding Adults Operational Group meeting will be at least two hours every three months. These will examine how learning from Safeguarding Adults Reviews (SAR), Multi-agency reviews (MAR) or Patient Safety Events can be embedded into practice to improve outcomes for vulnerable people. Senior Representation from each division attends this meeting.

## **5.2 Safeguarding Adults Supervision**

The practitioner will be encouraged to constructively explore a safeguarding case, by the supervisor through the discussion of key issues, themes, concerns, or successes utilising a reflective cycle.

Discussions, reflections, and learning can be documented on the safeguarding supervision template (Appendix B).

Models for reflection can also be utilised to aid discussion:

Kolb experiential learning cycle (Ref 8) is a common model frequently used in Health care settings (Appendix C), but employees are free to use whatever cycle suits them. Learning cycles offer processes where an experience can be shared; reflection upon that experience can be explored; an analysis of what it means for the adult and practitioner can be discussed and an action plan agreed.

Socratic Questioning (Appendix D) invites the practitioner to consider ways of thinking about the situation and offers them the chance to examine it in a new way. Considering the Trigger questions (Appendix C) prompts colleagues to 'think family' when discussing cases. The employee is encouraged to use the reflective practice process thus enabling the reflective process to inform future practice. Acting is the key to continue to improve outcomes for vulnerable people.

### **5.3 The Safeguarding Adults Supervision Contract (Appendix E)**

For staff members engaging in regular formal safeguarding adults' supervision sessions a supervision contract will be required. This will usually be identified by the safeguarding leads; the supervision will be more strategic and be based around an overview of roles and responsibilities as well as individual case discussions.

The purpose of this contract is to ensure:

- Clarity of expectations
- Roles and responsibilities are understood
- Practical issues are agreed
- A copy of the contract will be held with the supervisor and the practitioner. The supervisor will take responsibility for monitoring and reviewing the contract with the practitioner, as necessary.

### **5.4 Recording of Safeguarding Supervision**

- The Safeguarding Supervisor who discusses specific patients in safeguarding supervision, including individual and 'ad hoc,' are responsible for completing a timely record of the discussion.
- For cases that are on-going whilst supervision is taking place, the supervision records will need to be kept in patients notes, as these will form part of the clinical picture relating to the patients care plans.
- Information and actions recorded on patients' records must be accurate, factual, and objective, related specifically to that clinical case to which they are contained. These records are disclosable under subject access request by the patient or their legal representative and could be requested by a court of law.
- For individual case discussions, the supervisor is responsible for completing the case discussion template (Appendix B).
- Group Supervision for complex cases should be recorded using the case discussion template (Appendix B).
- For staff members engaging in regular formal supervision, the 'Safeguarding Supervision summary Form' (Appendix F) will be completed and retained by the supervisor following any supervision. This will include minimal (Such as initials) non patient identifiable, information pertaining to the clients discussed and the details of actions agreed. It will also include a record

of any non-patient related discussions and actions. This must be re-visited following supervision sessions. In the event of a change of supervisor, discussion between the practitioner and supervisor should occur to agree what supervision records are passed on to the new supervisor. All supervision records are to be shared with the supervisee.

### 5.5 Individual Accountability

Safeguarding supervision is underpinned by the principle that each practitioner remains accountable for his/her practice; this includes his or her own actions within or following supervision. Safeguarding supervision does not replace, nor should it delay the individual’s responsibility to refer to statutory agencies where there are concerns that an adult may be at risk of significant harm. In such cases practitioners are expected to follow the Trust’s Safeguarding Adults at Risk Policy (Ref 1) available on the T drive.

### 5.6 Evaluation of Safeguarding Supervision

Evaluation is essential in demonstrating the impact and benefit of supervision. It is the responsibility of the supervisor and the practitioner to evaluate the usefulness of safeguarding supervision and ensure the needs of the individual and the organisation are met.

There is an expectation that the Safeguarding supervision, in relation to the supervisor and the employee, will be formally evaluated at least once a year using a supervisor and employee evaluation sheet (Appendix G and H).

The evaluations must be retained and stored by the supervisor and can be made available for auditing purposes and review of the safeguarding supervision by the Safeguarding Adults at Risk team.

## 6) Consultation

Below is a list of consultees who supported the formulating of this document.

Job title and department	Date approved
Acute Care Operational Lead – Adult Safeguarding	12.04.24
Community Operational Lead – Adult Safeguarding	05.04.24
Safeguarding Specialist Nurse ED	26.03.24
Divisional Matron	12.04.24
Divisional Director of Nursing	12.04.24
Senior Sister	12.04.24
Allied Health Care Professional Lead	12.04.24

## 7) Training and support

Safeguarding Supervision training for staff members who take on a safeguarding lead role for their department will have access to appropriate training from the Swindon Safeguarding Partnership and other related courses across the BSW, to support them in their role.

The GWH Safeguarding Team will also provide training and support for staff members when required.

Additional support and signposting will be provided from the Trust’s Health and well-being team, in instances where staff find experiences particularly challenging.

## 8) Monitoring, compliance, and effectiveness of implementation

The arrangements for monitoring compliance are outlined in the table below:

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group, or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
Provision of Safeguarding Supervision	Audit of Safeguarding Supervisors Documentation	Safeguarding Adults at Risk lead	Quarterly through the Adult Safeguarding Contract Dashboard /schedule	Safeguarding Operational Group  Safeguarding Adults Maternity and Children Forum	Process review via Safeguarding Lead  Work with individual employees as identified needing support

## 9) Supporting documents

The following is a list of other policies, procedural documents, or guidance documents (internal or external) which employees should refer to for further details:

Ref No.	Document title	Link to document location
1	Safeguarding Adults at Risk Policy	T Drive/Trust-wide documents
2	Data Protection Policy	T Drive/Trust-wide documents
3	Information Governance Policy	T Drive/Trust-wide documents
4	Code of Conduct in respect of Confidentiality Policy	T Drive/Trust-wide documents
5	Code of Conduct for employees (Declaration of Interest) policy	T Drive/Trust-wide documents
6	Safeguarding Adults; A National Framework of Standards for good practice and outcome in adult and child protection work (Standard 4)	<a href="https://www.adass.org.uk/adassmedia/stories/publications/guidance/safeguarding.pdf">https://www.adass.org.uk/adassmedia/stories/publications/guidance/safeguarding.pdf</a>
7	Safeguarding & Promoting the Welfare of Children Supervision Policy	T Drive/Trust-wide documents
8	Bernard, J. M. and Goodyear, R. K. (2014)	Fundamentals of clinical supervision: Pearson New International Edition. 5th end. Essex: Pearson Education Ltd.
9	Changing Minds. (2016). <i>Socratic Questioning</i> .	<a href="http://changingminds.org">http://changingminds.org</a>
10	Kolb, D. (1984) 'Experiential Learning as the Science of Learning and Development', in Moon, J. A. (2000)	Reflection in Learning and Professional Development. Kogan Page. London, p. 24.

11	Scott, J., Boylan, J. C. and Jungers, C. M. (2015)	Practicum and Internship: Textbook and Resource Guide for Counselling and Psychotherapy. 5th edn. New York: Routledge.
12	Proctor, B. (1986) 'Supervision: A cooperative exercise in accountability',	in: Cutcliffe, J. R., Butterworth, T. and Proctor, B. (eds.) (2001) Fundamental themes in clinical supervision. London: Routledge Ltd. 227–228.
13	Skills for Care and the Children's Workforce Development Council. (2007) Providing effective Supervision.	<a href="http://webarchive.nationalarchives.gov.uk/">http://webarchive.nationalarchives.gov.uk/</a>
14	Department of Health (2000) <i>"No Secrets": Guidance on Developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.</i> London: Department of Health	<a href="http://www.dh.gov.uk">http://www.dh.gov.uk</a>
15	Care Quality Commission: Guidance about compliance Essential standards of Quality and Safety (2009)	<a href="http://www.cqc.org.uk/content/regulations-service-providers-and-managers">www.cqc.org.uk/content/regulations-service-providers-and-managers</a>
16	Human Rights Act (1998)	<a href="https://www.equalityhumanrights.com/en/human-rights/human-rights-act">https://www.equalityhumanrights.com/en/human-rights/human-rights-act</a>
17	Mental Capacity Act (2005)	<a href="http://www.legislation.gov.uk/ukpga/2005/9/contents">www.legislation.gov.uk/ukpga/2005/9/contents</a>
18	NHS Outcomes Framework 2012/13 DH (2012)	<a href="https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017">https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017</a>
19	The Care Act 2014	<a href="https://www.gov.uk/government/.../care-act-2014-part-1-factsheets/care-act-factsheets">https://www.gov.uk/government/.../care-act-2014-part-1-factsheets/care-act-factsheets</a>
20	Safeguarding vulnerable Groups Act (2006)	<a href="http://www.legislation.gov.uk/ukpga/2006/47/contents">www.legislation.gov.uk/ukpga/2006/47/contents</a>
21	Safeguarding Adults: The role of Health Service Managers & their Boards Department of Health (2011)	<a href="https://www.gov.uk/government/uploads/system/uploads/.../ata/.../dh_125035.pdf">https://www.gov.uk/government/uploads/system/uploads/.../ata/.../dh_125035.pdf</a>
22	Adult Safeguarding Intercollegic Document (2018)	<a href="https://www.england.nhs.uk/wp-content/uploads/2019/04/safeguarding-annual-update-18-19.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/04/safeguarding-annual-update-18-19.pdf</a>
23	Swindon Safeguarding Partnership SSP Multi-Agency Supervision Framework Children & Adults (2024)	<a href="#">Safeguarding Supervision and Management Oversight - Swindon Safeguarding Partnership</a>

### Appendix A – Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy, or project? Safeguarding Adults at Risk: Supervision Policy		
2.	Briefly describe the aim of the policy, strategy, project. What needs or duty is it designed to meet? To safeguarding vulnerable patients. To meet National Requirements: CQC requirements. The meet Local Requirements: ICB Contract Requirements		
3.	Is there any evidence or reason to believe that the policy, strategy, or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?	<b>Yes</b>	<b>No</b> <b>X</b>
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?	<b>Yes</b>	<b>No</b> <b>X</b>
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?	<b>Yes</b>	<b>No</b> <b>X</b>

Signed by the manager undertaking the assessment	Leona McCalla
Date completed	25/04/2024
Job Title	

**On completion of Stage 1:** A full impact assessment will normally be required if you have answered YES to one or more of questions 3, 4 and 5 above.

[Link to document](#)

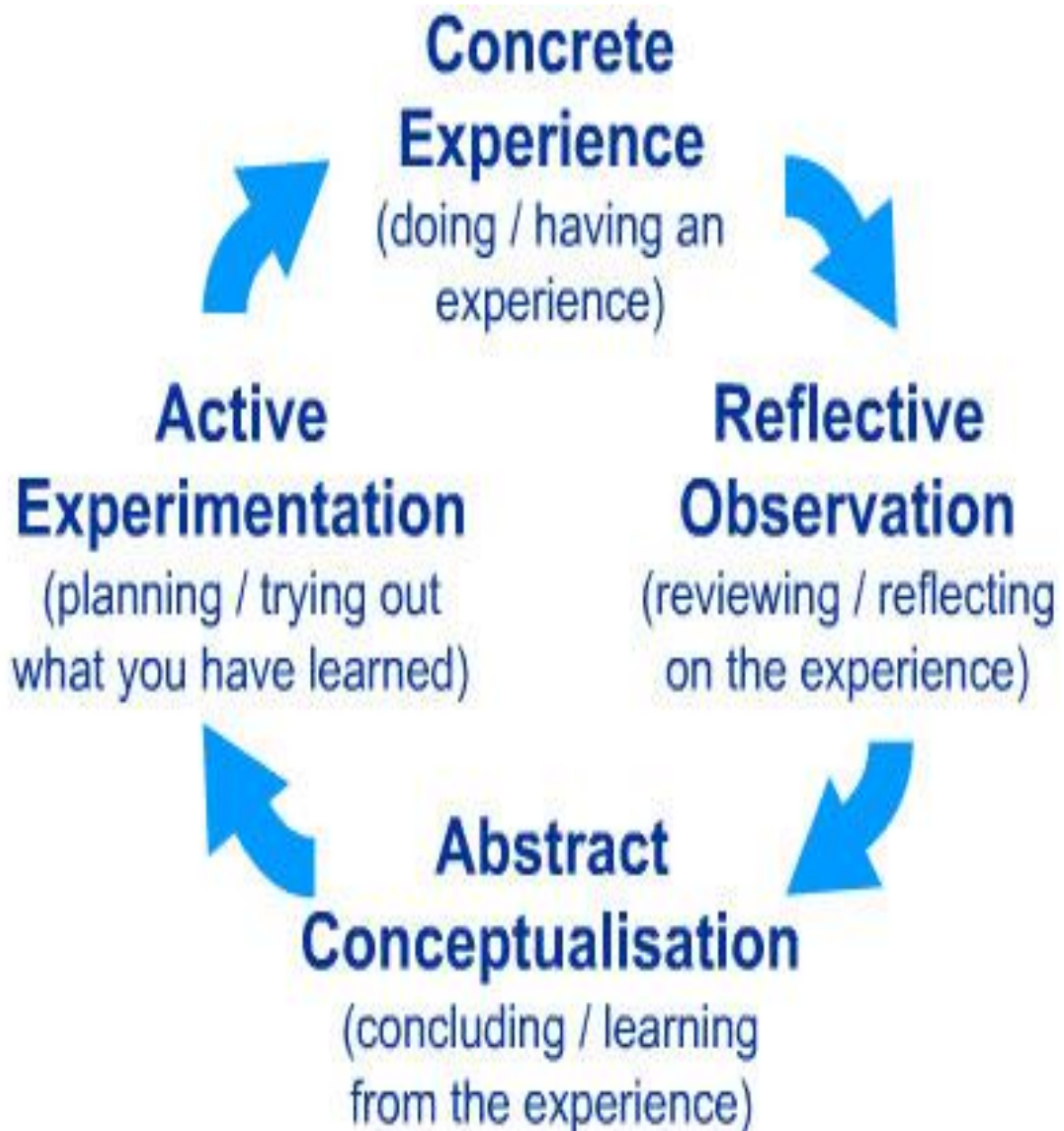
**Appendix B Safeguarding Supervision Case Discussion Template**

**Safeguarding Supervision**

**Case Discussion Template**

Date of the referral:	
Ward / Department/ Area	
Brief description of the concern:	
What were the key issues and themes?	
Was the patient able to communicate their preferred outcomes?	
Were there concerns around mental capacity?	
What learning has there been from the experience?	
How might this change practice going forward?	

Appendix C – Experimental Learning Cycle – Kolb’s Experimental Learning Cycle



## Appendix D– Socratic Questions to Consider

This is a selection of Socratic Questions to prompt critical reflection, see link

[http://changingminds.org/techniques/questioning/socratic\\_questions.htm](http://changingminds.org/techniques/questioning/socratic_questions.htm) for more examples)

- *What exactly does this mean?*
- *How does this relate to what we have been talking about?*
- *What do we already know about this?*
- *Can you give me an example?*
- *Are you saying ... or...?*
- *Can you rephrase that, please?*
- *What else could we assume?*
- *You seem to be assuming...?*
- *Please explain why/how...?*
- *What would happen if...?*
- *How do you know this?*
- *Can you give me an example of that?*
- *What do you think causes ...?*
- *Would it stand up in court?*
- *How might it be refuted?*
- *How can I be sure of what you are saying?*
- *What evidence is there to support what you are saying?*
- *Another way of looking at this is ..., does this seem reasonable?*
- *Who benefits from this?*
- *What are the strengths and weaknesses of...?*
- *How could you look another way at this?*
- *Then what would happen?*
- *How does ... fit with what we learned before?*
- *What was the point of asking that question?*
- *Why do you think I asked this question?*
- *Am I making sense? Why not?*
- *What else might I ask?*
- *What does that mean?*

### **Trigger questions in relation to adults at risk**

1. Are there concerns that the adult has care and support needs and may be unable to protect themselves from harm?
2. What are the risks to the various members of the service user's network (other vulnerable adults or children)?
3. What protective actions have been taken, or are needed to mitigate further risk?
4. Have you considered how the adult's current mental health/illness/learning disability may impact on their ability to perform their caring duties (to a vulnerable adult or child) safely at this time?
5. Is a referral to the local authority needed to safeguarding adults?

Appendix E – Safeguarding Supervision Contract

**Safeguarding Supervision Contract**

Page 1 of 2

<b>Between</b>	<b>Name:</b>	<b>Employee/Designation</b>
<b>And</b>	<b>Name:</b>	<b>Supervisor/Designation</b>
<b>Start date:</b>		

Through facilitating reflective supervision, safeguarding supervision will support Professionals to critically examine their work with vulnerable adults. The overall aim is to improve outcomes for vulnerable adults and support and develop staff capacity for making sound clinical decisions.

All discussions in clinical supervision are confidential. There is a legal duty of care that may override confidentiality in exceptional circumstances. Such circumstances would be if the employee is describing unsafe, unethical, or illegal practices and is unwilling to though appropriate procedures to address these after the initial discussion.

Safeguarding supervision sessions will be held every .....months/weeks for approximately ..... hour(s)

A record of attendance will be kept and is provided for monitoring and audit purposes

**EMPLOYEE**

**As an employee I take responsibility for:**

1. Identifying an issue to explore, be prepared for the session and ensure punctuality.
2. Recording any discussions and actions following supervision in the appropriate clinical record, in line with good record keeping.
3. Any outcomes or actions because of safeguarding supervision.
4. Becoming aware of own role and scope and its implications to self, Organisation and Profession.
5. Being open to others feedback and noticing when justifying, explaining, or defending action before responding.
6. Informing the line manager of the supervision arrangements.

<b>Signed</b>	<b>Name:</b>	<b>Employee/Designation</b>
<b>Date:</b>		

## Safeguarding Supervision Contract continued (page 2 of 2)

### SUPERVISOR

**As a supervisor I take responsibility for:**

1. Arriving promptly and preparing for the supervision session at the agreed venue and time.
2. Ensuring a safe environment which is responsive to the supervisees learning needs, to discuss practice and identify any professional development needs.
3. Helping the supervisee explore, clarify, and learn from their own thinking, feelings, and perspectives regarding their practice.
4. Giving and receiving open, honest, and constructive feedback.
5. Modelling communication skills and respectful relationships.
6. Challenging professional practice in an open and honest manner.
7. Promoting the 'Think Family' approach where vulnerable adults and children can be discussed.
8. Completing the 'Safeguarding Supervision Summary form' (Appendix E), storing it securely and reviewing action plans at subsequent supervision sessions.

<b>Signed</b>	<b>Name:</b>	<b>Supervisor/Designation</b>
<b>Date</b>		

### EMPLOYEE AND SUPERVISOR

**We shall take shared responsibility for:**

1. The limits to and maintenance of confidentiality.
2. Evaluating (At least once a year) safeguarding supervision using the evaluation tools available and making the results available for auditing purposes.
3. Reflecting upon the evaluation and ensuring Safeguarding Supervision continues to meet the requirements of this policy.
4. Act appropriately to share information where there are serious concerns about the conduct, competence, or health of either the supervisor or supervisee.
5. Raising any concern to the appropriate senior manager regarding identified risks to the organisation.
6. Knowing the boundaries of the Safeguarding Supervision Process.
7. Our responsibilities should those boundaries be infringed.
8. Maintaining our own Professional Development.
9. Agreeing what information is handed over to a new supervisor if this is necessary.

<b>Signed</b>	<b>Name:</b>	<b>Employee</b>
<b>Date</b>		
<b>Signed</b>	<b>Name:</b>	<b>Supervisor</b>
<b>Date:</b>		

Appendix F – Safeguarding Supervision Summary Form

<b>Date:</b>	<b>Time:</b>
<b>Name of Employee</b>	<b>Name of Supervisor</b>

<b>Client Discussed – NHS Number or Initials</b>	<b>What? So What? Brief description and analysis of the event and/or issues raised</b>	<b>Now What? Proposed actions (by Whom, by when) and any learning that took place</b>	<b>Review Were any actions completed? Any comments following review of actions?</b>

<b>Signed:</b>	<b>Date of next supervision for actions to be reviewed</b>
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Appendix G – Evaluation of the Supervisors (To be completed by the supervisee)

Evaluation of the Supervisor (To be completed by the supervisee)

<b>Employee</b>		<b>Designation:</b>	
<b>Supervisor</b>		<b>Designation:</b>	
<b>Reflection on supervision session with the supervisor</b>		<b>Date:</b>	
<b>Key</b>	<b>0 = Not applicable 1 = Somewhat 2 = Quite a lot 3 = A great amount</b>		

<b>Initials or NHS Number of clients discussed</b>				
<b>Formative Tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Did I feel I presented an appropriate case for Safeguarding supervision?				
Did I consider health care assessments/advice/interventions during the discussion?				
Did I complete the above tasks prior to supervision?				
<b>Normative tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
The discussion was vulnerable adult centred				
I have considered the thresholds for referral and acted as per Safeguarding Policy				
Any Actions taken by me to safeguard/protect a vulnerable adult (and child if children involved) from harm has been done in a timely manner				
I believe my documentation in relation to this case is of an appropriate standard				
<b>Restorative tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
I felt able to explore my feelings in relation to the case discussion				
I openly explored the impact of the issues in the presented case on the child/family/myself and/or the wider organisation				
I examined what might be 'unknown' for the vulnerable adult/child and why it may be unknown				
<b>Supervisor Aspects</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
I feel I have a strong working alliance with my supervisor				
I feel emotionally safe and contained within my supervision				
Supervision was pitched at the right level for me				
I was able to clarify my objectives for the client I discussed				
Supervision provided appropriate challenge				
I felt supported to identify my own answers/actions to the presenting issue we discussed				
I feel I can apply my new insight in relation to my vulnerable patients after today's discussion				
I feel the supervision session will positively impact on my work				
I have identified areas I would like to learn more about to develop my skills. If so what: _____				
I feel my supervision session meets my needs to develop my practice knowledge around Safeguarding vulnerable adults from harm				
Anything other comments you would like to add?				

Appendix H – Evaluation of the Employee (To be completed by the supervisor)

Evaluation of the Employee (To be completed by the supervisor)

<b>Employee</b>		<b>Designation:</b>	
<b>Supervisor</b>		<b>Designation:</b>	
<b>Reflection on supervision session with the supervisor</b>		<b>Date:</b>	
<b>Key</b>	<b>0 = Not applicable 1 = Somewhat 2 = Quite a lot 3 = A great amount</b>		

Initials or NHS Number of clients discussed				
<b>Formative Tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Was the case presented an appropriate case for Safeguarding supervision?				
Were health care assessments/advice/interventions considered during the discussion?				
<b>Normative tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
The discussion was vulnerable adult centred				
The thresholds for referral were considered and acted as per Safeguarding Policy				
If actions had been required by the supervisee to safeguard/protect a vulnerable adult (and child if children involved) from harm have these been done in a timely manner?				
Was the documentation in relation to this case of an appropriate standard				
<b>Restorative tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Did I feel the supervisee explored their feelings in relation to the case discussion				
Was the supervisee open to exploring the impact of the issues in the presented case on the child/family/myself and/or the wider organisation				
Did they examine what might be 'unknown' for the vulnerable adult/child and why it may be unknown?				
<b>Supervisee Aspects</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Actions for the supervisee to undertake in relation to this vulnerable adult case after today's session: <b>What:</b> _____ _____				
<b>By When:</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Is further support or training identified for outside the supervision session? <b>If yes what?</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Are there any personal or Professional issues noted that impact on the supervisees' ability to undertake their role competently and safely <b>If yes actions required:</b>				
Has the supervisee been informed of any actions the supervisor will undertake following the session? <b>If so what and by when?</b>				