

## Safeguarding Adults at Risk: Supervision Policy

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<b>Target Audience-</b> who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> <li>Ensuring any training required is attended and kept up to date.</li> <li>Ensuring any competencies required are maintained.</li> <li>Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> </ul>		
<b>Special Cases</b>	There are no special cases in relation to this document.		
<b>Accountable Director</b>	Chief Nurse		
<b>Author/originator</b> – Any Comments on this document should be addressed to the author	Head of Adult Safeguarding and Mental Health		
<b>Division and Department</b>	Corporate. Safeguarding		
<b>Implementation Lead</b>	Head of Adult Safeguarding and Mental Health		
<b>If developed in partnership with another agency ratification details of the relevant agency</b>	N/A		
<b>Regulatory Position</b>	<p>CQC (Care Quality Commission) (Ref 21) regulate the Trusts activity and its right to provide services.</p> <p>Nursing and Midwifery Council (Ref 22)</p> <p>General Medical Council (Ref 23)</p>		
<b>Review period.</b>	This document will be fully reviewed every three 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.		

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# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

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 another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users.**

Effective supervision enables employees to see the whole picture by 'thinking family' and to recognise the impact behaviours can have on children, young people and vulnerable adults.

The policy is applicable to all employees that come into contact 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.

The purpose of the policy is to promote and develop a culture that values regular safeguarding for adults at risk and their supervision is required in order to:

- Provide high quality services, advocating best practice and safe service delivery and development.
- Provide formal support and guidance to healthcare professionals working with adults at risk in order for them to carry out their Safeguarding responsibilities, according to Trust and Local Authority 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 opportunity for reflection and critical incident analysis, to identify, manage and learn from near misses and mistakes and ensure best outcomes for adults at risk.
- To endorse clinical judgements and provide specialist support when circumstances require it in the Safeguarding adults process.

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the 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> </ul>

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	<ul style="list-style-type: none"> <li>Is experiencing, or at risk of, abuse or neglect and is unable to protect themselves 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>SAF</b>	Safeguarding Adults at Risk 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.

## 2 Main Document Requirements

### 2.1 Process of Safeguarding Adults at Risk Supervision

#### 2.1.1 Methodology

'Safeguarding Adults; A National Framework of Standards (Ref 4) for good practice, the Adult Safeguarding Intercollegic Document (2018) (Ref 22) 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.

**Other primary aims 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 and 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 in order to prevent adults at risk from suffering harm.
- To allow practitioners to explore and develop ways of working openly and in partnership with other 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 adults practice.

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- 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 procedure are adhered to.

### 2.1.2 The Remit and Formats of Safeguarding Adults Supervision

The type of Safeguarding supervision required by colleagues will be dependent on their roles and 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) in order 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 a number of 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.

### 2.1.3 Group Supervision

Group supervision will be provided at the Safeguarding Operational Group meeting and will be at least two hours every three months. These will examine how learning from serious case reviews (SCR), serious adult reviews (SAR), multi-agency reviews (MAR) or serious incidents (SI) can be embedded into practice to improve outcomes for vulnerable people.

### 2.1.4 'Ad Hoc' Supervision

Supervision can be provided for an individual or within a 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.

### 2.1.5 Individual Case Management Advice

Individual case management advice often has to be timely in nature. It may involve opinion on injuries seen and likely causes, advice on whom to contact or which pathway of care to access. Advice can be given by the adult at risk safeguarding team during the hours of 0800 – 1700 Monday to Friday. Ad-hoc advice and support can be given face to face, over the telephone or by e-mail.

## 2.2 Safeguarding Adults Supervision

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

Kolb experiential learning cycle (Ref 10) is a common model frequently used in health care settings (Appendix B) 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 C) 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

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to use the reflective practice process thus enabling the reflective process to inform future practice.  
**Taking action is the key to continue to improve outcomes for vulnerable people.**

For 'named' and 'lead' colleagues (i.e. safeguarding leads) the supervision will be more strategic and be based around an overview of roles and responsibilities as well as individual case discussions.

### 2.3 Outcome of Supervision

**The aims of supervision are to achieve the following outcomes:**

- The practitioners professional practice will be patient focused, ensuring the holistic needs of adults are paramount.
- The practitioner will have clear understanding of their role and responsibilities when working with adults at risk.
- The practitioners response to safeguarding adults concerns is appropriate and in the best interests of the individual.
- 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.
- The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding adults.
- To identify any training needs.
- The supervisor will inform the Trust of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibility in safeguarding adults.
- Any concerns regarding performance raised in supervision will need to be taken to the supervisee's line manager in accordance with the relevant Trust Human Resources policies.

### 2.4 The Supervision Contract (Appendix D)

Formal supervision sessions will be undertaken within a supervision contract. 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.

### 2.5 Recording of Safeguarding Supervision (Appendix E)

- Practitioners who discuss specific patients in safeguarding supervision, including individual and 'ad-hoc'/'open door', are responsible for timely and contemporaneous recording of the discussion and actions taken in the person's clinical record. If someone accepts a task they are responsible and accountable for carrying out that action.
- Minimal patient details (initials or NHS number/presenting issue and details of agreed actions) will be recorded by the supervisors.
- The 'Safeguarding Supervision summary form' (Appendix E) 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

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between the practitioner and supervisor should occur to agree what supervision records are passed on to the new supervisor.

- A suggested template for supervision reflection has been provided within the policy (Appendix H). This could also be used for inclusion in the reflection section of registered professional's revalidation portfolio.

## 2.6 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.

## 2.7 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 F and G).

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.

## 3 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 at Risk Forum (SAF).	Process review via Safeguarding Lead.  Work with individual employees as identified needing support.

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## 4 Duties and Responsibilities of Individuals and Groups

### 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 of staff who asks for it.

Members of the Safeguarding team will provide Safeguarding training and support to Senior Sisters/Senior Charge Nurses and enable them to cascade Safeguarding expertise and advice to their employees.

### 4.5 Safeguarding Adult Forum

Compliance with this policy will be monitored through the Safeguarding Adults Forum (SAF).

## 5 Further Reading, Consultation and Glossary

### 5.1 References, Further Reading and Links to Other Policies

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	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

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Ref. No.	Document Title	Document Location
8	Bernard, J. M. and Goodyear, R. K. (2014)	Fundamentals of clinical supervision: Pearson New International Edition. 5th edition?. 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',	? 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/...data/.../dh_125035.pdf">https://www.gov.uk/government/uploads/system/uploads/...data/.../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>

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Ref. No.	Document Title	Document Location
23	CQC (Care Quality Commission)	<a href="https://www.cqc.org.uk/">https://www.cqc.org.uk/</a>
24	Nursing and Midwifery Council	<a href="https://www.nmc.org.uk/">https://www.nmc.org.uk/</a>
25	General Medical Council	<a href="https://www.gmc.org.uk/">https://www.gmc.org.uk/</a>

## 5.2 Consultation Process

The following is a list of Consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Acute Care Operational Lead – Adult Safeguarding	01 05 2020
Community Operational Lead – Adult Safeguarding	18 05 2020
Divisional Matron	04 05 2020
Divisional Director of Nursing	01 05 2020
Senior Sister	01 05 2020

## 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

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## Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Supervision Policy: Safeguarding Adults at Risk		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? The purpose of the policy is to promote and develop a culture that values regular safeguarding for adults at risk and their supervision is required in order to:??		
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	Wendy Johnson
Date completed	05 05 2020
Job Title	Head of Adult Safeguarding and Mental Health

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

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# Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

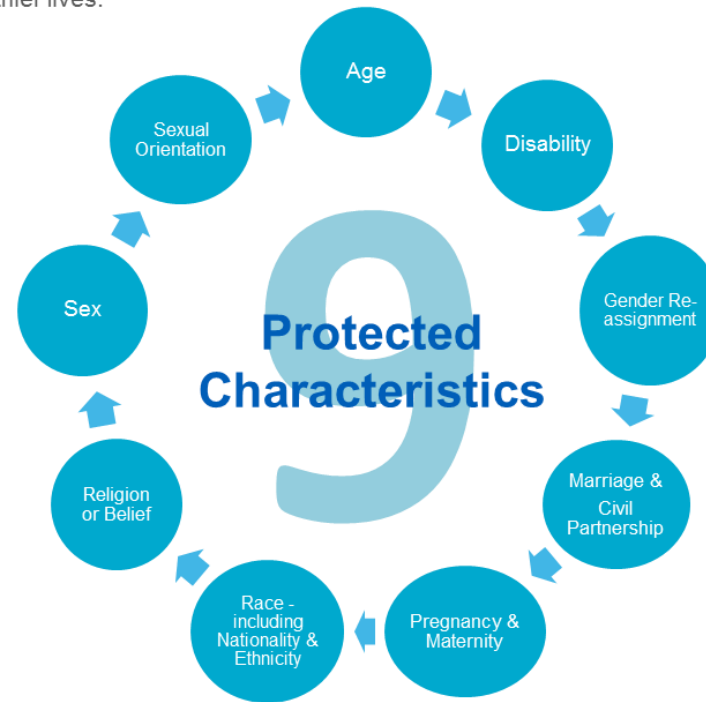
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

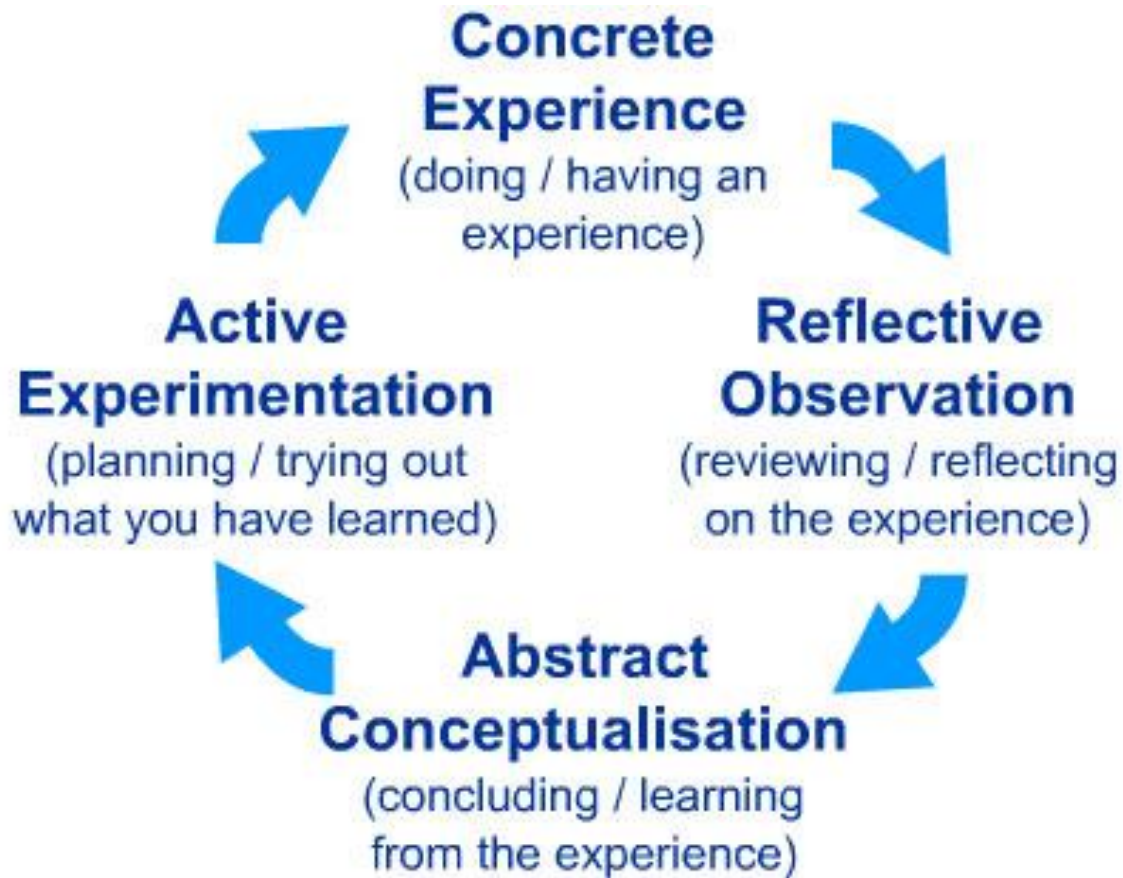
Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives			
Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

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## Appendix B – Experiential Learning Cycle – Kolb’s Experimental Learning Cycle



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## Appendix C – 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...?*

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- *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 in order to safeguarding adults?

**Appendix D – 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 as a result 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.

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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 E – 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>

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<b>Signed:</b>	<b>Date of next supervision for actions to be reviewed</b>
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## Appendix F – 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 client 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 taken action as per Safeguarding Policy				
Any Actions taken by myself 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				

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<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 am able to 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 G – 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>		

<b>Initials or NHS Number of client discussed</b>				
<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 taken action 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?				

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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>				

## Appendix H: Reflective Practice Log



### Safeguarding Adults

#### How to record your reflections and discussions

A template is provided to record your reflections:-

How you changed or improved your work as a result of the activity

How it is relevant to the Code (for registered nurses).

For nursing revalidation you should retain this document as a record and provide them to the NMC if requested. These can be used for Nurse Revalidation / Portfolio.

#### Reflection Model

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Reflection as a concept was introduced for many professionals in the 1980's. It essentially means that we learn by thinking about things that have happened to us and seeing them in a different way.

The following provides information and elements to be included for reflective practice that you may wish to use for your own reflective pieces.

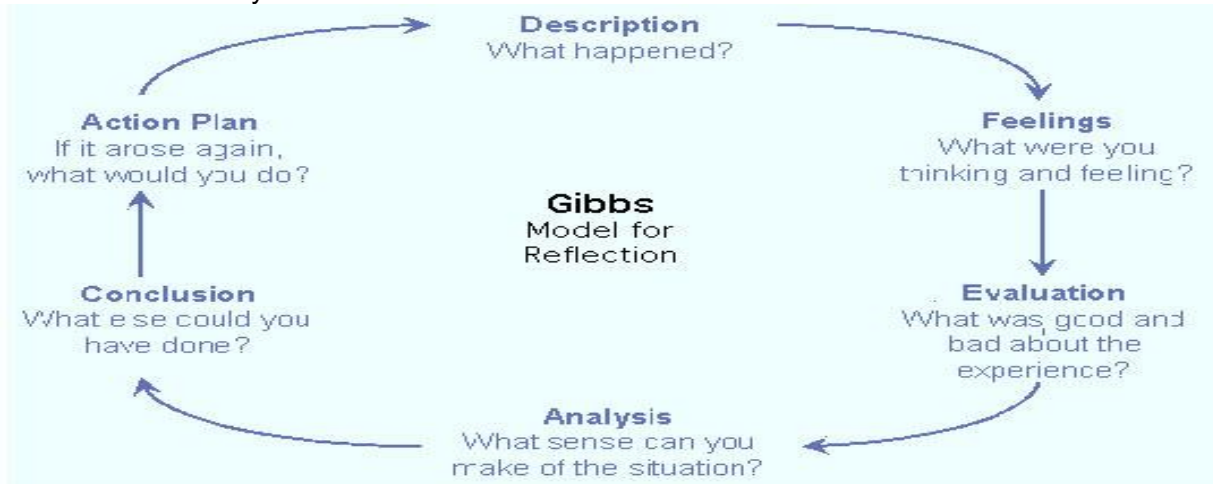
There are three components:

Experiences – that happen to a person

Reflective process – that enables a person to learn from their experience

Action – resulting from the new perspective taken as a result of reflection

**Gibbs Reflective Cycle 1988**



## Reflective Account REFLECTIVE PRACTICE LOG

<b>What was the nature of the Safeguarding concern and what immediate was taken to ensure safety?</b>
<b>How did you involve the patient when raising the concern?</b>
<b>What did you learn from the scenario and/or feedback?</b>
<b>How did you change or improve your work as a result?</b>
<b>How is it relevant to the code (for registered nurses)?</b>

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