

<b>Corporate</b>	<b>ICBP047 Safeguarding Adults and Children Supervision Policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
V2	January 2025	January 2027

<b>Prepared By:</b>	Wendy Proctor, Designated Nurse Safeguarding Adults Updated by Louise Mason-Lodge Director of Nursing for Safeguarding October 2024
<b>Consultation Process:</b>	NENC ICB Original author, Senior Safeguarding Professional Group, Complex Case and CHC leads, Chief Nurse team
<b>Formally Approved:</b>	July 2022
<b>Approved By:</b>	Executive Committee

## EQUALITY IMPACT ASSESSMENT

<b>Date</b>	<b>Issues</b>
May 2022	No issues identified.
September 2024	No issues identified

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [NECSU.comms@nhs.net](mailto:NECSU.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
V1	July 2022	Designated Nurse Safeguarding Adults	First Issue
V2	October 2024	Director of Nursing for Safeguarding	Updated Guidance Documents, Restorative Supervision Section

## Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Quality and Safety Committee	January 2025

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# 1. Introduction

For the purposes of this policy, North East North Cumbria Integrated Care Board will be referred to as “the ICB”.

North East North Cumbria ICB is committed to safeguarding the welfare of children, young people and adults across the organisation. The welfare of our population who access the services we commission, either directly or indirectly is paramount and all our staff have a responsibility to ensure that practice is robust and complies with statutory requirements. The ICB acknowledges its responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation. By working closely with the other partner organisations across the Integrated Care System we expect that all NHS commissioned services to deliver good quality, safe effective care.

ICBs have a duty under Section 11 of the Children Act (2004)<sup>1</sup> to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children and adults at risk. The ICB should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children and adults at risk, including the provision of appropriate supervision and support.

The ICB is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that children, young people and adults achieve their optimal life chance in accordance with Working Together to Safeguard Children (2023)<sup>2</sup> and The Care Act (2014)<sup>3</sup>.

Working Together to Safeguard Children (2023)<sup>2</sup> provides the statutory framework for safeguarding and promoting the welfare of children and highlights the importance of safeguarding supervision.

The Care Act (2014)<sup>3</sup> and accompanying Statutory Guidance (2016)<sup>4</sup> provides the statutory framework for safeguarding and promoting the welfare of adults.

Safeguarding children and adults is a collective responsibility across the health economy. The ICB, as a commissioner of local health services needs to be assured that the provider organisations have effective safeguarding arrangements in place which includes arrangements for the supervision of Named and Designated Professionals and other staff working with children and vulnerable adults. The ICB also needs to ensure safeguarding supervision arrangements are in place for its own safeguarding specialist staff, and ICB staff working with children and vulnerable adults i.e. complex care and All Age Continuing Healthcare (AACC).

This policy supports the overarching ICB Safeguarding Framework, Safeguarding Adults Policy and Safeguarding Children Policy, giving specific clarity around safeguarding supervision within the ICB. Commissioned provider organisations are required to have their own separate Supervision Policies.

1. [Children Act 2004](#)

2. [Working Together to Safeguarding Children \(2023\) www.gov.uk/government/publications](http://www.gov.uk/government/publications/Working-Together-to-Safeguarding-Children-2023)

3. [Care Act \(2024\)](#)

## **1.1 Status**

This policy is a corporate policy.

## **1.2 Purpose and scope**

This policy primarily applies to all staff working within the ICB Safeguarding/Cared for Teams and ICB caseload holders including complex care and AACC. In accordance with the statutory frameworks for both children and adults Designated Nurses in Local Delivery team areas (LDTs) are also required to provide safeguarding supervision across the health economy for Named/Lead Professionals.

The aims and objectives of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision. That both individual and patient outcomes and staff retention are improved when supervision approaches are focused on structured facilitated processes that allow in depth reflection on practice is supported by the evidence base.

## **2. Definitions**

In this policy, a child refers to anyone who has not yet reached their 18th birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Act 1989<sup>5</sup> and 2004<sup>6</sup>. For children and young people with special education needs (SEND) the policy applies to anyone who has not reached their 25<sup>th</sup> birthday<sup>7</sup>.

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the

outcomes set out in the Children's Social Care National Framework (2023)<sup>8</sup>.

For those young people 16-17 years of age the Mental Capacity Act (2005)<sup>9</sup> may also apply.

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<sup>5</sup> [Children Act 1989](#)

<sup>6</sup> [Children Act 2004](#)

<sup>7</sup> [Special Educational Needs and disability code of practice: 0-25 years \[www.gov.uk/government/publications\]\(http://www.gov.uk/government/publications\)](#)

<sup>8</sup> Children's Social Care National Framework 2023 [www.gov.uk/government/publications](http://www.gov.uk/government/publications)

<sup>9</sup> [Mental Capacity Act \(2005\) HMSO: London](#)

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisation's working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances<sup>9</sup>.

For the purposes of Adult Safeguarding, an adult is anyone over the age of 18. The Care and Support Act Statutory Guidance (2016)<sup>4</sup> defines safeguarding adults' criteria as safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When there is concern that an adult may lack capacity in relation to protecting themselves from harm and/or abuse the Mental Capacity Act (2005)<sup>9</sup> should be adhered to, in conjunction with the Care Act Statutory Guidance (2016)<sup>9</sup>

Whilst many of the processes are similar within safeguarding adults and safeguarding children it is important to recognise that the differing legislation frameworks applicable to safeguarding adults means it could not and should not implicitly follow the children's approach.

### **3. Safeguarding Supervision**

This policy provides specific guidance to all staff employed by NENC ICB on the implementation and utilisation of supervision within the context of safeguarding. It aims to ensure that in NENC ICB employees are made aware of the type of safeguarding supervision that they should access or deliver when working with children and families or adults at risk.

The arrangement for organising how safeguarding supervision is delivered will vary but there are some key essential elements.

Good quality supervision can help to:

- keep a focus on the child, young person or adult at risk.
- avoid drift.
- help ensure that practice is soundly based and consistent with the relevant Safeguarding Children Partnership (SCP), Safeguarding Adults Board (SAB) and organisational procedures.
- ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority, and
- help identify the training needs of practitioners, so that each has the skills to provide an effective service.
- maintain a degree of objectivity and challenge fixed views.
- test and assess the evidence base for assessment and decisions.
- address the emotional impact of work.

‘For the purposes of this policy supervision can be defined as

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’<sup>10</sup>

It is recognised that there are many approaches to supervision including clinical, educational and managerial supervision. All have a slightly different focus but complement and overlap each other in many ways. In general, however, supervision in the healthcare professions is about ensuring patient safety and promoting professional development in the practitioner or trainee.

The objectives and functions of supervision have been described as:

- Competent, accountable performance.
- Continuous Professional Development (developmental or formative function).
- Personal support (supportive or restorative function).
- Engaging the individual with the organisation (mediation function)

Working to ensure children and adults at risk are protected from harm requires sound professional judgements to be made. It is demanding work that can be both distressing and stressful<sup>2</sup>. Staff involved must have access to advice and support from professionals experienced in the field of safeguarding children and adults at risk.

Safeguarding Supervision usually takes place on a one-to-one basis however group supervision may be appropriate in some instances<sup>10</sup>.

Safeguarding Supervision will be delivered by an appropriately qualified, experienced Safeguarding Professional who will be trained in supervision skills and have an up-to-date knowledge of the legislation, policy, and research relevant to safeguarding and promoting the welfare of children and adults<sup>11</sup>. In accordance with contractual arrangements, they are accountable for the advice they provide and action they may have to take following the supervision session.

Those providing Safeguarding Supervision must have received safeguarding supervision training from an appropriately qualified and vetted training provider. There is no national standard for this training, but it will be expected to be delivered by professionals with significant experience in safeguarding and providing supervision.

Supervision will be delivered to staff working within the ICB, in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)<sup>12</sup> and Adult Safeguarding: Roles and Competencies for Health Care Staff (2024)<sup>13</sup>. The table below outlines the type of safeguarding roles that require supervision.

Table 1: Frequency of Supervision

Safeguarding Role	Frequency of Supervision (minimum)
Deputy Directors of Nursing: Safeguarding	Quarterly
Designated Nurses	Quarterly
Deputy Designated Nurses	Quarterly
Specialist Safeguarding Advisors	Quarterly
Named GPs Safeguarding	Quarterly
Paediatricians for Child Death	Quarterly
Designated Doctors: children and cared for roles	Quarterly
AACC teams	Quarterly
Complex Case teams	Quarterly
Clinical staff from other ICB teams	As required

Safeguarding Supervision will be agreed using the Supervision contract (Appendix 1) and recorded using the Safeguarding Supervision Discussion form (Appendix 2). All documentation will be stored securely, and a central record maintained of when supervision sessions were undertaken. Timeliness and compliance will be monitored.

This policy is written with the intention of providing practitioners with guidance and structure, it is NOT intended to remove professional judgement. Individual practitioners remain accountable and as such need to be able to justify their decisions at all times.

**Restorative Clinical Supervision (RCS)**

NENC ICB will make arrangements for its employees to access Restorative Supervision

RCS is a form of clinical supervision built on a strong evidence base that supports individuals or groups of professionals to process their broad work experiences with a trained colleague (Professional Nurse Advocate) through use of tools and frameworks that enable them to restore their capacity to think clearly, make rational decisions and



maintain an effective relationship with their work. The focus is on the professional rather than the cases they are managing with the underpinning assumption that a supported professional is an effective professional.

Restorative clinical supervision aims to support the needs of staff working with clinically complex caseloads and/or in roles which are emotionally demanding. When professionals undertake complex clinical work, they may move between feelings of anxiety, fear or stress. This may impact on their ability to think clearly and to process information quickly and accurately when making decisions. It may also lead to compassion fatigue and burnout.

According to Wallbank (2012)<sup>14</sup> If professionals can process their feelings of stress, anxiety and fear, and have the 'mental time and space' to reflect upon and discuss these in a safe and supportive environment, as in clinical supervision, it may alleviate some of the stress and anxiety experienced. This then facilitates practitioners to focus on their own learning needs and development regarding practice-based issues and move upwards into the creative, energetic and solution focused zone of the Restorative Clinical Supervision model (Wallbank, 2012)<sup>14</sup>. In this zone, professionals are better able to find their own solution to practice challenges and develop their personal and professional resilience.

The RCS approach is achieved through guided reflection, exploratory questioning and supportive challenge, enabling a focus on action planning and goal setting. Restorative clinical supervision offers practitioners the opportunity to regularly discuss the positive aspects of their work which is as important as exploring those issues they find more challenging.

The restorative nature of sessions is essential to support the professional in their capacity to think, reflect and develop solution focused action plans for themselves and those in their care. In addition, it should encompass the following principles:

- The promotion of safe and evidence based care.
- Be supervisee led not managerial led.
- Facilitate personal and professional growth.
- Include positive challenge.
- Structured and facilitated to ensure time for reflection.

This should support and maintain resilience plus develops the decision making, autonomy and problem-solving capacity of the professional. A staff group that feels supported in a culture of constructive challenge is more able to act on risk appropriately as well as improving the quality of the care or intervention they are delivering.

Safeguarding supervision that has an added level of restoration provides balance to the process by supporting and enabling staff to use the critical thinking skills required for safe practice (Wonnacott and Wallbank, 2015)<sup>15</sup>.

<sup>10</sup> Morrison, T. (2005) 3<sup>rd</sup> ed. Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.

<sup>11</sup> NHSE Accountability and Assurance Framework (2022)

<sup>12</sup> Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)

<sup>13</sup> Adult Safeguarding: Roles and Competencies for Health Care Staff (2024).

<sup>14</sup> Wallbank S (2012) Restorative Resilience Model of Supervision; A reader exploring resilience to workplace stress in health and social care professionals, Pavilion Publishing; UK

<sup>15</sup> Wonnacott and Wallbank, 201, The Integrated model of restorative supervision for use within safeguarding. Community Practitioner: the journal of Community Practitioners & Health Visitors' Association 88 (5) 41-5 September 2015

## **4. Duties and Responsibilities**

The ICB will ensure that staff are allowed appropriate time and support to fulfil the requirements of the supervision process and to ensure that staff who provide safeguarding supervision (Supervisor) have received the relevant training, are appropriately qualified, in receipt of continual professional development and have arrangements in place for their own supervision.

The ICB will ensure that staff receiving supervision (Supervisee) have had the relevant awareness training.

It is essential that both the Supervisor and Supervisee are well prepared for the safeguarding supervision session, ensuring that the relevant documentation is completed. 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.

It is the responsibility of the Supervisee to contact their Supervisor to arrange safeguarding supervision and ensure that their attendance meets the mandatory requirements of this policy.

Should supervision be cancelled it is the responsibility of the professional cancelling the supervision to rearrange a convenient date for both Supervisor and Supervisee. Any re-arranged meeting should be done so within two weeks of the original meeting date.

Safeguarding supervision will be held in a safe place, either face to face or virtual for both Supervisor and Supervisee.

## **5. Implementation**

This policy will be available to ICB staff for use in relation to Safeguarding Supervision as described in section 3.0.

All managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. This includes following relevant procedures where there are concerns about a colleagues practice.

## **6. Training Implications**

Safeguarding Supervision will be delivered by an appropriately qualified Safeguarding Nurse who has been trained in supervision skills.

Supervisees will have received relevant awareness of safeguarding supervision training.

## **7. Related Documents**

### **7.1 Other related policy documents**

- ICB Safeguarding Children and Looked After Children Policy
- ICB Safeguarding Adults Policy
- NHSE Accountability and Assurance Framework

### **7.2 Legislation and statutory requirements**

- Children Act (1989)
- Children Act (2004)
- Looked after Children – Roles and Competencies for Healthcare Staff (2020)'
- Promoting the Health and Wellbeing of Looked After Children (2015)
- Mental Capacity Act (2005)
- Care Act (2014)
- Department for Education (2023) Working Together to Safeguard Children. London: HMSO
- Department of Health (2016) Care and Support Statutory Guidance. Chapter 14. London: HMSO
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
- Adult Safeguarding: Roles and Competencies for Health Care Staff (2024)

## **8. Monitoring, Review and Archiving**

### **8.1 Monitoring**

Monitoring of adherence with this policy is a statutory responsibility of the ICB. Implementation of the Safeguarding Supervision Policy will be monitored via the internal audit process.

Evidence of the supervision arrangements will be provided on request to NHS England, Safeguarding Children Boards, Safeguarding Adult Boards and CQC where required to provide assurance that the ICB is complying with its statutory requirements.

### **8.2 Review**

The ICB will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The ICB will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **8.3 Archiving**

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

## **9. Equality Analysis**

A full Equality Impact Assessment (EIA) to be completed and attached as an appendix.

## Schedule of Duties and Responsibilities

Lead	Duties and Responsibilities
<b>ICB Chief Executive</b>	The Chief Executive for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Executive Chief Nurse</b>	<p>The Executive Chief Nurse has overall accountability and responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice requirements.</p> <p>The Executive Chief Nurse is accountable for ensuring that the health contribution to Safeguarding Adult and Children's Supervision is discharged effectively across the whole local health economy through ICB arrangements.</p> <p>Board level leadership and responsibility for Safeguarding Adults and Children's Supervision with the Chief Executive which is devolved to the Chief Executive Nurse, ensuring the ICB meets its statutory and non-statutory responsibilities, who is also responsible for monitoring progress against the Safeguarding Adults and Children's Supervision agenda within the ICB.</p>
<b>Directors of Nursing</b>	Directors of Nursing holds devolved responsibility and is the lead for Safeguarding Adults and Children's Supervision. The Designated Professionals advise the ICB on Safeguarding Adult and Children's Supervision matters.
<b>Policy Author</b>	<p>The Designated Safeguarding professionals are responsible for:</p> <ul style="list-style-type: none"> <li>• generating and formulating this policy document</li> <li>• identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives.</li> <li>• establishing mechanisms for regular the monitoring of compliance</li> <li>• notifying the Nurse Directors should any revision to this document be required.</li> </ul>
<b>Designated Professionals</b>	The Designated Safeguarding Adult and Children's professionals in each LDT has specific responsibility for Safeguarding Adults and Children's process and systems reviews and updates.

<b>All Staff</b>	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> <li>• All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to</li> </ul>
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	<p>carry out their duties in accordance with the procedures described.</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy and procedures as a result of becoming aware of changes in practice, changes in statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training/awareness sessions when provided.</li> </ul>
<b>Commissioning staff</b>	<p>As commissioners of local health care, the ICB will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of vulnerable adults.</p>
<b>CSU STAFF</b>	<p>Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.</p>

## Appendix 1

### Equality Impact Assessment

#### Initial Screening Assessment (STEP 1)

As a public body organisation, we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Wendy Proctor Update Louise Mason-Lodge

**Job Title:** Designated Nurse Adult Safeguarding; Update Director of Nursing for Safeguarding

**Organisation:** NENC ICB

**Title of the service/project or policy:** Safeguarding Supervision Policy Adults and Children

#### Is this a;

**Strategy / Policy** ☒

**Service Review** ☐

**Project** ☐

**Other** [Click here to enter text.](#)

#### What are the aim(s) and objectives of the service, project or policy:

Safeguarding Supervision will be delivered by an appropriately qualified, experienced Safeguarding Professional who will be trained in supervision skills and have an up-to-date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☒

- **Other Public Sector Organisations** ☒
- **Voluntary / Community groups / Trade Unions** ☐
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

**The policy will clarify the roles and responsibilities for safeguarding supervision and also the time scales and supporting documents which will ensure that appropriate supervision is provided.**

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation:  <b>"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact <a href="mailto:NECSU.comms@nhs.net">NECSU.comms@nhs.net</a></b>		
<b>If any of the above have not been implemented, please state the reason:</b>  <a href="#">Click here to enter text.</a>		



## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
David Purdue	Executive Chief Nurse NENC ICB	December 2022
David Purdue	Executive Chief Nurse NENC ICB	September 2024

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

## **Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)**

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

## **STEP 2 EVIDENCE GATHERING**

**Name(s) and role(s) of person completing this assessment:**

**Name:** Wendy Proctor Updated Louise Mason-Lodge

**Job Title:** Designated Nurse Adults Safeguarding Updated Update Director of Nursing for Safeguarding

**Organisation:** NENC ICB

**Title of the service/project or policy:** Safeguarding Supervision Policy Adults and Children

**Existing** ☐ **New / Proposed** ☐ **Changed** ☒

**What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;**

To set out the policy for health to meet all its statutory safeguarding responsibilities

**Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Consultants** ☒
- **Nurses** ☒
- **Doctors** ☒
- **Staff** ☒
- **Service User / Patients** ☒
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	To update policy in line with transition from CCG to ICB and amend organisational roles and responsibilities accordingly September 2024 update to include revised ICB and safeguarding legislation and restorative supervision inclusion

### **STEP 3: FULL EQUALITY IMPACT ASSESSMENT**

**The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.**

Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

#### **Age**

*A person belonging to a particular age*

No Impact

#### **Disability**

*A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities*

No Impact

#### **Gender reassignment (including transgender) and Gender Identity**

*Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.*

No Impact

#### **Marriage and civil partnership**

*Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters*

No Impact

#### **Pregnancy and maternity**

*Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.*

No Impact

<b>Race</b> <i>It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</i>
No Impact
<b>Religion or Belief</b> <i>Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</i>
No Impact
<b>Sex/Gender</b> <i>A man or a woman.</i>
No Impact
<b>Sexual orientation</b> <i>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</i>
No Impact
<b>Carers</b> <i>A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</i>
No Impact
<b>Other identified groups relating to Health Inequalities</b> <i>such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers. (Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.” Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)</i>
No Impact

## STEP 4: ENGAGEMENT AND INVOLVEMENT

<p>Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?</p> <p><b>Guidance Notes</b></p> <ul style="list-style-type: none"> <li>List the stakeholders engaged</li> <li>What was their feedback?</li> <li>List changes/improvements made as a result of their feedback</li> <li>List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.</li> </ul> <p>CCG representatives, NHSE and NECS have all been involved and in agreement with the amendment of this policy</p> <p>September 2024 update ICB and NECS staff</p> <p>If no engagement has taken place, please state why:</p>
--

## STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- ☒ Verbal – meetings    ☐ Verbal - Telephone  
☐ Written – Letter    ☐ Written – Leaflets/guidance booklets  
☐ Written - Email    ☒ Internet/website    ☒ Intranet page  
☒ Other

If other please state: Available in other formats on request

## Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

### Tick to confirm you have you considered an agreed process for:

- ☒ Asking people if they have any information or communication needs and find out how to meet their needs.  
  
☒ Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

If any of the above have not been implemented, please state the reason:  
Not applicable

## STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

## GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
David Purdue	Executive Chief Nurse NENC ICB	July 2022
David Purdue	Executive Chief Nurse NENC ICB	September 2024

Presented to (Appropriate Committee)	Publication Date
NENC ICB Board	July 2022

1. Please send the completed Equality Impact Assessment with your document to: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team:  
[necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)

## Appendix 2

### Safeguarding Supervision Contract

<b>CONTRACT BETWEEN:</b>	
SUPERVISOR:	
SUPERVISEE:	
ARRANGEMENTS AGREED FOR SUPERVISION: Venue/Room/Facilities/On-	
FREQUENCY:	
LENGTH:	
LOCATION:	
RECORDING OF SUPERVISION:	
BOUNDARIES OF CONFIDENTIALITY: (are there any occasions when the supervision record would be shared outside of the supervision session?)	
STORAGE OF SUPERVISION RECORD:	
<b>MAKING SUPERVISION WORK: what each agrees to contribute:</b>	
WHAT I EXPECT FROM YOU AS MY SUPERVISOR:	
WHAT I WILL CONTRIBUTE AS THE	
WHAT I WILL CONTRIBUTE AS THE SUPERVISOR TO MAKE THIS PROCESS WORK:	
<b>SIGNED:</b>	
SUPERVISOR:	
SUPERVISEE:	
<b>CONTRACT TO BE REVIEWED ANNUALLY</b>	

## Appendix 3

### Safeguarding Supervision Case Discussion Form

<b>PRACTITIONER NAME:</b>	<b>DESIGNATION:</b>
<b>ESTABLISHMENT BASE:</b>	
<b>SUPERVISOR'S NAME:</b>	<b>DESIGNATION:</b>
<b>ISSUES:</b>	
<b>REVIEW OF PREVIOUS ACTIONS</b>	
<b>AGREED ACTION:</b>	
<b>SIGNATURE OF SUPERVISOR:</b>	<b>DATE :</b>
<b>SIGNATURE OF SUPERVISEE:</b>	<b>DATE:</b>