NHS Devon

Safeguarding Supervision Policy

NHS Devon

One Devon

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Version	3
Policy Sponsor	Chief Nursing Officer
Policy Lead	Head of Safeguarding
Approved by	Chief Nursing Officer
Approved on	22/01/2026
To be reviewed by	22/01/2029

Document change history

Date	Change	Version number of policy	Comments
12/08/2015	New Policy	1.0	New Policy
21/11/2017	Policy Amendment	1.1	Amended to include supervision arrangements for Safeguarding Adults at Risk and changing team roles
01/11/2018	Policy Amendment	1.2	Amended to incorporate South Devon and Torbay Clinical Commissioning Group
18/06/2019	Policy Amendment	1.3	Amended to reflect merger of CCGs and to include the Designated Nurses; Looked After Children
04/10/2022	Policy Amendment	1.4	Amended to reflect the name change of the commissioning organisation from CCG to NHS Devon.
02/11/2023	Policy Amendment	1.5	Policy on to new NHS Devon Template
29/12/2025	Policy Amendment	3	Minor changes to roles and meetings and updates to legislation and relevant links.

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672 Email: d-icb.patientexperience@nhs.net

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1. Introduction

1.1 This policy defines the supervision framework for professionals involved in safeguarding practice. It defines the roles and responsibilities of practitioners and their accountability both professional and personal. Supervision is recognised to contribute to improved quality of care and to do so effectively, supervision must be carried out by appropriately trained professionals with mechanisms in place to link learning needs, clinical governance processes and regulatory standards.

1.2 Safeguarding supervision must be securely embedded in provider and commissioning organisations to promote the safety and wellbeing of children and adults at risk. Service specifications must include the unambiguous expectations of commissioners and be delivered upon by providers.

2. Purpose and objectives

2.1 The purpose of supervision is to support practitioners in and assure organisations that, their clinical practice puts the child's and adults at risk's needs at the centre of their work. It promotes the ethos that protecting the health and wellbeing of the individual is of paramount importance. Supervision should also facilitate safe practice by ensuring local and national procedures are followed and ensures the timeliness of safeguarding activities thus avoiding drift in safeguarding cases.

2.2 There are three functions of the supervision process:

- **Formative** – contributing to the further development of capability (knowledge, skills and behaviours)
- **Restorative** – supporting practitioners through the difficult and often upsetting work of safeguarding children, adults and families by helping individuals (and teams) to develop resilience.
- **Normative** - ensuring practice is in line with national and local standards (including regulatory code of conduct)

These will only be achieved by the provision of a trusting and confidential environment with a supervisor who can facilitate reflective practice.

2.3 There are multiple benefits for an organisation which supports a supervision framework including:

- Personal development needs are aligned to service needs
- Contribution to the clinical governance process
- Facilitates the development of resilient and psychologically healthy staff

- Ensures staff are working within local and national policy 4.5 These benefits are particularly relevant for practitioners who have isolated working patterns.

3. Scope

3.1 This policy applies to professionals involved in any safeguarding adults at risk and children work employed by NHS Devon Integrated Care Board.

4. Definitions

4.1 The Care Quality Commission in its document "Supporting Effective Supervision" (July 13) defines three types of supervision:

Terms	Definition
Managerial supervision	Carried out by a line manager with the purpose of performance review, setting objectives aligning with the organisation's service needs and identification of developmental and training needs.
Clinical supervision	For practitioners to reflect and review their practice with a supervisor with respect to individual cases, identify learning needs and to implement change in practice consequent on this review.
Professional supervision	Is often carried out by a fellow professional and allows review of professional standards, current developments in practice and allows the practitioner to identify learning needs and demonstrate they are working within accepted professional boundaries.

4.2 This document relates to safeguarding supervision which is a form of clinical supervision which focuses on the work and impact of safeguarding adults at risk and children.

5. Embedding the supervision process into professional practice.

5.1 Legislation

5.1.1 Safeguarding supervision is advocated by the following statutory & non-statutory documents:

- Safeguarding Children and Young People and children and young people in care : Competencies for health staff: Intercollegiate Document. (2025)
- HM Government (2023) Working Together to Safeguard Children
- Department of Health (2004) NSF for Children & Maternity Services
- CQC Standard 7
- The Care Act (2015)
- Safeguarding Adults: Roles & Competencies for Health Care Staff – Intercollegiate Document (2024)
- NHS England (NHSE) Safeguarding Accountability and Assurance Framework 2024

5.2 Process

5.2.1 There are various models of supervision and any or a combination of these may be used e.g. individual, peer to peer, group supervision, targeted and ad hoc. The choice of model may be pragmatic and relate to the practicalities of bringing practitioners together across a wide geographical area. An external facilitator may be used for the peer or group supervision meetings.

5.3 General Principles

5.3.1 Supervision must take place at a mutually agreed time and place where confidentiality can be maintained, and interruptions are avoided. This applies to individual or peer/group supervision.

5.3.2 The format of the supervision meetings should reflect the three roles of supervision as indicated above. Appropriate documentation should be completed by the supervisor and the supervisee and stored in a secure place (Appendix A). Decisions which involve a change of plan for the child/their family or adults at risk should be documented in the patient's notes.

5.3.3 Supervisors must be appropriately trained in the communication skills required to manage a formative and supportive discussion.

5.3.4 Supervision should take place regularly but as a minimum quarterly (depending on the individual's needs).

5.3.5 Effective supervision is only possible where the supervisory relationship is based on mutual trust and respect. This includes ensuring adequate preparation for the meeting and being punctual. A supervision agreement (appendix B) should be signed at the first meeting. Any change of supervisor should prompt a further signed agreement.

5.4 Roles and Responsibilities of the NHS Devon Safeguarding Team

5.4.1 **Designated Professionals** will attend formal supervision on a regular basis, this could be via regional meetings or individual arrangements internally or externally to NHS Devon.

5.4.2 **The Designated Nurses/Doctors** will offer supervision to provider Named Professionals; Provider Safeguarding Leads and Senior Nurse Specialists across the health system.

5.4.3 **The NHS Devon Safeguarding Team** will provide any ad hoc supervision and support to any NHS Devon employee or team who may be involved in a safeguarding issue, either professionally or personally

5.5 Record Keeping

5.5.1 Records of the discussion should be kept, aiding memory and ensure actions are followed up and reported on.

5.5.2 Electronic records of supervision should be kept by the supervisor and supervisee on a secure server (password protected). Paper records are discouraged but if paper copies cannot be avoided then should be kept in a locked cabinet in a secure office.

5.5.3 Where an electronic patient record is kept, advice/actions from any supervision discussions must be added to the relevant patient record by the supervisee.

5.6 Confidentiality

5.6.1 Supervision is a confidential process between the supervisor and supervisee. However, information may need to be shared with partner agencies to ensure the needs of the child or adult at risk are met with line with safeguarding policy. Details of this must be made explicit and documented in the notes of the meetings. Confidentiality cannot be maintained when there are issues identified which affect patient safety (see below).

5.7 Dealing with practice concerns

5.7.1 Issues of clinical practice which cannot be dealt with in the supervision meeting or concerns regarding professional practice must be escalated via the supervisee's line manager. The practitioner must be informed of these actions. If there are serious performance concerns identified, then the supervision meeting should be suspended and escalation via the appropriate HR policies. Patient safety is paramount.

5.8 Links with other organisations

5.8.1 Anonymised reflective notes of the supervision process can be used as supporting information to evidence the effectiveness of the individual's practice/role in the appraisal or revalidation process.

6 Accountabilities, Duties and Responsibilities

6.1 **The Executive Lead for Safeguarding** has responsibility for ensuring that NHS Devon enables those staff undertaking safeguarding work to receive safeguarding supervision and supports the development of supervisors who have the necessary skills, competency and capacity to undertake supervision.

Chief Executive Officer	The Chief Executive Officer has ultimate accountability for the strategic direction and operational management of NHS Devon, including compliance with all legal, statutory and policy requirements.
Policy Sponsor	The Policy Sponsor is responsible for: • ensuring that policy is appropriate for consideration for approval; • endorsing this policy ahead of submission for approval; • with the Policy Lead, maintaining and updating procedures/protocols and other supporting documents for this policy;
Policy Lead / Author	It is the responsibility of the Policy Lead / author to: • ensure as far as possible that the policy is in line with Department of Health and Social Care guidance, legal requirements and advice from clinical bodies; • to complete a QEIA and Implementation Plan where required • undertake a fair and proportionate consultation period with the relevant stakeholders as part of the document's development • to ensure that the policy is in alignment with NHS Devon's strategy and values • ensure that the policy is developed, approved, disseminated and monitored as set out in the document; with Policy Sponsors, maintaining and updating procedures / protocols and other supporting documents for this policy.
Title of any other relevant Officer	The Chief Nursing Officer will hold the delegated responsibility of NHS Devon's Safeguarding portfolio on behalf of the CEO.
Titles of any Committee	Safeguarding Steering Group Finance, Performance and Quality Committee
Line Managers	Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility.

All Staff	Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct.

7 Implementation

7.1 All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

7.2 NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

8 Approval and Review

8.1 The Safeguarding Supervision Policy is approved by the Chief Nursing Officer as per NHS Devon policy.

8.2 This policy will be reviewed three yearly, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

9 Monitoring compliance and effectiveness

9.1 This policy will be subject to audit in line with NHS Devon's internal audit plan. Areas for consideration will be: frequency of supervision meetings, how and where supervision is documented, how action plans are reviewed, training and competence of supervisors and the impact and outcomes of supervision on professional practice.

10 Quality & Equality Impact Assessment (QEIA)

10.1 As this is an existing policy review, a QEIA is not required.

11 References

11.1 Legislation and statutory requirements

NMC Professional Code of Conduct 2015

GMC Duties of a Doctor 2012

NELT Supervision Policy 2013

Safeguarding Accountability & Assurance Framework NHSE 2024

Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document 2024

Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff

APPENDIX A – Safeguarding Supervision Meeting

Supervisor: Date: Supervisee:
Summary of issues discussed, actions required
1. Learning points/action
2. Learning points/action
3. Learning points/action
4. Learning points/action
5. Learning points/action

APPENDIX B – Safeguarding Supervision Agreement

Supervisee and Job Title: Contact Details: Supervisor:
Duration of Sessions: Location:
Discuss: • Objectives of supervision • Confidentiality (and limits) • Record keeping (and security) • Expectations of supervision sessions • Each party will prepare their own agenda prior to the session • Sessions will not be interrupted • Discussions will be open and honest • Supervisees will provide information relating to work activities as appropriate • Supervisees will bring all cases requiring supervision to the session • Date of subsequent session to be agreed at end of session
Signed: Supervisor Job Title: Supervisee Job Title: