Safeguarding supervision policy

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Introduction

This policy outlines the supervision guidance for professionals involved in safeguarding children and adults. It explains the roles, responsibilities and accountability of all staff in NHS Cornwall and Isles of Scilly Integrated Care Board (ICB).

Safeguarding supervision must be carried out by appropriately trained professionals. Supervision should be a process, that has responsibility for both the supervisee and supervisor to take part in the process.

Staff, managers and the ICB as an organisation have a responsibility to ensure safeguarding supervision is undertaken.

Safeguarding supervision ensures:

- the voice of the child, family or adult at risk is heard and that safeguarding is made personal
- staff act preventatively and protectively with and towards colleagues, children, young people, adults, older people and families
- learning and practice development
- staff feel supported and safe (psychological safety), which supports retention
- a framework and model to support reflective learning
- quality of care and assurance of provision
- protection of people of all ages, the staff, the organisations and wider systems
- there is clinical governance and professional standard frameworks
- compliance with oversight and regulatory requirements

The ICB needs to ensure safeguarding supervision is embedded throughout the ICB, provider and commissioning organisations to promote the safety and wellbeing of children and adults at risk. To support this service specifications and contracts must include the expectations of legislation, guidance and of commissioners.

Purpose

The purpose of this policy is to ensure the ICB has a framework to meet its statutory, regulatory and contractual obligations. It ensures there is supervision in place and supervision oversight to support ICB staff that their commissioning and clinical work puts the needs of children and adult safeguarding at the centre.

It promotes the ethos that safeguarding is essential to prevent and protect health, and wellbeing and is of paramount importance.

Supervision should facilitate safe and supported practice by ensuring legislation, local and national procedures are followed and ensures the timeliness of safeguarding activities.

Definitions

The Care Quality Commission in its document "Supporting Effective Supervision" (2013) 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	It 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.

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

Safeguarding supervision should be the golden thread that runs through all forms of supervision and needs to be recognised and addressed appropriately.

Responsibilities

The executive lead for safeguarding has responsibility for ensuring that the ICB 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.

Staff role	Responsibilities
Chief executive	The chief executive has responsibility 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.
Chief nursing officer	The ICB chief nursing officer is the executive lead for safeguarding and 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.

Staff role	Responsibilities
	The chief nursing officer 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. Board level leadership and responsibility for safeguarding adults and children's supervision with the chief executive which is devolved to the chief 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.
Safeguarding team	The ICB safeguarding team are responsible for generating and formulating this policy document and also: • identifying the need for any change to the document because of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives • establishing mechanisms for the regular monitoring of compliance
Designated and lead safeguarding professionals	Have specific responsibility for safeguarding adults and children's process and systems reviews and including updates.
Directors and managers	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 carry out their duties in accordance with the procedures described.
All staff	• are responsible for keeping themselves up to date with safeguarding training and polices. • must seek safeguarding supervision when required to prevent harm and support the risk assessment of children and adults at risk. Where this is not undertaken escalation may occur. • co-operate with the development and implementation of policies and procedures as part of their normal duties and responsibilities. • identify training needs in respect of policies and procedures and bringing them to the attention of their line manager. • attend relevant safeguarding training and or awareness sessions when provided.

Legislation and guidance

All NHS services are required to fulfil their legal duties under:

- Section 11 of the Children Act 2004
- Statutory responsibilities as set out in Working Together to Safeguard Children 2018
- The Care Act 2014

These responsibilities ensure that safeguarding and promoting the welfare of children and adults is seen as an integral part of the care offered by health care professionals.

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

- Adult safeguarding: roles and competencies for health care staff (2024)
- Safeguarding children and young people: roles and competencies for healthcare staff (2019)
- NHSE/I Safeguarding Accountability and Assurance Framework (2024)

Process

There are various models of supervision and any or a combination of these may be used. For example, individual, peer to peer, group supervision, targeted and as needed.

The choice of model delivery may need to be flexible and consider adjustments for the practicalities of bringing practitioners together across a wide geographical area. An external facilitator may be used for the peer or group supervision meetings.

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 codes of conduct)

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

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

- Improves the outcomes of patients and our population by supporting staff to take appropriate action to protect people from harm
- 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

These benefits are particularly relevant for practitioners who have isolated working patterns.

General principles

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.

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

The format of the supervision meetings should reflect the three roles of supervision as described in the process section above.

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.

Supervision should take place regularly but as a minimum quarterly, depending on the individual's need, their role including regulatory and professional standards requirements.

Roles and responsibilities of the ICB safeguarding team

Designated and lead safeguarding professionals will:

- attend formal supervision on a regular basis, this could be via regional meetings or individual arrangements internally or externally to the ICB.
- offer supervision to provider named professionals.
- provide any other supervision and support as needed to any ICB employee who may be involved in a safeguarding issue, either professionally or personally in conjunction with the ICB people team.

Frequency of supervision

Staff role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding named professional/doctors and safeguarding leads	3 Monthly minimum	Yes	If applicable	designated professional/ doctor
Staff working predominantly with children & families & staff holding a child/family caseload, including continuing healthcare team.	3 Monthly minimum	Yes	Yes	designated/ specialist professional
Role involves input with children and families, but practitioners do not hold a children caseload, including complaints team.	As required according to need	Yes, if required	Yes	designated/ specialist professional
Role involves working with adults	As required according to need	Yes, if required	Yes, if required (case specific)	designated/ specialist professionals
Non-clinical staff	As required according to need	Yes, if required	Yes	designated/ specialist professional

Record keeping

A supervision agreement (Appendix 1) should be signed at the first meeting. Any change of supervisor should prompt a further signed agreement.

Records of the discussion should be kept, aiding memory and ensure actions are followed up and reported on. The appropriate documentation should be completed by the supervisor and the supervisee and stored in a secure place (Appendix 2). Decisions which involve a change of plan for the child, their family or adults at risk

should be documented in the patient's notes. 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.

Confidentiality

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 in 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 may affect patient safety (see below).

Dealing with practice concerns

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.

Links with other organisations

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.

Implementation plans and monitoring effectiveness

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 Cornwall and Isles of Scilly Intranet. ICB 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 ICB induction.
- 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.

Update and review

This policy will be reviewed every 3 years, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of the ICB.

Appendix 1: Supervision agreement template

Supervisor name:	
Designation:	

Supervisee name:	
Designation:	

As supervisor and supervisee, we agree to:

- Mutually agree the frequency, duration and venue of supervision and book in accordingly and review this agreement annually or if circumstances change.
- Work together in accordance with the supervision policy to facilitate in depth reflection on safeguarding issues.
- To develop both personally and professionally to ensure high quality clinical practice is maintained.
- Ensure an appropriate venue is available and allow sufficient time for the supervision session.
- Arrive on time, have protected time with no interruptions, unless urgent.
- Not cancel supervision appointments unless unavoidable situations arise.
- Maintain confidentiality within the boundaries specified within the supervision policy.
- Resolve differences constructively and actively work towards resolution

As a supervisor I agree to:

- Make time available for supervision to be booked in advance.
- Document the agreed summary of the discussion with clear action plan indicating responsibility for each action.
- Ensure a copy of the supervision summary is held securely by the supervisor and supervisee.
- Where follow-up supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure.

As the supervisee I agree to:

- Prepare for the session and ensure any relevant records are available.
- Take responsibility for making effective use of time to ensure all actions agreed are completed within timescales.
- Report to the supervisor when actions are unable to be completed.
- Maintain records in-line with local policy and GDPR regulations.

Supervisor signature and date: _____

Supervise signature and date: _____

Valid for 12 months from the date signed.

If any support is required in assisting ICB colleagues with safeguarding supervision contact: ciosicb.scatconcern@nhs.net

Appendix 2: Safeguarding supervision for children and adults' documentation template

Date:		**Time:**	

Supervisor name:	
Designation:	

Supervisee name:	
Designation:	

What was the nature of the safeguarding concerns? Why is the supervisee worried?
What immediate action(s) was taken to ensure safety?
Voice of the person, their family or representative?
Other considerations, for example protective factors (are they appropriate), advocacy, legal frameworks, support required?
Action plan – include clear objectives with timeframes.
Supervisee reflection and well-being check in, has the supervision helped, are they still worried? Is formal case escalation required?

Appendix 3: Full impact assessment

Name of policy, service or decision to be assessed: Safeguarding supervision policy
Department or section: Nursing and Quality
Date of assessment: 15 September 2025
Person(s) responsible for the assessment: Cerian Margetts, lead nurse for adult safeguarding
Is this a new or existing policy? New

General background information

Reason for undertaking full impact assessment: New policy or procedure

Describe the aims, objectives and purpose of the policy, service change or development:
The purpose of this policy is to support ICB staff and the wider organisation to understand their responsibilities about safeguarding supervision. Effective safeguarding supervision supports promotes the welfare of children and adults, and also supports psychological safety of staff.

Anticipated timetable for decision: Less than 1 month

What areas will this impact? Cornwall and Isles of Scilly

Which of the strategic objectives apply to this full impact assessment? Improve care experience

What are the commissioning arrangements? Other, please explain – none, this is a policy

What are the contractual implications for the policy or service change? Improve care experience and improve health and wellbeing.

Who implements the policy or service? NHS Cornwall and Isles of Scilly

Who benefits or is intended to benefit from this policy or service? All service users especially adults, children and families at risk of abuse or neglect. This policy is also intended to support staff to practice safely and improve wellbeing and retention.

What health and social care outcomes are achieved or wanted from this policy or service? Reducing health inequalities

How will this be monitored? Multiple sources

What factors or forces could contribute or detract from the outcomes? Service pressure and staff engagement could affect impact.

Who are the main stakeholders in relation to the policy or service? All

Is there clinical evidence for effectiveness of the policy or service? Yes, national

Does this policy or service link to health and social care overall strategy for the next 5 years and current direction of travel for integrated communities? Yes, totally

Engagement

How have you engaged stakeholders in gathering or testing the evidence available? Policy based on national findings from public enquiries and legislation and local system policy, also based on learning from national and local safeguarding reviews for children and adults at risk.

What is the experience of individuals who access the service? Multiple impact of the policy on safeguarding for our people is largely positive but due to the nature of the issues involved outcome can be mixed.

How have you engaged stakeholders in testing the policy or service proposals? Other, based on multi-agency policy which is developed by stakeholders

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Not applicable

Impacts

Access to services

Aspect	+ or – impact	Details and plans to minimise negative impact
Ability of people to access the service	Positive	Not applicable
Eligibility of people to receive the service	Positive	Not applicable
Longer term sustainability of the service	Positive	Not applicable
Reducing health inequalities	Positive	Not applicable
Waiting times to receive service	Positive	Not applicable

Quality of services

Aspect	+ or – impact	Details and plans to minimise negative impact
Choice for members of the public	Positive	Not applicable

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical performance or outcomes	Positive	Not applicable
Cohesion with wider services	Positive	Not applicable
Operational effectiveness	Positive	Not applicable
Statutory NHS targets	Positive	Not applicable

Members of the public and carers

Aspect	+ or – impact	Details and plans to minimise negative impact
Carer experience	Positive	Not applicable
Psychological	Positive	Not applicable
Privacy and dignity	Positive	Not applicable
Public care journey and pathway	Positive	Not applicable
Public care standards	Positive	Not applicable
Public experience	Positive	Not applicable
Public safety	Positive	Not applicable

Wider community

Aspect	+ or – impact	Details and plans to minimise negative impact
Cohesion with community strategy	Positive	Not applicable
Community safety, crime, and disorder	Positive	Not applicable
Environment, including climate change	Positive	Not applicable
Information management	Positive	Not applicable
Local economy	Positive	Not applicable
Rural isolation	Positive	Not applicable
Safeguarding*	Positive	Not applicable
Social care	Positive	Not applicable
Technology	Positive	Not applicable
Transport	Positive	Not applicable

* For safeguarding, consider the Care Act 2014 6 key principles: Empowerment, prevention, proportionality, protection, partnership, and accountability. Also consider the Children's Act 1989, Children and Families Act 2014, and the Child Wellbeing and Education Bill.

Wider system partners

Aspect	+ or – impact	Details and plans to minimise negative impact
Care homes	Positive	Not applicable
Cornwall Council	Positive	Not applicable
Cornwall Partnership NHS Foundation Trust	Positive	Not applicable
Council of the Isles of Scilly	Positive	Not applicable
Domiciliary care providers	Positive	Not applicable
Hospice providers	Positive	Not applicable
HTG (non-emergency patient transport)	Positive	Not applicable
NHS 111 (HUC)	Positive	Not applicable
Out of hours primary care	Positive	Not applicable
Primary care	Positive	Not applicable
Royal Cornwall Hospitals NHS Trust	Positive	Not applicable
South Western Ambulance Service NHS Foundation Trust	Positive	Not applicable
University Hospitals Plymouth NHS Trust	Positive	Not applicable
Other system partners Safeguarding partnership members	Positive	Not applicable

Financial aspect

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for individual or carer	Positive	Not applicable
Implications for local authorities	Positive	Not applicable
Implications for NHS Cornwall and Isles of Scilly	Positive	Not applicable
Implications for other NHS commissioning organisations	Positive	Not applicable
Implications for GP practice	Positive	Not applicable
Implications for primary care network (PCN)	Positive	Not applicable
Implications for surrounding practices	Positive	Not applicable
Implications for NHS provider organisations	Positive	Not applicable
Implications for peninsula	Positive	Not applicable
Implications for private sector	Positive	Not applicable
Implications for voluntary sector		

Anticipated climate of opinion

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical opinion	Positive	Not applicable
Colleagues	Positive	Not applicable
Local community	No impact	Not applicable
Media	No impact	Not applicable
Political	No impact	Not applicable

Protected characteristics

What is the differential impact on people from the perspective of race, nationality and/or ethnic origin? Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female, or intersex? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual, or asexual? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience. This policy can be applied in any care setting or environment that may come into contact with people and families of all ages.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as trans or transgender, non-binary or gender fluid? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding or chest feeding, or those on maternity, paternity or adoption leave? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Other identified groups. How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Human rights

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy? If they haven't, please review this document and amend to incorporate these values.

These are described within the policy and formulate the foundation of safeguarding supervision in practice.

Which of the human rights articles does this document impact?

The right:

☒ to life

☒ not to be tortured or treated in an inhuman or degrading way
☒ to liberty and security
☒ to a fair trial
☒ to respect for home and family life, and correspondence
☒ to freedom of thought, conscience, and religion
☒ to freedom of expression
☒ to freedom of assembly and association
☒ to marry and found a family
☒ not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☒ to peaceful enjoyment of possessions

Which of the UN Convention on the Rights of the Child does this document impact?

Every child has the right to:

☒ Relax and play (Article 31)
☒ Freedom of expression (Article 13)
☒ Be safe from violence (Article 19)
☒ An education (Article 28)
☒ Protection of identity (Article 8)
☒ Sufficient standard of living (Article 27)
☒ Know their rights (Article 42)
☒ Health and health services (Article 24)

What existing evidence (either presumed or otherwise) do you have for this?

Safeguarding is intrinsic to promoting human rights and ensuring prevention of discrimination and harm to people of all ages, including unborn.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?

Governance is in place to ensure the policy is embedded in practice and this includes promoting human rights.

Social Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the public sector Social Value Act 2012. This act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area. Please describe how this will support and contribute to the local system, wider system, and community.

Aspect	+ or – impact	Details and plans to minimise negative impact
Economic: promote skills, tackle worklessness, maintain employment, increase volunteer hours to support the community and promote inclusion	Positive	Not applicable
Environmental: support local, reduce congestion	Not applicable	Not applicable
Inclusion of small medium size enterprises (SMEs) in the process and supply chain	Not applicable	Not applicable
Social: reduce anti-social behaviour, tackle exclusion by promoting inclusion including to vulnerable groups	Positive	Not applicable

General public sector equality duties

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Describe how the policy contributes towards advancing equality of opportunity.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Any other impact not identified above?

No.

Summary

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/or the working environment for that group of people.

Promotion and adherence to this policy will ensure staff are confident to uphold the rights of children, families and adult at risk to live without abuse and neglect. This will be monitored via a robust governance structure.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.

This new policy has been developed to support our safeguarding duties in law and also reflect learning from safeguarding reviews nationally and locally.

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following full impact assessment action plan.

None identified.

Full impact assessment action plan

Responsible person: Cerian Margetts, lead nurse for adult safeguarding

Timescale for completion: Not applicable

Issues to be addressed: Not applicable

Action required: Not applicable

Action taken: Not applicable

Comments: Not applicable

This impact assessment should accompany the policy or service change documentation through the sign off process.

Completed by: Cerian Margetts, lead nurse for adult safeguarding
Date: 15 September 2025

Agreed by (committee): Executive Team
Date: 22 October 2025

Comments and reviews

Reviewed by	Date	Any comments not captured above