

SAFEGUARDING CHILDREN and YOUNG PEOPLE: SUPERVISION POLICY

Department / Service:	Corporate
Originator:	Sam Dixon Named Nurse Children's Safeguarding
Accountable Director:	Vicky Morris
Approved by:	Chief Nurse Head of Safeguarding Safeguarding Committee
Date of approval:	26 th February 2019
First Revision Due:	26 th February 2021
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Departments that Children and Young People access
Target staff categories	All Health Professionals who provide a service to Children and Young People.

Policy Overview:

This policy sets out the arrangements for Safeguarding Children Supervision within the Worcestershire Acute Hospitals NHS Trust. All health professionals who provide a service to children and families may well meet children who are at risk of significant harm or have been abused. Additionally, health professionals may be concerned about an adult in their care who's presenting behaviours or current medical condition may raise concerns about their ability to effectively and safely meet the needs of children in their care.

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare (Working Together to Safeguard Children 2018). Working to ensure children are protected from harm requires professional curiosity, professional judgment and professional challenge. It is recognised that working in the field of Safeguarding entails making difficult and risky professional judgments. It is demanding work that can be stressful. Therefore, all frontline practitioners must be well supported by effective safeguarding supervision, advice and support.

Safeguarding supervision offers a formal process of professional support and learning for practitioners. Safeguarding supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk (vulnerability and adversity) and protective (resilience) factors involved. Safeguarding supervision should help to ensure that practice is soundly based and consistent with Worcestershire Acute Hospitals NHS Trust (WHAT) and Worcestershire Safeguarding Children's Board (WSCB) safeguarding policies.

This policy aims to promote and support the development of a culture within the organisation in which staff value and engage in regular supervision to ensure the quality and safety of services to children, young people and their families across the Trust.

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1. Introduction

All health professionals who provide a service to children and families may come into contact with children who are at risk of significant harm or have been abused. Critical reflection through supervision should strengthen the analysis in each assessment; Working Together to Safeguard Children (2018) and play a critical role in ensuring a clear focus on a child’s welfare.

The Trust recognises that Safeguarding Children Supervision is integral to providing an effective child-centred service, promoting best practice and continuously striving to improve it. It also enables a practitioner to recognise harm to children and young people, promotes their welfare and hears their voice. The Trust has a responsibility to provide clinical supervision for all staff.

Section 11 of the Children Act (2004) identifies that all health professionals who provide help and support to promote children’s health and development should receive the training and supervision they need to recognise and act on child welfare concerns and respond to the needs of children.

The involvement of key health professionals with children, in particular where there may be unresolved safeguarding issues, means that they have a major role in the identification of abuse and neglect. Many of the inquiries into child deaths and serious incidents involving children have demonstrated serious failings in professional practice which have been attributed to lack of effective supervision and support for professionals involved in the care of vulnerable children, including those in care.

2. Scope of this document

The content of this document applies to all staff groups working for WAHT identified as requiring Level 3 safeguarding children training as mapped within the Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare staff (RCPCH: 2014) who work predominantly with children, young people and/or their families, parents/carers.

3. Definitions

Supervision

Supervision is a process of professional support, peer support, peer review and learning. The purpose of which, is to improve the quality of professional’s work by assisting them to review, plan and account for their safeguarding responsibilities, to assume responsibility for their own practice by enabling staff to develop knowledge and competences in safeguarding children through reflection. (Intercollegiate Document: Safeguarding Children and Young People; Roles and Competences for Healthcare Professionals. RCPCH 2014)

Safeguarding Supervision has three primary functions:

The management (or normative) function is primarily to provide accountability to and involvement with the organisation. This involves overseeing the quality of practice through the monitoring of professional and organizational standards, for example, by ensuring that policies and procedures are adhered to.

The educational/development (or formative) function is primarily to address the professional development needs of the supervisee. In this aspect of supervision practitioners are assisted to reflect on their work, deepen their understanding and encouraged to develop new skills.

The support/mediation (or restorative) function recognises the emotional impact of safeguarding work. This provides support for practitioners and explores strategies for coping and self-care whilst ensuring that the individual and the organisation are in agreement in terms of values, aims, task and function.

4. Responsibility and Duties

Board of Directors

The Board of Directors has a responsibility for ensuring that the Trust has in place a safeguarding children supervision policy and for the identification of systems and processes to ensure its implementation and maintenance. This includes staff training and support for all supervisors and supervisees; resources to enable time to be given over to supervision and facilities to monitor the implementation of the policy.

Chief Nurse

The Chief Nurse has delegated executive responsibility for ensuring that the Board responsibilities are enacted and that the Trust has a robust process in place for safeguarding children supervision.

Line Managers / Heads of Departments

Line Managers / Heads of Departments are responsible for:

Ensuring that safeguarding children supervision occurs in line with this policy and that staff have protected time to participate in the safeguarding supervision process.

Ensuring that staff are supported and have access to the appropriate support.

Ensuring compliance with the supervision policy: Challenge staff when they are not accessing supervision in line with this policy and considering the Trust's disciplinary process when there is evidence of consistent non-compliance.

Managing any concerns raised by the supervisor/supervisee, relating either to the supervisees' practice, individual workload or training needs.

Safeguarding Committee

The Safeguarding Committee is responsible for:

Reviewing the provision and process for safeguarding supervision across WAHT.

Monitoring audits of compliance with the supervision process and policy.

The Named Nurse/Midwife Children's Safeguarding

The Named Nurse and midwife are responsible for:

Organising and facilitating the Safeguarding Champions 3 monthly meetings, escalating any issues raised by those Champions that are trained Safeguarding Supervisors to the Safeguarding Committee.

Escalating professional practice concerns through the appropriate safeguarding route.

Recording/collating and monitoring the number of supervision sessions and reporting to Safeguarding Committee.

Reporting any staff to their line manager if they are not following the expected level of supervision as cited in this policy.

Providing supervision to individual practitioners and groups and providing ad hoc supervision to practitioners across The Trust.

The Named Doctor Safeguarding Children

To provide child protection supervision for Paediatricians and medical staff.

Safeguarding Supervisors for Children include:

- Named Nurse for Children's Safeguarding
- Named Midwife
- Specialist Safeguarding Midwives
- Safeguarding Champions who have undertaken appropriate Supervision Training e.g Richard Swan Supervision Training.
- Staff who have undertaken formal safeguarding supervision training.

The Safeguarding Supervisors for Children are responsible for acting as a resource and source of expertise for others. The Safeguarding Supervisors for Children are required to:

- Attend and maintain safeguarding children training at Level 3.
- Receive training by attending an approved safeguarding supervision course e.g. Richard Swan
- Maintain competence through their Level 3 safeguarding children training including refreshers and by attendance at their planned individual supervision or group safeguarding children supervision sessions (or both) run by the Named Nurse/Midwife.

Any registered and experienced member of staff is eligible to apply to be a safeguarding supervisor.

Individual Staff

All staff members (supervisee's) are responsible for:

- Identifying cases of concern to discuss at supervision, whether planned formal supervision or ad hoc supervision.
- Taking part in safeguarding supervision as stipulated in this policy for their role.
- Recording all child specific supervision in the child's notes, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- Providing feedback and participating in the evaluation of the safeguarding supervision process.
- Managing the security of their copy of the supervision session. When using the session for revalidation ensuring that the patient details are non-identifiable.
- Seeking ad hoc supervision from the appropriate person at the appropriate time to avoid any delay in keeping a child safe if they are concerned for the health, safety and wellbeing of a child in their care or about a parent, carer or a vulnerable adult. The appropriate person may be for instance their peer, manager, on-call site practitioners/ matrons/ safeguarding team/ MASH (multi Agency Safeguarding Hub)/ police or a Community Social worker from The Family Front Door or Emergency Duty Team.

5. MANAGEMENT OF COMPLEX CASES

When multiple health professionals are involved in the child's care where safeguarding concerns are emerging or known, then supervision is paramount to ensuring that the child's voice, health, safety and welfare are prioritised. There needs to be a coordinated approach to group supervision for the individual child/ family to be coordinated by any member of the multi-disciplinary team in conjunction with the safeguarding team.

6. ACCOUNTABILITY

A key element of child protection work is that it is underpinned by the principle of professional accountability. All staff members are required to be aware that they are responsible for their own individual practice with children, young people and their families. This includes actions they took or did not take. The supervisor does not take on this responsibility but supports colleagues through supervision, observation, support and advice. The professional is responsible for identifying cases to bring to supervision for discussion.

7. RECORD KEEPING

- It is the responsibility of all staff to maintain record keeping in line with their own Professional bodies' standards and Trust policy.
- The supervisee must record all child specific supervision in the child's records, reflecting on the discussion/challenge and analysis with a clear action plan recorded as agreed at supervision, ensuring that the date and time and name of supervisor are recorded.
- The supervisor and supervisee must keep a record/copy for supervision given/received that is not directly case specific. The templates in the appendix can be used to facilitate record keeping.
- Anonymised supervision records can be used as evidence toward professional revalidation.

8. CONFIDENTIALITY

Staff members receiving supervision must be aware that while the session is primarily confidential if any concerns arise during the sessions that may put a child, adult or staff member at risk these concerns will be escalated through the appropriate safeguarding process.

Professional practice concerns highlighted during supervision will also be escalated to the staff member’s manager in line with Trust HR Policy.

9. DISAGREEMENT RESOLUTION

Concern or disagreement may arise over supervisors/supervisee’s opinions/advice. The safety of individual children and focus on children are the paramount considerations in any professional disagreement and any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the child and associated Local Safeguarding Children Boards professional disagreement processes.

10. Implementation

Levels of Safeguarding Supervision available to WAHT staff:

Level of Supervision 1

Staff can access safeguarding support and advice from their peers, line managers and Safeguarding Champions/Supervisors.

Level of Supervision 2

Safeguarding support and advice is available from the Safeguarding Team via telephone or face to face contact.

This is one off advice regarding a specific concern.

Level of Supervision 3

Staff can access planned face to face individual supervision from the Safeguarding Team.

Level of Supervision 4

Teams can access planned face to face group supervision from the Safeguarding Team.

NB: Staff can access supervision at any time via any type on request. They must however follow The Standard Practice.

STANDARDS AND PRACTICE

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Head of Safeguarding Named Nurse Children's Safeguarding, Named Nurse Safeguarding and Named Midwife	Level 3: One to One with an appropriate/suitable Safeguarding Supervisor	A minimum of Quarterly
Named Doctor Safeguarding Children	Level 3: One to One with Designated Doctor for Safeguarding Children	A minimum of Quarterly
Associate Nurse for Safeguarding; Specialist Safeguarding Midwife and Safeguarding Administrator	Level 3: One to one with Named Nurse Safeguarding; Named Nurse Safeguarding Children/Named Midwife	A minimum of Quarterly
Named Nurse Safeguarding Adults and Staff Caring for Adult Patients who are parents or carers	Level 2: Telephone or face to face Round table process	Ad hoc
Community Midwives Hospital Midwives	Level 4: Group	A minimum of 6 monthly
Emergency Department (ED) Paediatric Nurses	Level 3: One to One	A minimum of Quarterly
Emergency Department staff – Adult	Level 4: Monthly Drop-in Sessions in Emergency Department	A minimum of 6 monthly
NICU community Team	Level 4: Group	A minimum of 6 monthly

Staff Group	Supervision tool and Process	Frequency
	Staff to utilise the Assessment Framework (The Triangle) alongside Signs of Safety process	
Paediatric Ward Staff including Matron and Ward Manager	Level 1,2,3 or 4: Group Drop-in Sessions, individual planned or ad-hoc supervision	Monthly – minimum attendance 2 per year
Paediatric Allied Health Professionals Clinical Nurse Specialists	Level 1,2, 3 or 4: Group Drop-in Sessions, individual planned or ad-hoc supervision	Quarterly – minimum attendance 2 per year
Nursing – Site Manager/On call Matron	Level 4: Group drop-in sessions	Quarterly – minimum attendance 2 per year
Ad Hoc supervision for day to day practice	Level 2: Ad hoc Round Table	Telephone/face to face
Paediatricians Medical Staff	Level 1,2,3 or 4 Peer Review with Named Doctor	By Monthly

11. REFERENCES

- Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate Document. RCPCH March 2014
- Worcestershire Safeguarding Children’s Board policies, procedures and guidelines
- Working Together to Safeguard Children July (2018). HM Government
- Framework for the Assessment of Children in Need and their Families. DOH (2000)
- Worcestershire Safeguarding Children Board Multi Agency Levels of Need: Guidance to help support children, young people and families in Worcestershire (September 2017)
- Evaluation of Signs of Safety in 10 pilots: Research Report Department for Education (July 2017)
- Children Act (2004) Department for Education

12. EQUALITY IMPACT STATEMENT

This policy has been subject to an equality impact assessment and includes measures to ensure robust training and supervision of practice to ensure that safeguarding practices are implemented fairly and equitably.

13. DISSEMINATION OF DOCUMENT

Following authorisation of this policy it will be accessible to staff by accessing the intranet homepage with a link to Safeguarding and then Safeguarding Children. When it is first published it will be advertised on all WAHT staff's Desk Tops.

- It is the responsibility of all Managers to ensure all staff in their area (clinical and non-clinical) are aware of the policy and that it is adhered to.
- It is the responsibility of the Lead Consultants to ensure all medical staff in their service are aware of, and adhere to, the policy.
- The intranet version will be the most up to date version.
- Evaluation will be sent out to staff to audit awareness of new policy within six months of dissemination.

14. ARRANGEMENTS FOR MONITORING COMPLIANCE WITH THIS POLICY

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Implementation of the policy.	Request feedback from staff groups with regards to compliance.	Twice a year	Named Nurse for Children's Safeguarding	Safeguarding Committee	Twice a year
	The Trust's statutory responsibilities associated with Section 11 of The Children's Act 2004.	Evaluate compliance of safeguarding supervision by completing an annual audit. The audit will monitor adherence to the policy; reports will be compiled detailing the numbers of staff accessing supervision.	Once a year.	Named Nurse for Children's Safeguarding	Safeguarding Committee.	Once a year.

15. Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Debbie Narburgh: Head of Safeguarding
Amrat Mahal: Head of Children and Young Peoples Nursing
Dana Picken: Matron Paediatric
Marie Hanlon: Named Doctor
Margaret Stewart: Matron Midwifery
Ellen Footman: Designated Nurse Worcestershire
David Lewis: Designated Doctor Worcestershire
Lisa Mirusszenko: Deputy Chief Nursing Officer

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Safeguarding Committee 17 th January 2019

a. Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

Approved:	Date:	Who by:
Safeguarding Committee	26 th February 2019	Safeguarding Committee

b. Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

16 Appendix

16.1 Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the Policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

16.2 Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources?	No
2.	Does the implementation of this document require additional revenue?	No
3.	Does the implementation of this document require additional manpower?	Yes: Named Nurse Children's Safeguarding sourced from existing safeguarding staff structure
4.	Does the implementation of this document release any manpower costs through a change in practice?	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

16.3 SAFEGUARDING CHILDREN SUPERVISION CONTRACT (Individual)

This contract should be read in conjunction with the Safeguarding Children and Young People Supervision Policy

Supervisor Name and signature	
Supervisee Name and signature	
Supervisee's manager	
Date of Contract	
Frequency of Sessions	
Length of Sessions	

Objectives of Supervision:

To discuss items relating to the following areas:

- Confidentiality
- Record Keeping
- Expectations of Supervision Sessions
- Supervisee will identify cases for discussion and prepare for supervision utilising the tools in appendices
- Sessions will not be interrupted unless agreed beforehand.
- Discussions will be open and honest.
- Supervisees will provide information relating to work activities as appropriate.
- Supervisees will bring patient records to the session
- Date of subsequent session to be agreed at end of session; it is the supervisee's

- Responsibility to ensure compliance to policy.
- Other Issues

16.4 SAFEGUARDING CHILDREN GROUP SUPERVISION CONTRACT SIGN IN SHEET FOR EACH SESSION (Monitoring form to be returned to child protection secretary for supervisee compliance: to be added to individuals Electronic Staff Record (ESR))

Supervisees Name (Print)	Signature	Designation

Date

Duration of Session

Location

Objectives of Supervision –

To discuss items relating to the following areas:

- Confidentiality
- Record Keeping
- Expectations pertaining to Supervision Sessions
- Each party will prepare their own agenda before the Session.
- Supervisees are responsible to identify cases for discussion/scenarios and to record case specific supervision in the patients record
- Sessions will not be interrupted unless agreed beforehand.
- Discussions will be open and honest.
- Supervisees will provide information relating to work activities as appropriate.
- Date of subsequent session to be agreed at end of session; it is the supervisee’s responsibility to ensure compliance to policy.
- Other issues Date and Time of Next Group Supervision

16.5 SAFEGUARDING INDIVIDUAL/GROUP SUPERVISION RECORD

Date

Venue:

Supervisor:

Supervisee/Group Supervision: - (Not to include names of clients – all case specific discussions to be recorded by practitioner in the client's health records)

Date	Issues discussed	Learning	Action Taken / By Whom

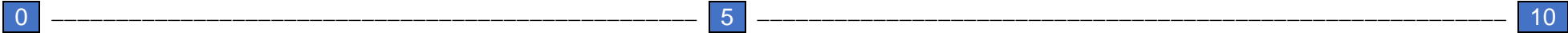
Date and Time for next supervision: –

Venue:

What are we worried about?	What's working well?	What needs to change?
Think child development		Reflection / Learning Points:
Think parenting capacity		
Think environment / social factors		
Mapping against WSCB Multi Agency Levels of Need Doc	Level 1	Level 2
		Level 3
		Level 4

On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and 0 means things are so bad for the children they cannot live at home. Where do we rate this situation? If there are different judgements, place different peoples number on the continuum.

Safety Scale



- Please see Multi Agency Levels of Need: Guidance to help support children, young people and families in Worcestershire (September 2017) for clear examples of the Level's which will provide support in decision making.

MONITORING AND COMPLIANCE

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this page. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance

What	How	Who	Where	When
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
Number and detail of all referrals made to Children's Services from all areas of WAHT	Manual data collection	Lead Nurse / Named Doctors Safeguarding Children	Safeguarding Committee / Safeguarding team /relevant divisions	annually
Safeguarding children training levels across all trust staff	Monitoring training records/ PDR	Training Department / Divisional Teams/ HR / safeguarding team	CCG / Divisional Teams / safeguarding team / HR / Safeguarding Committee	Monthly
Safeguarding supervision attainment	Supervision logs/ PDR	Safeguarding team / Divisional teams	CCG / Divisional Teams / safeguarding team / HR / Safeguarding Committee	Twice yearly

CONSULTATION

This page has been circulated to the following individuals for consultation

Name	Designation
<p>Missing / abducted policy</p> <p>Catchpole, Christopher (WRH Micro Medical Staff) <Christopher.Catchpole@worcsacute.nhs.uk>; Burrell, David (Divisional Director of Operations) <David.Burrell@worcsacute.nhs.uk>; Murray, Sonya (Dir of Nursing) <Sonya.Murray@worcsacute.nhs.uk>; Berlet, Julian (Anaesthetics - WRH) <Julian.Berlet@worcsacute.nhs.uk>; Brooks, Carole (DDN TACO) <Carole.Brooks@worcsacute.nhs.uk>; Robotham, Inese (DDOps TACO) <Inese.Robotham@worcsacute.nhs.uk>; Snead, Robin (Divisional Director of Operations) <Robin.Snead@worcsacute.nhs.uk>; Carey, Ann (Medicine DMT) <Ann.Carey@worcsacute.nhs.uk>; Scriven, Anthony (Cardiology Medics - WRH) <Anthony.Scriven@worcsacute.nhs.uk>; Baillie, Fay (Interim Director of Nursing and Midwifery) <Fay.Baillie@worcsacute.nhs.uk>; Short, Andrew (Paeds Medics WRH) <Andrew.Short@worcsacute.nhs.uk>; Garlick, Cathy <Cathy.Garlick@worcsacute.nhs.uk>; James, Graham (Oral MaxFac-MedStaff WRH) <Graham.James@worcsacute.nhs.uk>; King, Sarah (Surgery DMT) <Sarah.King1@worcsacute.nhs.uk>; Doyle, Val (Surgery) <Val.Doyle@worcsacute.nhs.uk>; Harnin, Denise <Denise.Harnin@worcsacute.nhs.uk>; Miruszenko, Lisa <Lisa.Miruszenko@worcsacute.nhs.uk>; Coombe, Steve <COOMBS4@local>Gay, Mari <Mari.Gay@worcsacute.nhs.uk>; Phillips, Andy <Andy.Phillips@worcsacute.nhs.uk>; McEwan, Rab <Rab.McEwan@worcsacute.nhs.uk>; Price, Denise (Project Nurse)</p>	

<p><Denise.Price2@worsacute.nhs.uk></p>	
<p>Supervision policy</p> <p>Hardy, Suzanne (Asst Dir of Nur - WRH) <Suzanne.Hardy@worsacute.nhs.uk> ; Harnin, Denise <Denise.Harnin@worsacute.nhs.uk>; Robotham, Inese (Deputy COO) <Inese.Robotham@worsacute.nhs.uk >; Snead, Robin (Divisional Director of Operations) <Robin.Snead@worsacute.nhs.uk>; Carey, Ann (Medicine DMT) <Ann.Carey@worsacute.nhs.uk>; Scriven, Anthony (Cardiology Medics - WRH) <Anthony.Scriven@worsacute.nhs.uk >; Baillie, Fay (Interim Director of Nursing and Midwifery) <Fay.Baillie@worsacute.nhs.uk>; Short, Andrew (Paeds Medics WRH) <Andrew.Short@worsacute.nhs.uk>; Garlick, Cathy <Cathy.Garlick@worsacute.nhs.uk>; Catchpole, Christopher (WRH Micro Medical Staff) <Christopher.Catchpole@worsacute.nhs.uk>; Burrell, David (Divisional Director of Operations) <David.Burrell@worsacute.nhs.uk>; Murray, Sonya (Dir of Nursing) <Sonya.Murray@worsacute.nhs.uk>; Berlet, Julian (Anaesthetics - WRH) <Julian.Berlet@worsacute.nhs.uk>; Brooks, Carole (DDN TACO) Carole.Brooks@worsacute.nhs.uk Gay, Mari <Mari.Gay@worsacute.nhs.uk>; Miruszenko, Lisa <Lisa.Miruszenko@worsacute.nhs.uk >; Price, Denise (Project Nurse) <Denise.Price2@worsacute.nhs.uk></p>	
<p>This page has been circulated to the chair(s) of the following committee's / groups;</p>	
<p>Lisa.Miruszenko - Safeguarding Children Committee & Safeguarding Adults Committee & Trust Childrens Board</p>	

IMPLEMENTATION

Plan for implementation

How are you going to implement and ensure all relevant staff are aware of this pathway?

Included in content of training sessions

Part of the safeguarding pathway

Notified to all divisional leads

Safeguarding supervision policy will require an implementation plan due to financial & resource issues for The Trust

DISSEMINATION

To all divisional leads

TRAINING AND AWARENESS

This section should refer to training as identified in the Trusts Training Needs Analysis Appendix A of the Trusts Mandatory Training Policy

The information included as content of these pathways is discussed as part of safeguarding mandatory training

EQUALITY IMPACT ASSESSMENT

To be completed by the owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:	
	Race	NO
	Ethnic origins (including gypsies and travellers)	NO
	Nationality	NO
	Gender	NO
	Culture	NO
	Religion or belief	NO
	Sexual Orientation	NO
	Age	YES Includes all children up to their 18th Birthday and some children beyond this age where specific disability is identified
2.	Is there any evidence that some groups are affected differently?	NO
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	YES

4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	NO
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A
6.	Can we reduce the impact by taking different action?	N/A
7.	Other comments	N/A

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

FINANCIAL IMPACT STATEMENT

To be completed by the owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	YES A Large proportion of staff will no longer be required to attend 1 day classroom taught training sessions, but they will require 1-2 hours to complete E-Learning modules
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
6.	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval