

TRUST-WIDE CLINICAL POLICY DOCUMENT

CLINICAL / MANAGERIAL / SAFEGUARDING SUPERVISION AND REFLECTIVE PRACTICE

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TRUST-WIDE CLINICAL POLICY DOCUMENT

2017 – Version 4

Quality, recovery and
wellbeing at the heart
of everything we do

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**CLINICAL / MANAGERIAL SUPERVISION
AND REFLECTIVE PRACTICE**

Further information about this document:

Document name	CLINICAL, MANAGERIAL SUPERVISION/REFLECTIVE PRACTICE POLICY SD33
Document summary	Mersey Care NHS Foundation Trust recognises that supervision is a core component of best practice that supports staff in developing skills and competencies and maintaining practice standards.
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Version Control:

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Version 3	Amended by Rosie Temple and Maria Tyson Policy Group Executive Committee	February 2017 February 2017 March 2017
Version 4	Minor Amendments by Chantelle Carey	August 2017

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child / adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the Trust’s safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

		Page
1	Purpose and Rationale	5
2	Scope	5
3	Definitions	5
4	Duties	7
5	Process/Procedure	9
6	Consultation	20
7	Training and Support	20
8	Monitoring	21

APPENDICES

A	Guide	22
B	Clinical supervision contract	25
C	Record sheet	27
D	Reflective log	29
E	PACE Evidence sheet	30
F	Safeguarding Children Supervision Mandatory Offer	31
G	Safeguarding Children Supervision Contract of Agreement	32
H	Safeguarding Children Supervision Record Unplanned/Reactive	34
I	Safeguarding Children Case Supervision	35
J	1:1 /Group Safeguarding Children Supervision Record	36
K	Equality and human rights analysis	37

1 PURPOSE AND RATIONALE

- 1.1 The Trust is committed to supporting staff to understand their role, responsibilities and key objectives and enabling them to undertake their job as effectively as possible. The supervision of staff is one of the key processes by which this can be achieved.
- 1.2 It is the policy of Mersey Care NHS Foundation Trust, that all staff will receive management supervision, and clinical staff also receive appropriate clinical and safeguarding supervision in line with this policy and respective professional body guidance.
- 1.3 This document incorporates management, clinical, Safeguarding children and reflective practice supervision into one policy and seeks to be inclusive for the entire workforce (both professionally registered and non- registered staff, clinical and support staff).
- 1.4 Local Authority staff managed within the Trust should receive supervision in accordance with the Local Authorities' own supervision policies. Seconded Local Authority managers supervising Trust staff are required to apply this policy for that purpose.
- 1.5 The policy provides a framework for ensuring that the support and development needs of staff are identified and met to enable them to deliver high quality services efficiently and effectively. The policy needs to be implemented in line with the Trust Personal Achievement and Contribution Evaluation (PACE).
- 1.6 The purpose of Safeguarding Children Supervision is to support staff who are involved either directly or indirectly with safeguarding children with expert specialist supervisory skills. Supervision is a tool to be employed to assist Mersey Care staff to have the appropriate knowledge, skills and competencies to intervene or act where there are concerns about a child/young person through learning from previous cases they have been involved in. This may require the member of staff to review their current practice and make changes accordingly.

2 SCOPE

- 2.1 Mersey Care Foundation NHS Trust recognises that supervision is a core component of best practice that supports all staff in developing skills and competencies and maintaining practice standards.

3 DEFINITIONS

- 3.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

The Trust offers the following types of supervision to staff:

- Management Supervision

- Clinical Supervision
- Safeguarding Supervision

Management Supervision

- 3.2 Management supervision is a separate process to clinical supervision whereby the line manager meets with staff within their remit on an individual basis to monitor performance; in line with the staffs individual development needs and agreement of personal development plans.
- 3.3 However during management supervision, line managers are required to monitor the requirements for a clinical practitioner in relation to clinical supervision; to monitor the arrangements and uptake of clinical supervision.

Clinical Supervision

- 3.4 Clinical supervision is an essential component in ensuring the provision of safe and accountable practice. It is an activity that brings supervisors and practitioners together in order to reflect upon their practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues. It contributes significantly to reduce emotional exhaustion among clinical staff. It can help to monitor individual performance against expectations of role and progress within individual development needs and agreement of personal development plans. There are various models or approaches to clinical supervision: one-to-one supervision, group supervision, peer group supervision.

Safeguarding Children Supervision

- 3.5 Safeguarding Children Supervision describes the process whereby one of the Trust's Named Safeguarding Professionals offers supervision and support to those staff working with vulnerable cases causing the individual concern. These cases can include the following:
- A child, young person or unborn who is subject to a child protection plan
 - Children or young people subject to Child in Need plans
 - Children, young people and their families requiring/involved with support from Early Help Services (EHAT)
 - Children and young people whereby there is a care order in place and they are currently 'looked after' by the Local Authority
 - Children, young people and their families where high risk domestic violence / abuse is known and has been referred to the Multi Agency Risk Assessment Conference (MARAC)
 - Children, young people and their families noted to be affected by parental substance misuse or parental mental health

- Children and Adolescent Mental Health
- Vulnerable adults

And involves a process of reflection on practice that enables the employee to learn from experience and maximise opportunities to enhance his/her personal awareness and clinical effectiveness.

- 3.6 Regular high quality safeguarding supervision is an essential element of effective arrangements to safeguard Children
- 3.7 Working Together to Safeguard Children (2015) outlines a requirement for supervision within statutory agencies. This requirements state that “organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children including appropriate supervision and support for staff”.

Delivery of Clinical Supervision

- 3.8 Clinical Supervision may be delivered and received via the following agreed methods:
- a) One to One Supervision: this type of clinical supervision usually takes place between two members of the same group with the supervisor usually being senior to the supervisee.
 - b) Peer Group Supervision: peer group supervision usually takes place within a small group setting of the same staff group, within the same specialty, equal experience and sharing supervision tasks equally.
 - c) Multidisciplinary Group Supervision: this model of clinical supervision is a non-hierarchical relationship and takes place between a facilitator and a group. The facilitator does not have a line management relationship with the supervisees and the supervisees will be from different professional groups.
 - d) Unplanned or Ad-hoc Supervision; this can happen in a variety of settings and in different forms and may be called consultation. All staff should have access to daily ad hoc supervision for urgent and routine work and this can be recorded as clinical supervision provided.
 - e) In-patient Clinical Supervision; staff working within in-patient services work in teams directed by the most senior registered practitioner on duty, who is expected to clinically supervise the work of the team. The in-patient team will be expected to sign a group clinical supervision contract and where clinical supervision takes place on an ad-hoc or planned basis, this should be recorded.

4 DUTIES

4.1 Executive Director of Nursing

- To ensure that the policy is being implemented by all relevant members of staff.
- To ensure that a culture is created whereby supervision and development is seen as a priority for all

4.2 Senior Nurse

- To advise managers of the delivery of their responsibilities under the policy;
- To ensure that training is available for clinical supervisors to support them in fulfilling their duties under the policy effectively;
- To keep the policy up to date based on good practice.

4.3 Managers

- To ensure every member of staff is allocated a management supervisor
- To ensure that an appropriate clinical supervisor for all registered clinical staff is identified
- To ensure that Local Authority requirements for seconded staff are met.
- To facilitate the time to ensure that supervision takes place.
- To monitor line managers, to ensure regular management, clinical and reflective practice supervision is undertaken and that the documentation is stored appropriately as evidence.
- To ensure that all unregistered clinical staff have access to reflective practice.

4.4 Line Managers (within management supervision)

- To ensure that management supervision fulfills the requirements as outlined in this policy
- To ensure that supervision is a two-way process;
- To commit to maintaining the frequency of supervision sessions.
- To provide constructive feedback using examples of practice to enhance performance;
- To keep records and lead/participate in audit of the policy as appropriate.
- To provide an opportunity for practitioners to reflect on and discuss issues about safeguarding, and to empower staff to develop confidence and competence.

- To ensure cases involving issues of safeguarding children and/or adults at risk (vulnerable adults) are identified, reviewed and appropriate action taken.

4.5 Clinical Supervisors

- To ensure that they have and maintain the right skills/experience to undertake clinical supervision.
- To ensure that clinical supervision is delivered as outlined in this policy.
- To ensure that a clinical supervision contract is drafted and signed.
- To provide an environment for reflection.
- To keep and store records as per policy and as agreed with the supervisee
- To liaise with the supervisee's line manager where there are concerns about patient risk issues, or concerns about a supervisee's practice.
- To provide an opportunity for practitioners to reflect on and discuss issues about safeguarding, and to empower practitioners to develop confidence and competence.
- To ensure cases involving issues of safeguarding children and/or adults at risk are identified, reviewed and appropriate action taken.

4.6 All Staff

- To attend, prepare for and contribute to management and clinical supervision
- To be involved in the drafting of the supervision contract (if appropriate) and to adhere to this
- To negotiate the agenda to ensure that their concerns/issues are discussed
- To ensure that supervision is a two-way process
- To respond appropriately to constructive feedback
- To participate in agreed development activities
- To keep records as appropriate.
- To ensure cases involving issues of safeguarding children and/or adults at risk are identified, reviewed and appropriate action taken

5 PROCESS / PROCEDURE

5.1 Management and Clinical Supervision

Supervision of staff should be based on the following principles:

- All staff have a right to regular formal supervision.
 - Supervision is a two way process.
 - Supervision meetings should be agreed in advance and held in a suitable private room free from interruptions.
 - It is the manager's responsibility to ensure that supervision takes place.
 - It is the manager's responsibility to ensure the content of each session is recorded electronically.
 - It is the responsibility of the supervisee to co-operate with the process including attendance, preparation and participation.
 - All supervisory activity should be carried out in line with the Trust/Local Authority Equal Opportunities policy.
 - Protected time, line managers are required to provide staff with protected time to receive management supervision.
- 5.2. It should be noted that team meetings, case discussions, briefings and specific group supervision sessions are useful activities to supplement management supervision. Supervisors need to provide opportunities for staff to have feedback and advice outside of the formal supervision sessions as required.
- 5.3. Management supervision will be undertaken by the individual's immediate line manager or delegated management supervisor. The delegated management supervisor should be at an appropriate grade and possess the skills and experience required to supervise others effectively. The suitability of an individual to act as a delegated management supervisor will be assessed by the team manager.

Frequency and Content of Management Supervision

- 5.4 All staff should have access to individual management supervision. Group or peer supervision may be undertaken in addition to individual supervision where appropriate. However, all staff must have an individual supervision session with their line manager at least six times a year, and total management supervision time amount to no less than 6 hours annually. The frequency of supervision may be increased if there are particular performance issues to be addressed.

Development

- 5.5 There is a duty on the line manager to:
- Ensure all employees receive an annual Appraisal and agree a Personal Development Plan

- Communicate the organisation's expectations in relation to staff training, as identified in the training needs analysis
- Support employees to continue to learn and apply learning to work practice
- Assess and document evidence of competence
- Support employees to prepare for qualifications, awards and other forms of professional development.

Support

5.6 There is a duty on the line manager to:

- Give constructive feedback on work performance, give praise for good work and plan ways to improve performance
- Facilitate opportunity for the employee to openly discuss concerns and anxieties about their work/workloads.
- Facilitate the good health and well-being of employees i.e. identify stress levels
- Ensure equality issues are taken into consideration

Communication

5.7 There is a duty on the line manager to:

- Ensure employees are consulted about organisational developments
- Involve employees in organisational decision making
- Deal sensitively, but clearly about customer care including complaints
- Represent employee and service needs to senior managers as required.

Record Keeping for Management Supervision

5.8 A log of individual management supervision sessions (Appendix 3) should be kept by the supervisee, and electronically logged by the management supervisor at each session, and be made available as evidence of management supervision at the staff members Annual Appraisal.

5.9 There will be a written record of each supervision session, which should be signed by both supervisor and supervisee and kept by the management supervisor (a copy being given to the supervisee). Appendix 1 gives an example of a management supervision record form. This may be modified to meet the local needs of services; however services should ensure that the minimum data set is consistent.

- 5.10 The record may be used to identify personal objectives, goals and suggestions for issues to be covered at future meetings. The record should not contain patient identifiable information.
- 5.11 Management Supervision of Seconded Staff, Students, Trainees and Volunteers.
- 5.12 Line management supervision of staff seconded from other organisations to work in Mersey Care should be in accordance with the policies and standards of their employers, however Mersey Care are responsible for providing line management supervision for their seconded work.
- 5.13 Supervision of students and trainees on placement within the Trust must comply with Professional Body/Higher Education Institution guidance in relation to the specific student/trainee type.
- 5.14 Requirements for the supervision of Volunteers within the Trust are specified in the Voluntary Services Policy

Clinical Supervision

- 5.15 All registered staff directly involved in the clinical care of service users/carers must receive clinical supervision and participate in reflective practice. Normally clinical supervision occurs on a 1:1 basis between supervisor and supervisee. However there are circumstances where peer or group supervision is more appropriate, but the standards for these must be equivalent for those of individual supervision.
- 5.16 Other opportunities for peer review of clinical practice (for example Consultant Doctor's CPD Groups or Case Presentations) may also qualify as clinical supervision.
- 5.17 Clinical supervision involves a verbal presentation by the clinician of any aspect of or related to her/his clinical work, with the opportunity for feedback from the clinical supervisor and/or supervision group. Feedback is sensitive, yet constructively challenging, enabling the clinician to develop insight into both her/him and service users/carers with whom they are working, with the ultimate objective of becoming a more capable, confident and an effective practitioner.
- 5.18 Clinical supervision, therefore, is an essential tool in the development of good working practice. It promotes therapeutic proficiency, encourages a high standard of caring, and supports the maintenance of clinician well-being through containment and support, ideally enabling the clinician to feel valued, motivated and satisfied with their work.
- 5.19 Clinical supervision may also incorporate many forms of supplementary specialist supervision including supervision set out in profession or role-specific policies and codes of practice (e.g. Approved Mental Health Professionals, Psychological Practitioners).

- 5.20 Line managers are responsible for ensuring a suitable clinical supervisor is identified for each staff member. Choice of clinical supervisor for a specific staff member should depend on the match between the supervisor's competencies and the supervisory needs of the individual, rather than being based solely on professional background.

Delivery of Clinical Supervision

5.21 Clinical Supervision Contract

For 1:1, group and peer supervision, a contract should be drawn up, including: Appendix 2

- The format of the supervision (e.g 1:1, peer, group)
- Frequency of supervision
- Length of supervision meetings
- Accommodation of supervision meetings
- Areas for supervision
- Confidentiality and exceptions
- Role of the supervisor(s)
- Role of the supervisee
- Both parties need to be committed to the supervision arrangements and are required to agree and sign a supervision contract. A sample clinical supervision contract is attached at Appendix 1.

Frequency of Clinical Supervision

- 5.22 All registered staff directly involved in clinical care must have a minimum of 6 supervision sessions annually (occurring at regular intervals and amounting to no less than 6 hours per year), unless there are mitigating circumstances authorised by the Service Manager, or more frequently where required by specific professional/regulatory body necessary to maintain professional registration.

Principles upon which clinical supervision will be based:

- 5.23 Agreements to participate in clinical supervision will be incorporated into contracts of employment of all clinical staff on appointment to the Trust. Attendance at planned supervision sessions is mandatory, not optional. Non-attendance without any prior apologies will count as a missed session. Each Service Manager will ensure that every clinician in his or her sphere of responsibility will be allocated a clinical supervisor or have access to peer/group supervision. Each Service Manager will ensure that the minimum time is made available for clinical supervision sessions to be held. Time for

clinical supervision sessions must be agreed by both supervisor and supervisee.

Record Keeping for Clinical Supervision

- 5.24 A record of the content of individual, peer or group clinical supervision sessions should be recorded electronically and be accessible by the supervisor or supervisee as appropriate. However, where decisions related to safeguarding or risk management arise in clinical supervision, these need to be recorded contemporaneously within the patient's electronic case record. All clinical supervision records may be subpoenaed by a court of law in exceptional circumstances. In this regard, they are no different to any other clinical notes, which practitioners may take.
- 5.25 Records will enable those involved to demonstrate what has been discussed and learnt, and may provide an overview of practice. It is the responsibility of both the clinical supervisor and the practitioner to agree how they will keep clear, accurate and up-to-date records. These records must be kept in accordance with Trust policies on confidentiality and record keeping. An example of a Clinical Supervision Record appears as Appendix 3.
- 5.26 Supervisees may also keep their own more comprehensive records, for example, as part of a reflective journal and/or professional portfolio. The contents of this journal/portfolio must be confidential.
- 5.27 All clinical supervision records may be subpoenaed by a court of law in exceptional circumstances. In this regard, they are no different to any other clinical notes, which practitioners may make.

Clinical Supervision of Seconded Staff, Students, Trainees and Volunteers

- 5.28 Clinical supervision of staff seconded from other organisations to work in Mersey Care should be in accordance with the policies and standards of their employers, however Mersey Care are responsible for providing clinical supervision for their seconded work.
- 5.29 Clinical Supervision of students and trainees on placement within the Trust must comply with Professional Body/Higher Education Institution guidance in relation to the specific student/trainee type.
- 5.30 Requirements for the supervision of Volunteers within the Trust are specified in the Voluntary Services Policy.

Confidentiality

- 5.31 Confidentiality in clinical supervision follows the principles of confidentiality on work with service users/carers. The content of clinical supervision should usually remain confidential between the supervisee and supervisor (or other members of a supervision group), however the safety and well-being of service users/carers is paramount. There may be circumstances where it is

appropriate for the supervisor to disclose the content of clinical supervision a third party, including:

- Where risk management or safeguarding issues emerge during clinical supervision
- Where disclosure to other care providers is necessary for the safe delivery of care by other providers.
- Clinical supervisors may need to liaise directly with the supervisee's line manager if there are issues of concern regarding an individual's conduct, competency, fitness to practice, or personal well-being.
- Where required to do so as part of a legal process.
- Where possible, the clinical supervisor should endeavor to discuss their reasons for third party disclosure with the supervisee in advance of making the disclosure.

Supervision and Safeguarding

- 5.32 Mental health, domestic abuse and substance misuse are the three most common themes in serious case reviews (investigations into unexpected child deaths). Children who live in these complex families are also the biggest percentage of child protection cases and children who are in care. As such, children who are parented or cared for by Mersey Care service users fall into a higher risk group. There are also Mersey Care service users who are vulnerable children and young people themselves, and safeguarding is often an integral part of their care.
- 5.33 There is a shared responsibility between supervisor and supervisee to safeguard children and adults at risk. Both supervisor and supervisee have a duty to constructively address safeguarding issues in a manner that embraces best practice, learning, and the safety and well-being of children, vulnerable adults and families.
- 5.34 As such, any case where safeguarding issues arise, including domestic abuse, should be taken to clinical and managerial supervision and reviewed in supervision until the issue is resolved. This will include considering how race, culture, ethnicity and all aspects of diversity can affect safeguarding issues.
- 5.35 A safeguarding focus will help to ensure that practice is soundly based and consistent with National, LSCB/LSAB and Mersey Care procedures. It should enable practitioners to fully understand their roles, responsibilities and the scope of their professional discretion and authority in safeguarding children and adults at risk, improving quality of practice and outcomes. It is intended to provide support and scrutiny, as well as to help identify the training and developmental needs of practitioners. Safeguarding demands a proactive style, as such it may require the member of staff to review their current practice and make changes accordingly.

- 5.36 Emphasis is placed on quality of care and good clinical practice. As such the issues to be looked at include:
- a) Records held by practitioners including assessments, risk assessments and care plans - monitoring progress, providing a review and an evaluation of outcomes
 - b) Ensuring a commitment to early intervention, multi-disciplinary and multi-agency working. Demonstrated by effective communication and information sharing, including joint coordination of care, and the need to plan/ or respond to disengagement, discharge and follow up arrangements
 - c) Support and guidance offered to help empower and support practitioners in requesting inter-agency meetings, e.g. professional meetings, child/adult protection conferences, when concerns have been identified.
 - d) Support and guidance on how to escalate concerns when there are professional disagreements between services in relation to safeguarding
 - e) Both supervisor and supervisee need to:
 - Prioritise issues/cases to be discussed at each session
 - Identify issues for exploration and improvement of practice
 - Develop practice as a result of supervision
 - Share issues and explore interventions that are useful
 - Be prepared for constructive feedback/challenge
 - Ensure the actions to be followed are agreed.
 - Any action not followed should be recorded indicating the reasons why it has not been followed. This will be discussed with the supervisor and agreed plans put in place.
- 5.37 All cases where safeguarding issues are raised in supervision should also be brought to the attention of the team manager and discussed in the team multi-disciplinary meeting
- 5.38 Supervisors should be trained in safeguarding children and adults at risk, and supervision skills and have up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults at risk.
- 5.39 When there is a change of practitioner from a caseload, a final review of the caseload should take place with the Supervisor. The family and all

professionals e.g. GP, Social Worker, Probation, Health Visitor/School Nurse involved with the family should be informed of the change in practitioner.

- 5.40 For further information on the impact of risk factors with respect to safeguarding, domestic abuse and for other related issues, staff should refer to the Trust Safeguarding Children and Safeguarding Vulnerable Adult Policies.

Safeguarding Children Supervision

- 5.41 Mersey Care Trust has a statutory obligation to ensure formal supervision takes place as part of an agreed arrangement between the supervisee and the supervisor. The Trust has set out its mandatory safeguarding children supervision offer (**Appendix F**).
- 5.42 **Formal Supervision** will take place as part of an agreed arrangement and will be scheduled to take place at regular intervals. The use of an agreed supervision contract/agreement will be used to promote this agreement **Appendix G**.
- 5.43 **One to One Supervision** between the Named Nurse Safeguarding Children and Specialists Practitioners should be recorded using **Appendix J**. This will be stored by the Named Nurse Safeguarding Children/Safeguarding Adult Lead. A copy will also be sent to the Practitioner for their own records.
- 5.44 **Case Supervision** describes the process whereby the Named Nurse for Safeguarding Children will offer supervision and support to those staff working with vulnerable cases as set out in **Appendix F**. Case supervision should be completed using **Appendix I** to ensure all relevant areas are covered during the session and this should be recorded by scanning onto the child's electronic records.
- 5.45 **Unplanned/ Reactive Supervision**; It is recognised that staff will often require advice or support in relation to safeguarding children outside of the formal supervision arrangements. In the first instance they should approach their Named Safeguarding Professional who will record the information discussed and the actions agreed using **Appendix H**. This record will be returned to the practitioner for scanning in the child's electronic records. In cases where the practitioner is primarily working with the parent then the record of supervision should be scanned onto the parents records.
- 5.46 Group Supervision is the process whereby the learning and development of an individual is facilitated by the support of the supervisor and a group of colleagues. It provides an opportunity for supervisees to experience mutual support, share common experiences, solve complex tasks, learn new behaviours, participate in skills training, increase interpersonal competencies, and increase insight. The core of group supervision is the interaction of the supervisees. Group supervision will take place on a quarterly basis between a Named Safeguarding Practitioner and Safeguarding Ambassadors as set out in Appendix F. Recording of this supervision will be through minutes of the

Safeguarding Ambassadors meeting. Other group supervision for instance post ALTE /SUDIc will be recorded using Appendix J.

Clinical Supervision Contracts

5.47 For 1:1, group and peer clinical supervision, a contract should be drawn up, including:

- The format of supervision (e.g. 1:1, peer, group)
- Frequency of supervision
- Length of supervision meetings
- Accommodation for supervision meetings

Reflective practice

5.48 All unregistered staff directly involved in the clinical care of service users/carers must have access to reflective practice.

- Reflective practice is a process by which clinicians are assisted to improve practice and deal with the stresses inherent in a caring role.
- Supports and develops competence by providing the opportunity to discuss and reflect upon work in a supportive yet challenging environment.
- Reflective Learning is part of professional accountability. Also considered essential when working with people experiencing a personality disorder as it aids development of empathy for those individuals who might be causing interpersonal challenges for care workers.

There are 3 core principles that should be met:

1. At least 2 people should meet for the purpose of clinical reflection.
2. Reflection should be used to focus upon practice and actions identified.
3. Meetings are structured, organized and documented electronically.

Reflection can be accessed in various ways. It should be recognized that an individual's needs may be different at different times.

5.49 One-to-one reflection

- Facilitated reflection with a senior member of staff
- Peer reflection

Group reflection

- Group reflection with a facilitator
- Peer group reflection
- Team meetings incorporating reflective discussion

Every member of staff will be encourage to access clinical reflection using a method to meet their needs for 1 hour every 2 months as a minimum.

Reflection

5.50 Good reflection relies on trust and therefore a reflector has a right to expect the content of the session to remain confidential. However confidentiality within clinical reflection has limits and it may be breached when:

- The reflector has broken their code of conduct
- The reflector has acted illegally
- There is a risk to patients
- There is a risk to the public or other members of staff

5.51 It is necessary to break confidentiality then these are the steps the facilitator should follow:

- Discuss the issue with the reflector and encourage them to take appropriate action with an appropriate time limit.
- If this does not happen the facilitator may break confidentiality but must inform and discuss with the reflector first.

It is essential that a facilitator seeks advice and guidance if they are concerned about the content of any reflection session. This may be by using the appropriate policies such as Whistle Blowing, Bullying and Harassment, or by managerial or supervision support.

Documentation

- All reflection undertaken should be recorded. (Appendix 4)
- An electronic record of items discussed, decision made and agreed actions in an action plan should be produced as an outcome of each session and to be reviewed at the next session in order that actions agreed at the previous session can be followed up.
- Where learning and development needs are identified the reflector should ensure that these are included on the action plan.

Performance Management

5.52 Performance Management

There is a duty on the line manager to:

- Ensure employee's performance is monitored and evaluated utilising Knowledge and Skills Framework/National Occupational Standards as appropriate
- Ensure corporate and departmental policies, procedures and practices are understood and followed
- Allocate and prioritise work
- Enable employees to manage their workload
- Monitor progress towards objectives set at the staff member's annual Appraisal
- Set new work and development objectives as appropriate
- Evaluate the effectiveness of the staff member's work

5.53 Where there is an issue of poor performance, this must be raised and recorded in supervision. Advice must be sought from the Human Resources Department if further support is required to improve performance; this should be implemented in line with the Trust Procedure for Improving Performance/capability or equivalent Local Authority Policy.

6 CONSULTATION

Prior to 2017 amendment	For 2017 amendment
Allied Health Colleagues Senior Nurse Group Learning and Development	Head of Nursing Project Manager / Project Management Office Organisational Effectiveness Divisional Leads for Local and Secure divisions

7 TRAINING AND SUPPORT

6.1 Training and experience are considered essential for those acting as clinical supervisors and all supervisors must attend appropriate training programmes in clinical supervision, prior to taking on this responsibility. Where available, those who receive clinical supervision will also be expected to attend training that informs and supports them through the process.

6.2 For the training requirements associated with this policy please refer to the organisational training needs analysis found in the Trusts Learning and Development policy which can be found within the Trust policies, and is named **HR05 - Learning & Development for Staff within Mersey Care**. A flexible approach towards the development of the appropriate and effective supervision

skills should be adopted. This includes open learning packages, directed study and workbook completion in addition to clinical coaching by staff competent in delivering clinical supervision.

- 6.3 Staff who identify a need to develop further skills may access a detailed training module provided by local universities. These modules are available as part of the CPD apply and funded centrally. Information is available from the Learning and Development Team.
- 6.4 Training videos are available on the electronic system used for recording clinical and management supervision. These videos are located within the 'Need Help' option on each screen.

7 MONITORING

- 7.1 In order to ensure that the standards outlined in the policy are being implemented, staff should maintain a log of both Management and (where appropriate) Clinical Supervision. These should be made available to line managers on request, and the line manager should confirm that completed logs have been presented at the staff member's annual Appraisal. Ongoing monitoring of Management and Clinical Supervision should take place during Line Management sessions to promote compliance with the Supervision Policy standards in advance of staff Appraisal.
- 7.2 Compliance with standards for the frequency of supervision sessions held will therefore be monitored annually through all staff member's annual Appraisal. This will facilitate delivery of an annual compliance report which will be reported into the Strategic Workforce Committee.
- 7.3 In addition to the Trust-wide annual monitoring and reporting systems, individual clinical directorates and/or professional groups may choose to develop more frequent monitoring and reporting process at a local level to support implementation of, and compliance with the policy standards

GUIDE INCLUDING ELECTRONIC RECORDING ADVICE

<p>This guide is aimed to assist managers in covering all key aspects of supervision including prompts where required for recording information electronically. Supervision should be implemented following the Policy SD33</p>		
		<p><u>Local and Secure advise for electronic system:</u></p>
<p>Health & wellbeing of supervisee</p>	<p>This section is to record how the supervisee is feeling and checks for any problems physical or psychological that may be impacting on work, also to check out work-life balance, fitness to practice. It will then provide both parties the opportunity to agree remedial action. It is important to ask the supervisee if they feel supported in their work-life and record their answer - "How supported do you feel at work?" follow up question "what needs to happen to make you feel more supported?"</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Management Supervision' type is used and is recorded under 'General Discussion.'</p>
<p>Review of last supervision</p>	<p>Always read back the notes taken from the last supervision and check for accuracy. Both parties should sign off and date.</p>	<p>When using the electronic system:</p> <p>Supervisors should check 'Staff Who I Supervise' and view the appropriate member of staffs last supervision</p> <p>Supervisees should check 'My Own Supervisions' to view last supervision</p>
<p>Key Responsibilities (e.g. BIT/KPI's/Leadership & Management)</p>	<p>Both parties can review BIT and check for any anomalies, select 1 person to focus on data capture on e-pex and check out clustering.</p> <p>Ask the supervisee "How are you demonstrating the trusts CARE values within your day to day practice and how are you encouraging others to do so. The CARE values and example behaviours are outlined in the Staff Charter. "What helps or hinders you living the values?"</p> <p>Continuous Improvement, Accountability, Respect,</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Management Supervision' type is used and is recorded under 'Performance / Capability.'</p>

	Enthusiasm	
Safeguarding	<p>Child- Always remind staff of their duty to report all safeguarding issues whether they be in relation to children noting the needs of the child are paramount as defined in the 'Children's Act' - in this you are attempting to look at things like child visiting, whether children are in or around the home of our Service Users and therefore giving due consideration to the safety of the child. Discuss any on going cases.</p> <p>Adult- Adult Protection issues look at vulnerable adults as per the definition within the Trust Policy how you are looking to remind people that we have a duty to protect from exploitation and abuse and when this does occur we have an immediate duty to act to protect and report. Discuss any on going cases. Any other risk issues can be discussed here.</p>	<p>Please note: It is advised that safeguarding concerns / issues are raised as normal through required systems.</p> <p>When using the electronic system:</p> <p>Supervisors should use the safeguarding option only when supervision has discussed on-going safeguarding cases, or has specific questions around safeguarding recording on other systems.</p>
Training & Development	<p>Check where supervisee is up to with mandatory training. Look at any training needs arising from the session or PDP and ensure dates are entered into their diary – also offer support for any on-going training and ask how this is going.</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Management Supervision' type is used and is recorded under 'Development.'</p>
Caseload / Workload (delete as applicable)	<p>Clinically this would be the caseload of the individual, an update for most as to when the last intervention/visit took place and progress to date, but where there are complex issues an opportunity to discuss. Reflect and agree any action going forward.</p> <p>Non clinical staff might spend time in this section discussing their work in relation to role and job description.</p> <p>This section can also record the request for Clinical Supervision and any follow up from this.</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Clinical and Management Supervision' type is used and is recorded under 'Current Caseload Management.'</p>
Documentation (i.e. epex/CPA/breaches etc.)	<p>Clinicians may at this point use e-pex to review and check on assessment, CPA and Care Plans. Care co-ordinator audit discussed.</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Clinical Supervision' type is used and is recorded under 'Risk Assessment', 'Care Plan Management', or 'Recovery Plans.'</p>
Feedback	<p>In keeping with our value Continuous Improvement, how might we improve your supervision session?</p>	<p>When using the electronic system:</p> <p>It is advised that the 'Clinical and</p>

Management Supervision' type is used and is recorded under 'General Discussion.'

Clinical supervision	Do registered staff have access to and participate in clinical supervision.
Reflective Practice	Do unregistered staff have access to and participate in reflective practice

CLINICAL SUPERVISION CONTRACT

This contract identifies the agreed arrangements for clinical supervision between:

Supervisee:	
Supervisor:	

1. SESSIONS

We agree to meet on a regular basis, and as follows:

Frequency:	
Time per Session:	
Day (if fixed):	

If possible, 24 hours notice should be given if the session has to be cancelled by either party and a record kept of this.

2. CODE OF ETHICS / CONDUCT

Each practitioner will continue to adhere to their respective and relevant Code of Professional Ethics/Conduct, throughout the supervision time. Both parties should be aware of this and of any other aspects of profession-specific practice, which is relevant to the supervision relationship.

3. RECORDING

Action Plans and Safeguarding concerns (where relevant) to be recorded on advised template by the Clinical Supervisor and signed by both parties.

4. CONFIDENTIALITY

Both parties are to be aware of the limits and boundaries of confidentiality in accordance with the Clinical Supervision Policy.

5. ANY FURTHER AGREED CONDITIONS:

.....

6. JOINT REVIEW OF CLINICAL SUPERVISION TO TAKE PLACE IN:

.....

SIGNATURES:

Supervisee..... Date.....

Supervisor..... Date.....

RECORD SHEET

Name:		Date and Time:		Venue:	
Supervisor:			Management Supervision	YES/NO	
			Practice Supervision	YES/NO	
Key Issues Discussed		Action		Timescale and Responsibilities	
<u>Health & wellbeing of supervisee</u> <ul style="list-style-type: none"> To be recorded under 'General Discussion' 					
<u>Review of last supervision</u> <ul style="list-style-type: none"> To be reviewed through 'Staff Who I Supervise' / 'My Own Supervisions.' 					
<u>Key responsibilities (e.g. BIT/KPI's/Leadership & Management)</u> <ul style="list-style-type: none"> To be recorded under 'Performance / Capability' 					
<u>Safeguarding</u> <ul style="list-style-type: none"> Supervisor to tick box if Safeguarding issues have been discussed 					
<u>Training & Development</u> <ul style="list-style-type: none"> To be recorded under 'Development' 					
<u>Caseload / Workload (delete as applicable)</u> <ul style="list-style-type: none"> To be recorded under 'Current Caseload Management' 					
<u>Documentation (i.e. epex/CPA/breaches etc.)</u> <ul style="list-style-type: none"> To be recorded under 'Risk Assessment' 'Recovery Plans' or 'Care Plan Management.' 					
<u>Feedback</u> <ul style="list-style-type: none"> To be recorded under 'General Discussion.' 					

Supervisee Signature: Supervisor Signature:
.....

Title: Title:

Date: Date:

Date and Time of next meeting: Venue:

REFLECTIVE LOG

Name: _____ **Date of learning event:** _____

Title of learning event: _____

Me

My experience of the subject prior to the learning experience

Facts

How the knowledge was acquired?	What was the nature of the experience or event? Explain the subject
An account of what happened without specifying what was learnt.	Select the part of the event that was significant and/ or important to you.

Feelings

What aspect of the event went well?	What was not so good?
What were my feelings about what happened?	What were the feelings of other?

PACE Evidence Sheet

Your Name:

Please indicate whether this is

A Reflective Account

Observed Practice

Please tick all those that are applicable:

Which of your objectives does this relate to?

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Other

Please write your reflections/observations below (continue on another page if necessary)

Name

Signature

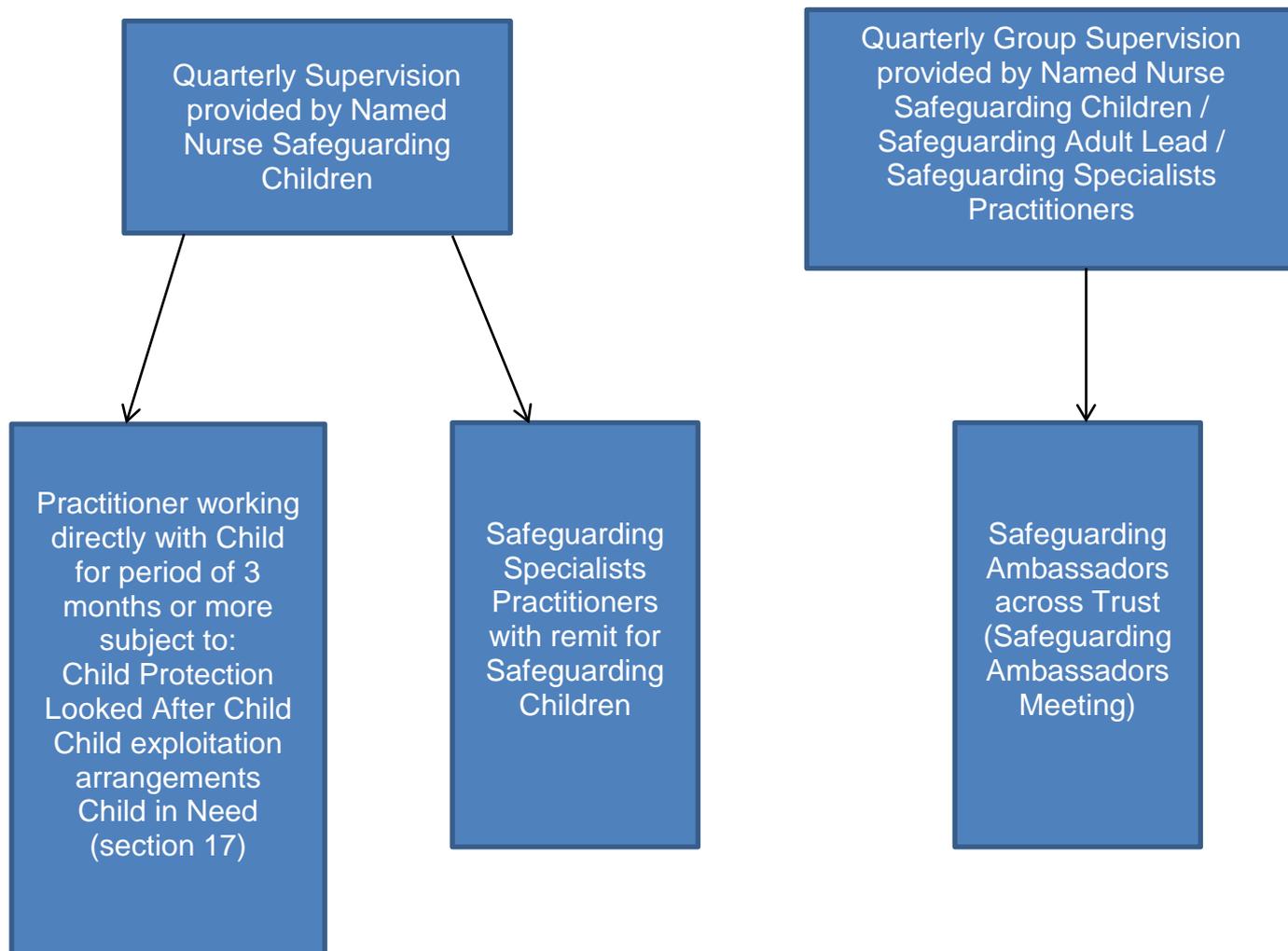
Date

Please add this evidence to your PACE

To do this, scan and/or save this document. Log onto your account and click 'my PACE' on YourSpace. Click on 'Your PACE Summary' on the bottom of the PACE home page. You can add this evidence by uploading it. First, check the box at the left hand side of the item the document relates to (if this document relates to more than one item, you only need to check one box). In the toolbar at the top of the page, select 'attach file'. Locate this document in your saved files and double click on it to attach it to your PACE record.

Appendix F

**Safeguarding Children's Supervision
Trust Mandatory Offer**



This does not replace other means of supervision that takes place across the Trust such as Line Management supervision that also has a safeguarding component. Safeguarding Children's Supervision is also offered case by case to Practitioners across the workforce as and when requested/required. Safeguarding Ambassadors also play a supportive and advisory role across the Trust in relation to safeguarding practices.

Appendix G

Safeguarding Children's Supervision: Contract of Agreement

Supervisors Name (print):

Designation:

Supervisee Name (print):

Designation:

As a supervisor and supervisee, we agree to:

- Meet regularly
- Work together to facilitate in-depth reflection on issues affecting practice, to enable development both personally and professionally to develop high level clinical standards
- Protect the time and space for supervision, by keeping to agreed appointments and time boundaries. Privacy will be respected and interruptions avoided
- Maintain and provide a record showing the dates and times of all supervision sessions. Individual case discussion forms and any other notes made about the sessions during or after the sessions will be kept separately by the supervisee and supervisor in order to maintain confidentiality
- Work to the agenda, negotiated at the beginning of each session
- Work respectfully, both of us being open to feedback about how we handle supervision sessions

As a supervisee I agree to:

- Prepare for the sessions by identifying practice issues
- Take responsibility for making effective use of time, including punctuality, the outcomes and any actions I may take as a result of supervision
- Be willing to learn, to develop my clinical / child or adult protection skills and be open to receiving support and to reflect on my practice

As a supervisor I agree to:

- Keep all information you reveal in supervision sessions confidential, except for:
- Keep all information you reveal in supervision sessions confidential, except for:
- Identify where there has been a breach of the law
- Identify breaches of the professional code of conduct

- Identify non-adherence of Mersey Care NHS Foundation Trust policies, procedures, guidelines and Safeguarding Children and Vulnerable Adults procedures and the Local Safeguarding Children’s Boards and Vulnerable Adults Boards
- Be aware of issues of accountability, responsibility and limitations around supervision
- Inform the Deputy Director of Nursing and Quality of persistent failure to attend agreed supervision sessions
- At all times work to protect confidentiality and privacy
- Not allow any management role to influence the content of supervision sessions
- Offer advice and support and supportive challenge to supervisee to promote reflection on issues affecting their practice
- Be committed to personal development as a practitioner and develop my own abilities as a supervisor

Frequency of Meetings

Monthly Bi Monthly Quarterly Other

Supervisor

Print name:

Signed:

Date:.....

Supervisee

Print name:

Signed:

Date:

Copy of Contract / Agreement to be retained by the supervisor and supervisee and a copy sent to the Named Nurse for Safeguarding Children.

APPENDIX H

**SAFEGUARDING CHILDREN
 SUPERVISION RECORD – UNPLANNED/REACTIVE**

<p>Case to be discussed Child Name: D.O.B NHS (If known)</p> <p>Parent/Carer details Name: D.O.B: NHS:</p>	<p>Background (including current status, Child Protection, 'Child in Need', LAC, Early Help')</p>
<p>Presenting Issues/Analysis (including voice of the child, risk and protective factors noted, parental capacity)</p>	
<p>Agreed Actions and Timescales</p>	

Date..... Name of Supervisor.....
 Designation..... Sign.....
 Date..... Name of Supervisee.....
 Designation..... Sign.....

******THIS DOCUMENT CONTAINS THIRD PARTY INFORMATION AND SHOULD BE REMOVED PRIOR TO RELEASE OF RECORDS******

Appendix I

Safeguarding Children Case Supervision

Date:
Staff Present:
Supervisor:

Patient Name:	
Date Of Birth:	
NHS No:	
Legal status (i.e. Child Protection, Looked After Child)	
Brief History and Reason for Involvement	
Risks and Protective Factors	
Analysis and Action Required	
Timescales and Review	

Supervisor..... Date..... Practitioner:
 **Date.....**

Document to be signed by supervisor and the practitioner who agree to complete the actions identified. Copy to be scanned into child's electronic records.

Appendix J

1:1 and Group Safeguarding Children Supervision Record

Date of Supervision Session	
Group/Practitioner	Supervisor
Quality Improvement/ performance management/ clinical governance issues	Actions
Serious Case Reviews / Serious Incidents	Actions
Other Practice /Specific Case Issues	Actions

Equality and Human Rights Analysis

Title: CLINICAL / MANAGERIAL SUPERVISION AND REFLECTIVE PRACTICE

Area covered: Clinical / Managerial Supervision

What are the intended outcomes of this work?

It is the policy of Mersey Care NHS Foundation Trust, that all staff will receive management supervision, and clinical staff also receives appropriate clinical supervision in line with this policy and respective professional body guidance.

This document incorporates management, clinical and reflective practice supervision into one policy and seeks to be inclusive for the entire workforce (both professionally registered and non- registered staff, clinical and support staff).

The update of this policy is due to advances in the way the Trust records supervisions. As of December 2016 the enlarged organisation is now recording all supervisions electronically.

Who will be affected?

All clinical staff based within each division

Evidence

What evidence have you considered?

- Stages one to three of the Equality and Human Rights analysis as part of the acquisition of Calderstones and integration of the SLDD division.
- Considerations included documentation around the development and implementation of the electronic supervision system
- Considerations around accessibility for all staff to use and utilise the system

Disability including learning disability

There is no evidence this protected characteristic will be affected by amendments of this policy

Sex
There is no evidence this protected characteristic will be affected by amendments of this policy
Race
There is no evidence this protected characteristic will be affected by amendments of this policy
Age
There is no evidence this protected characteristic will be affected by amendments of this policy
Gender reassignment (including transgender)
There is no evidence this protected characteristic will be affected by amendments of this policy
Sexual orientation.
There is no evidence this protected characteristic will be affected by amendments of this policy
Religion or belief
There is no evidence this protected characteristic will be affected by amendments of this policy
Pregnancy and maternity.
When recording electronically, those on maternity leave will be noted as absent from work so as to ensure reporting of supervision rates are accurate
Carers
There is no evidence this protected characteristic will be affected by amendments of this policy
Other identified groups
There is no evidence this protected characteristic will be affected by amendments of this policy
Cross Cutting
None

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	There is no known impact
Right of freedom from inhuman	There is no known impact

and degrading treatment (Article 3)	
Right to liberty (Article 5)	There is no known impact
Right to a fair trial (Article 6)	There is no known impact
Right to private and family life (Article 8)	There is no known impact
Right of freedom of religion or belief (Article 9)	There is no known impact
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	There is no known impact
Right freedom from discrimination (Article 14)	There is no known impact

Engagement and involvement

Amendments of the policy have been discussed within specific groups which can be found in section six on page 18.

Summary of Analysis

There have been minor amendments made to this policy detailing the change to electronic recording of supervisions. Considerations of accessibility were made throughout the change from paper based recording to electronic. Further information can be found in the stage three Equality and Human Rights analysis documents which can be provided by the Equality and Human Rights Lead and the Programme Management Office.

Eliminate discrimination, harassment and victimisation

N/A

Advance equality of opportunity

N/A

Promote good relations between groups

Policy outlines all staff within clinical settings are required to receive supervision

irrespective of banding or position.

What is the overall impact?

Staff will require a review of the updated supervision policy including recording guidance.

Addressing the impact on equalities

None identified

Action planning for improvement

Review of policy if and when required

For the record

Name of persons who carried out this assessment:

Rosie Temple – Project Manager – Programme Management Office

Date assessment completed:

02/03/2017

Name of responsible Director/Director General:

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Awareness raising			

--	--