## Clinical and Safeguarding Supervision Policy

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<th>To outline the Trust’s arrangements for Clinical and Safeguarding Supervision</th>
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<tr>
<td>Document Sponsor (Name &amp; Job Title)</td>
<td>Judy Hillier – Director of Nursing and Quality</td>
</tr>
<tr>
<td>Document Manager (Name &amp; Job Title)</td>
<td>Justin Strain Clinical Skills Development Lead</td>
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Document developed in consultation with:

- Operational Directors
- Clinical Directors
- Non-Medical Clinical Leads
- Director of Nursing and Quality
- Deputy Director of Nursing and Allied Health Professionals
- Head of Risk
- Training, Education and Development Group
- Named Nurse Safeguarding Children
- Consultant Nurse Safeguarding Vulnerable Adults

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1. INTRODUCTION & PURPOSE

INTRODUCTION

1.1 Solent NHS Trust (the Trust) attaches the greatest importance to the provision of adequate support and guidance to its employees, to enable them to develop their skills and experience to an appropriate level and to conduct clinical practice safely. Engagement with Clinical and Safeguarding Supervision is a requirement for all clinical staff. The Trust is committed to supporting staff in both meeting these requirements and maintaining good professional practice. This policy combines the requirements for Clinical Supervision and Safeguarding Supervision in order to ensure effectiveness in the process and to ensure Safeguarding Supervision is embedded into the regular clinical supervision approach.

1.1.2 Solent NHS Trust regards Clinical and Safeguarding Supervision as an essential component of clinical governance, ensuring continuous improvement in the delivery of high quality care to service users, in accordance with Outcome 14 of the Essential Standards of Quality and Safety (Care Quality Commission, 2010). Solent NHS Trust also recognises that effective Clinical and Safeguarding Supervision is essential in order to ensure that people who use the service, workers and others who visit are safe, in accordance with Outcome 7 of the Essential Standards of Quality and Safety (Care Quality Commission, 2010).

1.1.3 Solent NHS Trust views Safeguarding Supervision an essential and integral component of good Clinical and Safeguarding Supervision for all clinical staff. In particular the Trust recognises the need for heightened awareness of safeguarding issues regarding children, young people and vulnerable adults in all services. This includes services in which staff do not regularly come into contact with these patient groups as they may still be the first to identify safeguarding issues relating to a non-service user.

In order to provide safe and high quality services for children, young people and vulnerable adults, practitioners require timely supervision which provides protected time to reflect on practice, make decisions, assess risks and improve the quality of practice.

1.1.4 It is essential that Clinical and Safeguarding Supervision is delivered in a cost-effective manner, making best use of the Trust’s existing people and resources. It is also essential that a thorough Clinical and Safeguarding Supervision framework is implemented, in order to ensure appropriate and supported clinical decision making and in order to firmly embed Safeguarding within clinical practice.
PURPOSE

1.2 The purpose of this policy is to set out the key components of Clinical and Safeguarding Supervision as well as the responsibilities of staff involved. It is intended to establish an over-arching framework for the delivery and recording of Clinical and Safeguarding Supervision throughout the Trust. It is recognised that individual services may wish to agree more detailed local Clinical and Safeguarding Supervision arrangements. These will be complementary to this policy and the requirements of this policy will still be applicable. This policy is informed and supported by the Peer Group Supervision Framework (Solent NHS Trust, 2014).

2. SCOPE & DEFINITIONS

SCOPE

2.1 This document applies to the following staff:

- Specialty and Associate Specialist (SAS) Medical Staff (Supervision relevant to their specialty)
- Clinical Psychologists
- Nursing Staff
- Allied Health Professionals
- Health Visitors
- Social Workers
- All Associate Practitioners/Support Workers/Technicians/Assistants working within the above areas who have contact with patients

2.2 Clinical and Safeguarding Supervision arrangements for Medical and Dental Staff

It is a Trust requirement for Medical and Dental staff to participate in Clinical and Safeguarding Supervision appropriate to their role. However it is recognised that this may not follow the model described in this policy. Clinical and Safeguarding Supervision arrangements for medical Consultants are as follows:

Consultants are responsible for maintaining their portfolio to support enhanced appraisal and revalidation. This includes a record of supervision sufficient to support their speciality’s requirements which is evidenced at the revalidation appraisal.

DEFINITIONS

2.3 “Clinical Supervision involves meeting regularly to reflect on practice with the intention of learning, developing practice and providing high quality care to patients. It is distinguished from more informal forms of staff support and development by a ‘contract’ between Supervisor and Supervisee(s), setting out ground rules on issues such as
confidentiality, commitment to attend and contribute and format of sessions.” (Department of Health, 2000).

The importance of reflective supervision in safeguarding situations is recognised in the Munro report:

“Intuitive and analytic reasoning skills are developed in different ways, so child protection services need to recognise the differing requirements if they are to help practitioners move from being novices to being experts on both dimensions. Analytic skills can be enhanced by formal teaching and reading. Intuitive skills are essentially derived from experience. Experience on its own, however, is not enough. It needs to be allied to reflection – time and attention given to mulling over the experience and learning from it. This is often best achieved in conversation with others, in supervision, for example, or in discussions with colleagues. Michael Oakeshott draws attention to the limitations of a ‘crowded’ life where people are continually occupied and engaged but have no time to stand back and think. A working life given over to distracted involvement does not allow for the integration of experience.” (Munro, 2011, 87)

DIFFERENTIATING BETWEEN CLINICAL SUPERVISION AND OTHER FORMS OF STAFF SUPPORT

2.4 In many departments, informal support and monitoring arrangements for staff may exist. Although this is very valuable, this should not be confused with Clinical and Safeguarding Supervision. Clinical and Safeguarding Supervision is a formal arrangement, involving protected time for the Supervisee to discuss issues relating to clinical practice. All clinical staff must receive regular protected Clinical and Safeguarding Supervision time, including preparation time. Clinical and Safeguarding Supervision sessions should be free from interruptions and be prioritised by both supervisor and supervisee. Actions agreed as part of the Clinical and Safeguarding Supervision process must be completed within an agreed timescale by the supervisor/supervisee.

2.5 Clinical and Safeguarding Supervision must be distinguished from competency based assessment. However, the outcome of competency based assessments in the workplace may feed into the Clinical and Safeguarding Supervision process.

2.6 Clinical and Safeguarding Supervision must also be distinguished from case management or operational decision making. Although operational decisions will be made as a result of Clinical and Safeguarding Supervision, the focus of the supervision is on the reflective practice of the supervisee and operational decisions will flow from this.

2.7 Clinical and Safeguarding Supervision is not the same as performance appraisal, although the outputs or actions of Clinical Supervision may
feed into the performance appraisal process. In particular, evidence of
good or poor engagement with the Clinical Supervision process should
be reflected in the supervisee’s performance appraisal. The
Performance Appraisal process is detailed in the Trust’s Performance
Appraisal and 1:1 Policy.

2.8 Clinical and Safeguarding Supervision must not be confused with Line
Management or 1:1 process. Line Management is a critical element of
the Performance appraisal process, whereby the individual is
supported, their progress towards the achievement of their individual
objectives and Personal Development Plan is monitored, and their
health and wellbeing at work is discussed. This process is also detailed
under the Performance Appraisal and 1:1 policy, where a template for
1:1 line management meetings can be used.

3. PROCESS/REQUIREMENTS

3.1 Clinical and Safeguarding Supervision will allow the supervisee to
explore in a safe and supportive environment the content and process
of the interaction between the service user and the service provider.
This would include exploration of interventions, therapeutic models,
formulation of problems, monitoring and evaluation. Clinical and
Safeguarding Supervision is also an appropriate forum for exploring the
nature of the service user and supervisee relationship, including
emotional reactions that may arise within one or both individuals within
the therapeutic relationship.

3.2 Clinical and Safeguarding Supervision is a process that:

i) Facilitates the monitoring and review of practice.
ii) Enables the integration of theory and practice.
iii) Encourages the development of more effective interventions.
iv) Supports professional development.
v) Ensures the welfare and safety of the practitioners and client.

3.3 Regular focus on Safeguarding, including the appreciation of risk and
protective factors, as an integral part of Clinical and Safeguarding
Supervision will help to:

i) Avoid drift.
ii) Keep a focus on the child/vulnerable adult.
iii) Maintain a degree of objectivity and challenge fixed views.
iv) Test and assess the evidence base for assessment and decisions.
v) Address the emotional impact of work.

3.4 PRINCIPLES OF SUPERVISION

i) The aim of Clinical and Safeguarding Supervision is to provide
practitioners with a planned accountable two way process which should
support, motivate, and assist clinical staff and ensure all clinical staff develop excellent clinical and safeguarding practice.

ii) Clinical and Safeguarding Supervision should focus on clinically related topics. However, the definition of ‘clinically related’ may be interpreted broadly, including for instance, a clinician’s personal or emotive reaction to a clinical situation. The way a topic is addressed may be more important in determining whether or not it is appropriate for Clinical and Safeguarding Supervision. If a topic is addressed in a reflective manner, focussing on the impact on the patient, this is likely to be appropriate. If in doubt, supervisors and supervisees should ask themselves, ‘How will this affect my clinical practice?’ For the purpose of this policy, Safeguarding is considered to be a clinical topic.

iii) Clinical and Safeguarding Supervision must address Safeguarding Issues on a regular basis. Clinical and Safeguarding Supervision should challenge the supervisee to consider whether there are safeguarding concerns that impact on the welfare of a child or vulnerable adult and, if so, how these will be addressed. This includes a consideration of the welfare of children and young people where the primary client is an adult, or of any vulnerable adults where the primary client is a child. In addition it is recognised that safeguarding children and vulnerable adults can be emotionally demanding. Supported reflection allows practitioners space to manage their own responses and workload.

iv) Clinical and Safeguarding Supervision provides a supportive environment in which clinical staff are enabled:
   a. To reflect, analyse, and evaluate practice, promoting critical thinking and analysis in clinical and safeguarding work.
   b. To make sound professional judgements.
   c. To identify and challenge practice which is considered to be unsafe, unprofessional or unethical.
   d. To build purposeful relationships and communicate effectively.
   e. To embed supervision as part of the intervention process.
   f. To ensure child/vulnerable adult centred practice which is integrated with other services in an appropriate and timely manner.
   g. To ensure that all clinical staff maintain the competencies, skills and knowledge commensurate to their role and that safeguarding practice is consistent with national guidance and the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board (LSAB) procedures (4LSCB (2011) and 4LSAB (2013)).
   h. To ensure that staff take a proactive and persistent approach to safeguarding issues, including escalating concerns where indicated.
   i. To ensure that all staff remain accountable for their own professional practice.

ENGAGEMENT WITH CLINICAL SUPERVISION

3.5 Cases of individual non-engagement with Clinical and Safeguarding Supervision should be dealt with by the Line Manager. If necessary
this may require performance management in accordance with the Trust’s Management of High Standards of Performance Policy. This applies to lack of engagement by either Supervisees or Supervisors.

MODELS OF SUPERVISION

3.6 No single model of Clinical and Safeguarding Supervision is preferred by Solent NHS Trust. The Care Quality Commission’s Guidance on the Essential Standards of Quality and Safety recommends that ‘a support structure is in place for supervision which includes one-to-one sessions or group meetings. They are undertaken at a time and frequency agreed between the line manager or supervisor and the staff member, and they are recorded’ (Care Quality Commission, 2010).

The selection and implementation of recognised models to suit the requirements of different professionals working in the range of care settings will best achieve the establishment and maintenance of Clinical and Safeguarding Supervision.

The following types of Clinical and Safeguarding Supervision are available for staff to access:

i) 1:1 Clinical and Safeguarding Supervision: This must include case discussion and must address safeguarding issues on a regular basis. Supervision should challenge the supervisee to consider alternative clinical hypotheses and to reflect critically on his/her own practice. Supervision should also challenge the supervisee to consider if there are safeguarding concerns that impact on the welfare of a child or vulnerable adult linked to the case, and, if so, how these should be addressed. This includes a consideration of the welfare of children, young people or vulnerable adults who are not the primary client. In addition to case discussion and safeguarding supervision, it may also include other forms of supervision or clinical education as agreed between the supervisor and supervisee.

ii) Group supervision: This provides a proactive culture of learning, professional development and support, which allows practitioners to reflect on and explore issues that arise within clinical practice. The group supervision contract must include a procedure for ensuring that safeguarding issues are considered and explored within the group.

iii) Specialist Clinical and Safeguarding Supervision may be needed when the supervisee is confronted with a situation outside normal clinical practice and beyond the expertise of the original clinical supervisor. This may include access to specialist safeguarding advice and support. The need for specialist Clinical and Safeguarding Supervision will be agreed between the clinical supervisor and the supervisee. It will complement rather than replace existing Clinical and Safeguarding Supervision arrangements.
Specialist Clinical Supervision will also be considered where specialist or very senior clinical staff cannot access the necessary expertise for their own supervision within our internal arrangements, in which case Clinical and Safeguarding Supervision may be purchased from an external provider. In these cases funding should be sought and permission gained from the Clinical or Operational Director for the Service Line.

Specialist Safeguarding Supervision: Individual advice and consultation on safeguarding issues is available to all staff on request with a Child or Adult Specialist Safeguarding Practitioner. In the case of Safeguarding Children, regular bookable ‘safeguarding surgeries’ are available. For Safeguarding Adults, contact is via telephone and, where possible, face to face meeting. This may include advice regarding specific safeguarding concerns and guided reflective practice regarding safeguarding issues. Where there are immediate safeguarding concerns, staff should contact the appropriate Specialist Safeguarding Children or Adult Teams for advice.

iv) Observed/Recorded Practice: In some clinical areas, observed or recorded practice may be used as a Clinical and Safeguarding Supervision tool. This can be very powerful in aiding the supervisee to reflect critically on his/her own practice. In Clinical and Safeguarding Supervision, the focus is on reflection by both supervisor and supervisee, following the observed practice. This should not be confused with the use of observed practice for competency based assessment.

In order to ensure that adequate support is available, through Clinical and Safeguarding Supervision, for safeguarding issues, a three tier model of safeguarding support is to be used:

- **Promote wellbeing and safeguarding at the earliest opportunity**
- **Additional support identified**
- **Complex needs identified**

If a child/ adult is identified as needing additional support practitioners can, where necessary, access supervision from more experienced supervisors e.g. from safeguarding advice line and/or surgeries. For Safeguarding Adults contact is via telephone and, where possible, face to face meeting.

Safeguarding is a core component of 1:1 and group clinical supervision. Practitioners work to promote safety & wellbeing and identify additional need for help at the earliest opportunity.

Acute/Complex cases may need support from Named/ Consultant/ Specialist practitioners accessed via 1:1 safeguarding supervision.
In order to ensure effective and consistent Clinical and Safeguarding Supervision arrangements, all Clinical and Safeguarding Supervision should be provided ‘in-house’ by clinical staff who have attended the Trust’s Clinical and Safeguarding Supervision training. This does not exclude arrangements where Clinical and Safeguarding Supervision is provided under a Service Level Agreement by staff from other Trusts. Where it is identified that individuals or groups of staff require extra or urgent Clinical and Safeguarding Supervision this may be arranged at the discretion of the Line Manager.

FREQUENCY OF CLINICAL AND SAFEGUARDING SUPERVISION

Clinical and Safeguarding Supervision must take place at a frequency appropriate to the clinical environment and in line with the standards of the appropriate professional body for the service or clinician. Issues such as contact with vulnerable groups, length of experience and competencies of individual staff members will need to be taken into consideration.

As a minimum, Clinical and Safeguarding Supervision must take place for at least one hour every three months, although services may provide more than this if needed. It is recommended that practitioners working directly with children, young people and families, or with vulnerable adults and families, undertake Clinical and Safeguarding Supervision on at least an eight weekly basis.

THE CLINICAL AND SAFEGUARDING SUPERVISION CONTRACT

A Clinical and Safeguarding Supervision Contract must be developed and agreed between the Clinical Supervisor and Clinical Supervisee during their first meeting. Although the format of this contract may differ according to service needs, the following must be included:

i) The frequency, place and form of Clinical and Safeguarding Supervision.

ii) The staff involved in Clinical and Safeguarding Supervision.

iii) Ground rules concerning confidentiality with reference to the relevant professional body’s code of conduct. This must include how the supervision process deals with any disclosures that could potentially breach these codes.

iv) The format of Clinical and Safeguarding Supervision (i.e. group or one to one supervision).

v) Aims of staff engaged in the supervision process and expectations of supervision.

vi) Arrangements for review of the Clinical and Safeguarding Supervision Contract.

The Clinical and Safeguarding Supervision Contract will be reviewed annually or with any change of Supervisor. A generic Clinical and Safeguarding Supervision Contract template is contained in Appendix 1 to this Clinical and Safeguarding Supervision Policy.
In order for the practitioner to feel safe to discuss practice issues, confidentiality will be maintained within the Clinical/Safeguarding Supervision process. However, if there are concerns regarding a clients’ safety, the practitioners’ wellbeing, unsafe practice or illegal activity this will need to be shared with the practitioners’ senior manager immediately in order to follow the appropriate procedure in line with the policy for this situation.

SERIOUS INCIDENT REPORTING
Attention is drawn to the requirement to report a Serious Incident Requiring Investigation to the service manager within 24 hours.

In summary, there are four key exceptions to Clinical and Safeguarding Supervision confidentiality:

i) If any safeguarding incident or evidence of unsafe or unethical practice is revealed, and if the Supervisee is unwilling to go through the appropriate procedures to deal with it.

ii) If any illegal activity involving a Solent NHS Trust staff member is revealed.

iii) If the well-being of the Supervisee is cause for concern.

iv) If there is cause for concern regarding the competence or fitness to practice of the Supervisee.

RECORDING OF CLINICAL AND SAFEGUARDING SUPERVISION

The following records of Clinical and Safeguarding Supervision must be kept:

i) A record concisely summarising the content of each Clinical and Safeguarding Supervision session must be created by the supervisee and/or the supervisor. The record must specifically summarise any safeguarding discussions that take place during Clinical and Safeguarding Supervision, as well as any agreed actions. This record must be agreed as an accurate representation of the Clinical and Safeguarding Supervision session(s) by all parties involved. One copy of this record should be kept by the supervisee. A further copy must be retained within the department so that it is accessible for audit. The record may be held electronically or in hard copy, as long as all parties are satisfied that an appropriate level of confidentiality is achieved. Where frequency of Clinical and Safeguarding Supervision makes individual session records impracticable, a 3 monthly summary of the content of Clinical and Safeguarding Supervision for that period may be substituted. A suggested template for this Clinical Supervision Record is contained in Appendix 3 to this policy.

ii) Where a client/patient has been discussed in Clinical and Safeguarding Supervision, this must be detailed separately within the patient’s notes. It is the responsibility of the
supervisee to ensure that client/patient discussions are properly recorded. The Clinical and Safeguarding Supervision record should not normally contain any patient identifiable information. However, where Safeguarding issues are raised regarding a client/patient, these should be appropriately noted within the patient notes and an auditable reference should be created within the Clinical and Safeguarding Supervision Record, in order to ensure that the Safeguarding issue has been appropriately followed up.

iii) A register of Clinical and Safeguarding Supervision sessions and attendees must be maintained by the departmental line manager, showing the format and frequency of Clinical and Safeguarding Supervision as well as the names and duties of all Clinical Supervisees. A copy of this register must be retained within the department for a period of one year from the last record on the register.

iv) It is the line manager’s responsibility to ensure that adequate regular Clinical and Safeguarding Supervision is taking place for all staff within the department.

v) All Clinical and Safeguarding Supervision records must be held confidentially within the department, and accessible by the department manager, for a period of three years. The record of safeguarding supervision may use the reflective account template (Appendix 4) and may be reviewed at annual appraisal.

vi) On completion of a Supervisee’s employment with Solent NHS Trust, all Clinical and Safeguarding Supervision records must be returned to the Human Resources department as part of the staff member’s personal file.

vii) As a matter of good practice many Clinical Supervisors/Supervisees will wish to maintain their own, more detailed, reflective account of Clinical and Safeguarding Supervision. While this is a personal document, belonging to the individual Supervisor/Supervisee, it is their responsibility to ensure that the requirements of IG01 Information Governance Policy are complied with.

3.12 Clinical Supervisees must complete an annual feedback sheet which must be returned to their Clinical Supervisor and a copy held by the Line Manager. This feedback sheet must also be completed at the end of the Clinical and Safeguarding Supervision relationship. Where it is deemed to be more appropriate by Line Managers, departments may develop their own feedback mechanisms to be used as an alternative. The completion of the supervision self assessment for discussion at annual appraisal will monitor the effectiveness of the supervision according to the supervisee.
4. **ROLES & RESPONSIBILITIES**

4.1 **Director of Nursing and Quality’s Responsibilities:**

i) To ensure that the Trust is compliant with the requirements of the Care Quality Commission in relation to supporting workers and safeguarding.

4.2 **Operational Directors’ and Governance Leads’ Responsibilities:**

i) To work with Lead Directors to ensure that a structure exists for Clinical and Safeguarding Supervision.

ii) To ensure the robustness and adequacy of the Clinical and Safeguarding Supervision systems.

iii) To monitor the quality and effectiveness of Clinical and Safeguarding Supervision.

iv) To ensure that all clinical services have a written statement in place which details how Clinical and Safeguarding Supervision will operate within the clinical service.

v) To ensure that all clinical services provide evidence of compliance with this Clinical and Safeguarding Supervision Policy. As a minimum, this evidence will consist of a database of staff eligible for Clinical and Safeguarding Supervision and a log of Clinical and Safeguarding Supervision activities undertaken.

4.3 **Head of Service/Service Manager’s Responsibilities:**

i) To ensure that a written statement is in place detailing the Clinical and Safeguarding Supervision arrangements for the service/department.

ii) To determine, in conjunction with Line Managers, the most appropriate methods of providing Clinical and Safeguarding Supervision within the clinical setting. This will vary between professional groups and for different service areas, and may include both formal supervision agreements as well as informal systems of peer supervision.

iii) To ensure the dissemination of this policy to frontline staff. To review the provision and attendance of staff at Clinical and Safeguarding Supervision on a regular basis and to work alongside Named Safeguarding Professionals, Line Managers, Clinical Supervisors and supervisees to address any issues as part of the process.

iv) To report on the provision of Clinical and Safeguarding Supervision within their service as required by the annual Clinical and Safeguarding Supervision audit.

v) To respond to any reports from the Learning and Development department of non-compliance at a departmental/team level within their service.
4.4 Child/Adult Safeguarding Named and Specialist Practitioners Responsibilities

i) To provide specialist safeguarding knowledge, advice, training, appropriate supervision and support to all practitioners across the Trust and to provide safeguarding leadership to all staff.

ii) To provide updates to supervisors regarding safeguarding issues, legislation, research and key messages, via meetings, workshops and the Trust Children and Adult Safeguarding intranet pages.

4.4 Line Manager’s Responsibilities

i) To ensure that all appropriate members of their service/team, including themselves if appropriate, receive regular Clinical and Safeguarding Supervision, and that accurate and up to date records are kept of Clinical and Safeguarding Supervision activities.

ii) To ensure that all Clinical and Safeguarding Supervisors within their management responsibilities are appropriately trained and that a register of qualified Clinical Supervisors within the service/department is kept.

iii) To ensure that individuals involved in supervision are able to arrange protected time for Clinical and Safeguarding Supervision activities as per this policy.

iv) To review the arrangements for and effectiveness of Clinical and Safeguarding Supervision on a regular basis.

v) To ensure that the Clinical and Safeguarding Supervisor’s role is reflected within their Job Description and that it forms part of their annual appraisal.

vi) To provide appropriate support to the Clinical and Safeguarding Supervisor and Supervisee if difficulties arise within the supervision relationship.

vii) To ensure that appropriate action is taken in circumstances where staff fail to engage with Clinical and Safeguarding Supervision.

4.5 Clinical and Safeguarding Supervisor’s Responsibilities:

i) To ensure that they have had appropriate training in Clinical and Safeguarding Supervision.

ii) To maintain their competency as a Supervisor by taking responsibility for their own continuous professional development. This should be reflected in the Personal Development Plan of the Supervisor’s annual appraisal.

iii) To develop and agree a Clinical and Safeguarding Supervision Contract between themselves and the Supervisee(s).

iv) To ensure that Clinical and Safeguarding Supervision sessions are conducted regularly in accordance with the Clinical and Safeguarding Supervision Contract.
v) To ensure that the appropriate Clinical and Safeguarding Supervision records are completed and maintained.

vi) To facilitate the exploration of clinical practice in order to enhance the Supervisee’s personal awareness, confidence and effectiveness.

vii) To inform the Line Manager or other appropriate person if there are difficulties within the supervision relationship or if the Supervisee fails to engage with Clinical and Safeguarding Supervision.

viii) To maintain the confidentiality of issues discussed within Clinical and Safeguarding Supervision. However, issues regarding potential or actual risk or harm to patients MUST be brought to the immediate attention of the Line Manager and the appropriate policy followed.

4.6 Supervisee’s Responsibilities:

i) To attend all Clinical and Safeguarding Supervision sessions in a prompt and well-prepared manner, in accordance with the Clinical and Safeguarding Supervision Contract.

ii) To actively participate in Clinical and Safeguarding Supervision and engage with the supervision relationship, in accordance with the Clinical and Safeguarding Supervision Contract.

iii) To raise appropriate issues, including safeguarding issues, and relevant ethical or personal issues, for discussion with the Clinical or Safeguarding Supervisor. Confidentiality of Clinical and Safeguarding Supervision must be maintained. However, safeguarding issues and issues regarding potential or actual risk or harm to patients MUST be brought to the immediate attention of the Line Manager and must NOT be delayed until the next Clinical and Safeguarding Supervision session.

iv) To maintain Clinical and Safeguarding Supervision records as part of their continuous professional development.

v) To be aware of any learning needs identified during Clinical and Safeguarding Supervision and to discuss these to ensure they are considered in the annual appraisal and incorporated in their Personal Development Plan.

vi) To inform the Line Manager if they do not have an allocated Clinical or Safeguarding Supervisor or if Clinical and Safeguarding Supervision does not take place at least every three months.

vii) To discuss with the Clinical or Safeguarding Supervisor any difficulties arising within the supervision relationship. If difficulties continue to arise, the Supervisee should discuss this with the Line Manager or other appropriate person.
5. TRAINING

5.1 Clinical and Safeguarding Supervision must be provided by an appropriately experienced and qualified supervisor. All Supervisors must undertake recognised Clinical and Safeguarding Supervision Training. This may consist of Supervisors'/Educators’ training accredited by the relevant professional body.

5.2 In the absence of other appropriate qualifications, all Supervisors must attend the Trust’s Clinical and Safeguarding Supervision Training (see the Learning and Development (L&D) Intranet for further details). Training is not required for supervisees however it is noted that supervisees do require support in order to engage in the supervision process and ensure they are maximising the benefits. Supporting tools and information is available for Supervisee’s on the Clinical and Safeguarding Supervision pages of the L&D intranet.

5.3 It is the responsibility of all Service/Line Managers to ensure that Supervisors have undertaken appropriate training in accordance with this Clinical and Safeguarding Supervision Policy, and to satisfy themselves that Supervisors have the necessary skills to deliver effective Clinical and Safeguarding Supervision and to provide support on issues regarding safeguarding children and vulnerable adults.

Staff attendance at Clinical and Safeguarding Supervision training is managed via the L&D online Learner Self Service system and attendance or non-attendance will be recorded. Any instances of “Did Not Attend (DNA)” will be managed as per the DNA process in the Trust Learning and Development Policy.

6. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

An Equality & Impact and Mental Health Assessment has been conducted in relation to this document (Appendix 5). No negative impact was found. This Clinical and Safeguarding Supervision Policy is designed to be fully inclusive and to encourage positive interaction between individuals and groups.

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE DOCUMENT

7.1 An annual audit will be conducted of Clinical and Safeguarding Supervision process throughout the Trust. This audit will be carried out by the Learning and Development Department in conjunction with Service Managers. This audit will involve an inspection of selected departments’ Clinical and Safeguarding Supervision records, including
feedback sheets from Supervisees, in order to evaluate the quality and content of Clinical and Safeguarding Supervision provision, and provide assurance that safeguarding issues are being appropriately addressed within Clinical and Safeguarding Supervision.

7.2 Additionally to this audit, compliance with this Clinical and Safeguarding Supervision Policy will be regularly monitored and reported on. In the absence of a current electronic monitoring system, Service Managers are to provide assurance of their supervision arrangements annually to the Learning and Development department. In particular, the following information must be supplied:

- The names and duties of staff engaging in Clinical and Safeguarding Supervision.
- The frequency of Clinical and Safeguarding Supervision.
- The attendance record of each member of staff, as well as (if appropriate) any measures taken to address lack of attendance.

The Learning and Development department will be responsible for collating the reports of all Service Managers. The Learning and Development department will then report to the Training, Education and Development Group and the Professional Leadership Group regarding compliance with this policy throughout the Trust. This will give a direct line of sight for assurance through to the Workforce Development Sub Committee and the Dignity and Safeguarding Sub Committee.

7.3 Where audit or reporting identifies that teams or departments are not complying with this policy, the Learning and Development department will liaise with departmental/team managers in order to understand the reasons for non compliance. Depending on the outcomes of these discussions, support and advice regarding Clinical and Safeguarding Supervision infrastructure and process will be offered. Where the team or department fails to improve their compliance prior to the end of the following reporting period, the Service Manager and Operational Director will be informed so that any further remedial action can be taken.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.
9. REFERENCES AND ABBREVIATIONS

This policy should be read in conjunction with:

Department of Health (2000).
Department of Health (2000). No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
Department of Health (2011). Safeguarding Adults: The role of Health Services Practitioners
Department of Health (2011). Safeguarding Adults: The role of Health Service Managers and their Boards
HM Government (2013). Working Together to Safeguard Children
Solent NHS Trust (2012). AP01 Safeguarding Vulnerable Adults Policy
Solent NHS Trust (2012). CLS02 Deprivation of Liberty Safeguards Mental Capacity Act Policy
Solent NHS Trust (2012). CP01 Safeguarding Children and Young People Policy
Solent NHS Trust (2012). GO04 Being Open Policy
Solent NHS Trust (2011). GO07 Supporting Staff Policy
Solent NHS Trust (2013). HR10 Employee Wellbeing and Stress Risk Assessment Policy
Solent NHS Trust (2012). HR12 Whistleblowing Policy
Solent NHS Trust (2013). HR13 Disciplinary Policy
Solent NHS Trust (2013). IG01 Information Governance Policy
Solent NHS Trust (2012). IG02 Data protection, Caldicott and Confidentiality Policy
Solent NHS Trust (2013). RK01 Serious Incidents Requiring Investigation (SIRI) Policy
Solent NHS Trust (2013). RK04 Investigation Policy
Solent NHS Trust (2013). RK03 Reporting Adverse Incidents Policy
Solent NHS Trust (2013). LD01 Learning and Development Directory
Solent NHS Trust (2014) Performance Appraisal and 1:1 Policy
4LSCB, Local Safeguarding Children Board, Safeguarding Children Policy and Procedures (2011)
4LSAB, Local Safeguarding Adults Board, Safeguarding Adults Multi-Agency Policy Procedures and Guidance (2013)
## CLINICAL AND SAFEGUARDING SUPERVISION LEARNING CONTRACT

**NOTE:** This is a generic skeleton template which should be added to as appropriate for the individual supervision relationship.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Supervisee:</strong></td>
<td>Signature:</td>
</tr>
<tr>
<td><strong>Name of Supervisor:</strong></td>
<td>Signature:</td>
</tr>
<tr>
<td><strong>Date Contract Agreed:</strong></td>
<td>Review Date:</td>
</tr>
<tr>
<td><strong>Agreed Frequency of Clinical and Safeguarding Supervision:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Agreed Format of Clinical and Safeguarding Supervision:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility for Recording Clinical and Safeguarding Supervision:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Clinical and Safeguarding Supervision Participants (if appropriate):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ground Rules:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Confidentiality:</td>
<td>All Clinical and Safeguarding Supervision discussions are confidential, subject to the following exceptions:</td>
</tr>
<tr>
<td>i)</td>
<td>If any safeguarding incident or evidence of unsafe or unethical practice is revealed, and if the Clinical Supervisee is unwilling to go through the appropriate procedures to deal with it.</td>
</tr>
<tr>
<td>ii)</td>
<td>If any illegal activity by a Solent NHS Trust staff member is revealed.</td>
</tr>
<tr>
<td>iii)</td>
<td>If the well-being of the Clinical Supervisee is cause for concern.</td>
</tr>
<tr>
<td>iv)</td>
<td>If there is cause for concern regarding the competence or fitness to practice of the Clinical Supervisee.</td>
</tr>
<tr>
<td>Such disclosures will be reported to the Line Manager and dealt with in accordance with the appropriate policy. Although all information relating to identifiable persons, places or incidents is strictly confidential, general learning points which do not identify any person, place or incident may be shared outside the Clinical and Safeguarding Supervision environment.</td>
<td></td>
</tr>
</tbody>
</table>

2. Safeguarding: Discussion of safeguarding issues will form an essential and integral part of the Clinical and Safeguarding Supervision process. The Supervisor will ensure that discussion of safeguarding issues is prompted at each Clinical and Safeguarding Supervision session and will challenge the supervisee to consider the needs of any child, young person or vulnerable adult linked to each case. The Supervisee will ensure that all safeguarding concerns identified are raised with the appropriate person in a timely manner and are discussed reflectively within Clinical and Safeguarding Supervision.
### CONTRACT FOR REFLECTIVE PEER GROUP SUPERVISION

**NOTE:** This is a generic skeleton template which should be added to as appropriate for the individual supervision relationship.

<table>
<thead>
<tr>
<th>Name of Supervisee:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Supervisor:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date Contract Agreed:</td>
<td>Review Date:</td>
</tr>
</tbody>
</table>

#### Aim of this contract:

The contract for agreeing supervision is the framework for the delivery of supervision. Practitioners are then able to set themselves expectations of what they would like to achieve from the supervision cycles.

#### Agreed Frequency of Clinical and Safeguarding Supervision:

Sessions will be held 8 weekly. The dates will need to be considered a priority in the practitioner’s diary and attendance is essential except for unavoidable reasons such as leave/sickness or a Child Protection Conference or Strategy Meeting. Sessions will be held at a mutually agreed venue booked in advance.

#### Agreed Format of Clinical and Safeguarding Supervision:

A Supervisor will facilitate the reflective peer group supervision session using restorative, supportive methods allowing confidential discussion with the aim of learning together.

The group members will each have the opportunity to bring a brief outline of a case for discussion and to share learning. This may be a case where there are concerns or where there have been *positive* outcomes and there are points to share about what worked well or what helped in achieving these outcomes.

The Supervisor/facilitator will confirm the session terms of reference with an expectation that in a group of 6 practitioners (as maximum) each will be afforded a 15 minutes discussion of a case of their choice. These 15 minutes will be divided into 5 minute segments with

- 5 minutes presenting concerns/highlights from the case
- 5 minutes reflective discussion with peers using Kolb model and prompt questions to analyse case
- 5 Minutes action planning

There is an expectation that preparation for the peer discussion will help effective use of time and concentrate on the most central concerns.

#### Responsibility for Recording Clinical and Safeguarding Supervision:

Practitioners will arrive promptly and will sign in on the register of attendance which will serve as evidence that supervision has taken place and will be kept centrally by the team leaders.

During the discussion, practitioners will complete the attached reflective
account which will facilitate them recording the points from discussion and the analysis and planning as a result.

The practitioner will record – CRIPP©LindaJenkins 2013
- C - the concern that they held originally,
- RI / P - the risks & any protective factors
- P - the resulting plan for the child on the child’s health record.

The reflective account will be stored by the practitioner in their professional portfolio as evidence and for reference, anonymising the reflective account sheet where this contains personal identifiable data.
In addition they will complete an annual self assessment tool as part of their annual appraisal process.

There is supporting information on reflective cycle process for use in safeguarding supervision on the Solent NHS trust safeguarding children intranet page.

Ground Rules:

1. Confidentiality: All Clinical and Safeguarding Supervision discussions are confidential, subject to the following exceptions:
   i) If any safeguarding incident or evidence of unsafe or unethical practice is revealed, and if the Clinical Supervisee is unwilling to go through the appropriate procedures to deal with it.
   ii) If any illegal activity by a Solent NHS Trust staff member is revealed.
   v) If the well-being of the Clinical Supervisee is cause for concern.
   vi) If there is cause for concern regarding the competence or fitness to practice of the Clinical Supervisee.
Such disclosures will be reported to the Line Manager and dealt with in accordance with the appropriate policy.
Although all information relating to identifiable persons, places or incidents is strictly confidential, general learning points which do not identify any person, place or incident may be shared outside the Clinical and Safeguarding Supervision environment.

2. Safeguarding: Discussion of safeguarding issues will form an essential and integral part of the Clinical and Safeguarding Supervision process. The Supervisor will ensure that discussion of safeguarding issues is prompted at each Clinical and Safeguarding Supervision session and will challenge the supervisee to consider the needs of any child, young person or vulnerable adult linked to each case. The Supervisee will ensure that all safeguarding concerns identified are raised with the appropriate person in a timely manner and are discussed reflectively within Clinical and Safeguarding Supervision.

3. The contract for agreeing supervision is the framework for the delivery of supervision. Practitioners are then able to set themselves expectations of what they would like to achieve from the supervision cycles.
Clinical Supervision Record

Clinical Supervisor(s):

Clinical Supervisee(s):

Period of Clinical Supervision:

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Issues Raised:</td>
<td></td>
</tr>
</tbody>
</table>
| Safeguarding Issues Raised: | Include consideration of the following questions:  
  a) Where the primary patient is an adult, could there be a risk to any children?  
  b) Where the primary patient is a child, could there be a risk to any vulnerable adult?  
  c) Where any risk has been identified, what has been done about this? |
| Actions Agreed: |   |
| Signed Supervisor: |   |
| Signed Supervisee: |   |
# REFLECTIVE ACCOUNT FROM PEER GROUP SUPERVISION

Practitioner ................................................Date..................

<table>
<thead>
<tr>
<th>What I saw</th>
<th>What I felt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What I am going to do</th>
<th>What I think</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Step 1 – Scoping; identify the policies aims

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>This policy sets out how the organisation will implement and monitor Clinical and Safeguarding Supervision for all staff engaged in clinical activities.</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All staff engaged in clinical activities and their managers and supervisors.</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>All staff will receive appropriately documented and reported Clinical and Safeguarding Supervision, assessed by annual audit, as required by NHSLA Standard 2 – Criterion 4: Clinical Supervision.</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this document?</td>
<td>None</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>No</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>None</td>
</tr>
</tbody>
</table>

### Step 2 - Assessing the Impact; consider the data and research

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the document unlawfully discriminate against any group?</td>
<td></td>
<td>x</td>
<td>All inclusive</td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual groups?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>6. Have you used a variety of different methods of consultation/involvement</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act implications</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

If there is no negative impact – end the Impact Assessment here.