Supervision Policy

Northern, Eastern and Western Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

Author(s): Dr Deborah Stalker Designated Doctor Safeguarding Children Tamsin Banks Designated Nurse; Safeguarding Adults	Contact Details:	
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Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1.0	12/08/15	New policy
V1.1	21/11/2017	Amended to include Supervision arrangements for Safeguarding Adults at

		Risk and changing team roles

Both Commissioning Groups promote equality, diversity and human rights and is committed to ensuring that all people and communities it serves have access to the services we provide. In exercising the duty to address health inequalities, the CCG has made every effort to ensure this policy does not discriminate, directly or indirectly, against patients, employees, contractors or visitors sharing protected characteristics of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender); sexual orientation or those protected under the Health and Social Care Act 2012 and Human Rights legislation.

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1. Introduction

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

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

2. Legislation

2.1 Supervision is advocated by the following statutory & non-statutory documents:

- RCPCH (2014) Safeguarding Children & Young People: roles and competencies for health care staff. Intercollegiate document.
- HM Government (2015) Working Together to Safeguard Children
- Department of Health (2004) NSF for Children and Maternity Services
- Lord Laming (2009) The Protection of Children in England – a progress report.
- CQC standard 7
- The Care Act 2015
- Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document 2016 (Draft)

3. Definition

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

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

3.2 This document focuses on clinical and professional supervision which are often used interchangeably. Managerial supervision will be invoked when performance issues are identified (capability, conduct or health).

3.3 In summary clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice (accountability) and enhance patient/client protection and safety of care in complex clinical situations.

4. Purpose

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

4.2 There are three functions of the supervision process:

Formative – contributing to the further development of capability (knowledge, skills and behaviours)

Restorative – supporting practitioners through the difficult and often upsetting work of safeguarding children, adults and families by helping individuals (and teams) to develop resilience.

Normative - ensuring practice is in line with national and local standards (including regulatory code of conduct)

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

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

- Personal development needs are aligned to service needs
- Contribution to the clinical governance process
- Facilitates the development of resilient and psychologically healthy staff
- Ensures staff are working within local and national policy

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

5. Process

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

6. General principles

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

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

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

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

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

7. Accountability

7.1 **The Executive Lead for Safeguarding (CCG)** has responsibility for ensuring the CCG facilitates the provision of high quality services for children and adults across the health economy and in partnership with associated agencies.

7.2 **The Executive Lead for Safeguarding (providers**) has responsibility for ensuring the provision of high quality services for children, families and adults which have a robust safeguarding component for children, families and adults at risk accessing these.

8. Role Responsibilities

8.1 **Designated professionals (including Associate Designated Professionals and Designated doctor for CDOP)** will attend peer to peer supervision via the local

Designated Professionals meetings and the regional Designated Professionals network (NHSE). These supervision meetings will be formally minuted and where relevant be professionally facilitated. Attendance will be reviewed at annual appraisal.

8.2 **The Head of Safeguarding / Designated Nurse (CCG)** will supervise the Named Nurses (RD&E, NDHCT, PCH, DPT, and PHCT), Designated Nurse for Safeguarding Adults and Designated Nurses for Children (CCG).

8.3 **The Designated Nurse for Safeguarding Adults** supervises the Safeguarding Adults Nurse (CCG) and Provider Safeguarding Adult Nurses when required.

8.4 **The Designated Doctor for Safeguarding Children (CCG)** will supervise Named Doctors (RD&E, NDHCT, PCH, DPT, and PHCT).

8.5 **The Designated Nurses (CCG)** will supervise the Safeguarding Nurses for Primary Care and the Lead Practice Nurse. (CCG) They will provide access to support (including debriefs as indicated) for the DRSS. They will supervise the Named Midwives in a combination of one to one meetings and by facilitating peer review groups.

8.6 **The Named Professionals** in provider organisations are responsible for developing robust mechanisms to provide supervision to staff working in their organisation and have a policy in place which defines these relationships.

8.7 Peer supervision: in addition to their one to one supervision with the designated professionals, the named professionals also receive group supervision via the named professional's forum. Likewise designated professionals receive group supervision through the designated professionals meetings and provide ad hoc support and advice within the designated circle.

8.8 Designated professionals for children looked after: supervision is through peer supervision groups including the designated forum.

8.9 Practitioners whose role is not predominantly safeguarding (e.g. Lead Practice Nurse, Learning Disabilities QA Nurse, members of the CHC and commissioning teams etc.) but which may contain a safeguarding component intermittently can obtain supervision and advice from any member of the safeguarding team above. The use of *ad hoc* group supervision in these circumstances should be considered.

8.10 **The practitioner** will abide by the contents of this document and will use the supervision sessions to:

1. Actively promote their individual development
2. Put into place timely actions required consequent on the learning needs identified through the supervision process
3. Reflect on how they can improve the quality of patient care through their practice
4. Ensure safeguarding issues are managed effectively

5. Keep confidential records of the discussion

8.11 In addition they will take responsibility for arranging supervision dates, times and venue.

8.12 **The supervisor** will:

1. Ensure the supervision agreement is in place
2. Keep a confidential record of supervision sessions
3. Ensure the principles of adult learning and formative development are followed
4. Escalate any concerns identified in a timely manner according to the relevant policy
5. Ensure their own development is up to date
6. Access regular supervision (minimum quarterly)
7. Abide by the contents of this policy
8. Ensure all their supervisees are aware of the policy

9. Record keeping

9.1 Records of the discussion should be kept to aid memory and ensure actions are followed up and reported on.

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

10. Confidentiality

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

11. Dealing with practice concerns

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

12. Links with other organisational processes

12.1 Anonymised reflective notes of the supervision process can be used as supporting information used to evidence the effectiveness of the individual's practice/role in the

annual appraisal process. This is especially important for medical staff where the annual appraisal contributes to the relicensing process known as revalidation.

12.2 A similar regulatory process is in place for nursing staff by the NMC.

13. Evaluation & Monitoring

13.1 Audit

This policy must be subject to regular audit according to the audit plan of the CCG and can be included in associated audits e.g. section 11. Safeguarding Adult Board requests to audit. Areas to consider include: frequency of meetings, documentation, review of actions, training of supervisors, etc.

13.2 References

NMC Professional Code of Conduct 2015

GMC Duties of a Doctor 2012

NELT Supervision Policy 2013

Accountability & Assurance Framework NHSE 2015

Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document 2016 (Draft)

Safeguarding Supervision Meeting **Appendix A**

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

Appendix B

Safeguarding supervision agreement

(To be reviewed annually)

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