Safeguarding Supervision Policy for
Designated Nurses, Looked after Children and Continuing
Health Care Professionals, who work in children and adult
services
<table>
<thead>
<tr>
<th><strong>REFERENCE NUMBER</strong></th>
<th>Version 2.0</th>
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</table>
| **APPROVING COMMITTEE(S) AND DATE** | NHS West Cheshire Clinical Commissioning Group  
Quality Improvement Committee  
14<sup>th</sup> June 2018 |
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| **THIS DOCUMENT REPLACES** | Safeguarding Children Supervision Policy  
July 2017 |
| **REVIEW DUE DATE** | June 2019 |
| **RATIFICATION DATE** | 14<sup>th</sup> June 2018 |
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**Gujarati**

જો તમને આ માહિતી વિશે કોઈ પ્રેક્ષણ અથવા પ્રશ્ન હોય તો, તમને ક્લિનિકલ કોમ્મિશનિંગ ક્રિયોની ભાષામાં તમને તજવુરૂ કરવામાં આવે તેવી માહિતી હોય તો, ક્રિયો 01244 650368 એલિટ્રીઝ બેલ્ટની નંબર અને તમને ક્લિનિકલ કોમ્મિશનિંગ નંબર અશાંધાંતો આપવામાં આવે તો, તમને માહિતી એલિટ્રિઝ પાઇપલાઇન સાથે તમને વસ્તુના ભાવના બાસી પોષણ કરવામાં આવે છે.

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Introduction

1. It is the responsibility of the Designated Nurses for Safeguarding to provide appropriate supervision to colleagues across the children and adult health community. This includes the Named Nurses / Professionals / Midwives in provider organisations, Designated Nurses Looked after Children and Continuing Health Care. In some cases it may be appropriate to carry out supervision as a group activity. For ease of reference the professional groups will be referred to as Nurses and Midwives for the purpose of this policy.

2. This policy has been developed in collaboration with the Designated Nurse Safeguarding Children for NHS East Cheshire Clinical Commissioning Group and NHS West Cheshire Clinical Commissioning Groups and the Named Nurses and Midwives for whom the policy has been developed to support. This approach recognises the interrelationship of the Designated Nurses, Nurses and Midwives across the health economy of the four Cheshire Clinical Commissioning Groups.

3. At the core of the Nursing and Midwifery Council Code (2016) is the expectation that nurses and midwives will practise effectively, preserve safety and promote professionalism and trust. Safeguarding supervision is central to safe nursing and midwifery practice and therefore supports all nurses and midwives to meet their professional standards to promote safe and effective practice in their place of work.

4. Nurses and Midwives need and are expected to receive supervision, and given the stressful nature of the work, the employing body must ensure that safeguarding focused supervision and support is provided.

5. Upholding individual professionalism, raising concerns when issues arise that could compromise the safety, quality and experience of our patients.

6. Safeguarding supervision is a complex activity, it has to acknowledge the stressful nature of child and adult protection work, the functions and the elements of supervision and also address the requirements of several stakeholders.

7. This model of safeguarding supervision has been designed to meet the specific needs of the Nurses and Midwives. The combined model is a blend of: the 4x4x4 model (fig 1) developed by Morrison and Wonnacott (2010); and the integrated restorative model (fig 3) developed by Wallbank (2010).

8. Evaluation of this model of supervision will take place annually so that revisions can be made, and so that any fresh learning can be incorporated.
Definition of Supervision
9. Supervision is defined as: A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations (CQC, 2013).

Purpose and Aim of Supervision
10. The purpose of supervision is to provide an opportunity for sharing, learning and reflection, and for increased collaboration and support. The aim of supervision is the improvement of the quality of work to achieve the agreed outcomes.

11. The aim of this policy is to promote and develop a culture that values and engages in regular safeguarding supervision

Supervision
12. The policy will lay out the requirement for supervision and identify a matrix for supervision across organisations.

13. It is important to integrate the accountability model of supervision within a restorative framework in order to ensure that the appropriate degree of restorative efforts take place for professionals.

14. The 4x4x4 Model – Accountability (fig 1) which was developed by Tony Morrison is an integrated framework which demonstrates the interdependence of:

- The four functions of supervision
- The four stakeholders in the supervisory process
- The four elements of the supervisory cycle

15. The four functions of supervision:
   I. Management function
   II. Development function
   III. Support function
   IV. Mediation function

16. The four stakeholders in supervision:
   I. Service users
   II. Supervisees
   III. Organisation
   IV. Partners

17. The four elements of the supervisory cycle (based on Kolb's Learning Cycle)
   ➢ Experience
   ➢ Reflection
   ➢ Analysis
   ➢ Plans/Action
18. At the heart of the 4x4x4 model is the principle demonstrated by the supervision outcome chain.

19. **Fig 1: The 4x4x4 Model**

![4x4x4 Model Diagram]

20. **Fig 2: The Supervision-Outcome Chain**

![Supervision-Outcome Chain Diagram]
21. With the **four stakeholders** at the centre of our thinking and the elements of the supervisory cycle being constantly applied to our learning the four functions will be addressed in the following way:

- **Managerial**
  By ensuring a suitably experienced supervisor, managers can endeavour to ensure competent and accountable performance and they can be assured that policies and procedures relating to protection are being followed and professional practice is being appropriately challenged. There is not an exclusive emphasis on the managerial function in this model as this will leave the supervisee feeling that the supervisor is only interested in ‘checking up on them’ *(Morrison 2005).*

22. Nurses and Midwives will receive 1-1 appraisals by their manager separate to supervision.

23. Nurses and Midwives will feel confident and able to ask questions, and they will raise concerns and openly share their experiences.

- **Continuing professional development / educational function**
  a) This function will allow professionals to reflect honestly on their work and interactions with other stakeholders, and on their assessments and strategies *(Morrison, 2005).*
  b) Learning will be achieved through: discussions about latest research and policies, through case discussion, by focusing on topics of interest or by sharing experiences. Identifying the common ground of safeguarding practice.

- **Supportive or enabling**
  a) Safeguarding is inherently stressful and, apart from any human and managerial ‘duty of care’ considerations, this can adversely affect practice and judgement. Nurses and Midwives can also be profoundly affected by sometimes hostile receptions when challenging/raising issues and also when advising on distressing cases. They require support in dealing with the emotions aroused and reassurance that they are operating ‘along the right lines’.
  b) Supervision will provide mutual support as the Nurses and Midwives share common experiences, develop fresh insights and learn new behaviours.

- **Engaging the individual with the organisation (mediation function)**
  a) Generally this involves representing staff needs to higher management, negotiating other services needing to be coordinated or clarifying to others outside the agency the legal and resource constraints within which the team is operating.
b) Within this model of safeguarding supervision, where the supervisor is external to the organisation, this will be achieved through: discussions about solving complex issues, learning new strategies, and developing increased insights.

➢ The Integrated Restorative Model
a) Combining the 4x4x4 accountability model with the integrated restorative model creates a balanced approach which maintains a focus on the outcomes for the child/adult whilst supporting and challenging the Nurses and Midwives.
b) This ensures both the Supervisor and Supervisee are able to continue to assure the organisation of the safety of the work being undertaken as well as its effectiveness. The supervisory cycle is translated into supervisory practice as follows:

24. Fig 3: The integrated restorative model of supervision in safeguarding

<table>
<thead>
<tr>
<th>Experience</th>
<th>Reflection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage with the experience of the child/service users</td>
<td>Challenge assumptions and biases driving practice</td>
</tr>
<tr>
<td>Observe accurately</td>
<td>Individual learning and personal development</td>
</tr>
<tr>
<td>Recognise significant information</td>
<td></td>
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</tbody>
</table>

Restorative supervision
Process experience and contain anxiety

<table>
<thead>
<tr>
<th>Action</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative solutions</td>
<td>Understanding the meaning of information and behaviour</td>
</tr>
<tr>
<td>Collaboration with others</td>
<td>Focus on strengths</td>
</tr>
<tr>
<td>Challenge others</td>
<td>Evaluate risk and remain 'risk sensible'</td>
</tr>
<tr>
<td>Organisational assurance</td>
<td>Understand organisation requirements</td>
</tr>
</tbody>
</table>

Responsibilities

25. Effective supervision relies on a good working relationship between supervisors and supervisees, whose responsibilities are set out below.

26. The responsibilities of supervisee and supervisor are supported by:
➢ Safeguarding Supervision Agreement – Named Nurses / Professionals / Midwives, Continuing Health Care Nurses and Designated Nurses Template (Appendix A)
➢ Notes on Safeguarding Supervision Session Template (Appendix B)
➢ Nurse / Professional / Midwife Supervision Log Template (Appendix C)
➢ Annual Evaluation of Safeguarding Supervision Template (Appendix D)
27. Supervisees should:
- Prepare for a supervision session, which includes identifying issues from their practice for discussion with their supervisor.
- Take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.
- Identify opportunities alongside the supervisor to identify learning that is beneficial to share at both an organisational or multi-agency level and agree the best mechanism for sharing the learning.

28. Supervisors should:
- Adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs.
- Ensure a supervision contract is in place so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.
- Keep a record of supervision sessions and reviewing any action plans.
- Identify opportunities alongside the supervisee to identify learning that is beneficial to share at both an organisational or multi-agency level and agree the best mechanism for sharing the learning.
- Act appropriately to share information where there are serious concerns about the conduct, competence or health of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to their own supervision (CQC, 2013).

References


Appendix A
SAFEGUARDING SUPERVISION AGREEMENT – NAMED NURSES / PROFESSIONALS / MIDWIVES, CONTINUING HEALTH CARE NURSES AND DESIGNATED NURSES

Date Agreement Made
Supervisee
Supervisor
Review Date

1. Safeguarding Supervision will address the following areas:
   - Management
   - Development
   - Support
   - Mediation

2. Safeguarding Supervision arrangements:
   - Quarterly Supervision (or more frequently as agreed between the supervisor and supervisee).
   - Length of session – 2 hours
   - There will only be interruptions if: situations arise where clinical issues must be dealt with and cannot wait until supervision is over.
   - In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.
   - Supervision will take place in a room that provides confidentiality and privacy. The supervisee will ensure an appropriate room is available for supervision.
   - Both parties will be aware of and confront at every opportunity any practice, which they feel, is influenced by prejudice of any kind, such as race, gender or disability.
   - Any disagreements will be recognised and addressed by the supervisor and supervisee.

3. Confidentiality
   - The content of the meetings are confidential between the parties to be shared only with the consent of both parties, unless there are issues regarding risk.
   - If the supervisor identifies risks to clients or staff (including the supervisee), information may need to be shared.
   - If disclosure were considered to be necessary by the supervisor, the supervisee will be informed of the perceived reasons for such disclosure.
   - If there were legal requirements, e.g. a coroner’s inquiry, the court may require disclosure by the supervisor who would then have an obligation to comply.
   - Supervision content will not be provided to line managers or others unless previously agreed, in relation to performance management of the supervisee, but the supervisee could choose to do so to support her/his case in such an event.
4. Record of Supervision

**Who will record it?**

- The Supervisor will record notes of the supervision session in the agreed template.

**Where will the records be kept?**

- Electronic notes will be kept securely by both parties.

**Who has access to this information?**

- In most cases, no other parties will have access.
- However, if there were legal issues, e.g. a coroner’s inquiry the court would have the right to require the documents.
- Clinical supervision records will not be provided to managers in relation to performance management, but might be requested by the staff member to support their case in such an event.

5. Safeguarding Supervision Meetings

The Nurse / Midwife and Supervisor will prepare for each meeting by:

- Completing agreed actions
- Identifying priorities for discussion
- Approaching the session in an open honest way, ideas and suggestions will be open to constructive challenge so as to improve and learn from practice.

6. Signatures

Signed: ________________________________
Date: __________________________
Name: ________________________________
(Supervisee)

Signed: ________________________________
Date: __________________________
Name: ________________________________
(Supervisor)
Appendix B

Notes on Safeguarding Supervision Session

Name: __________________________________________

Date: __________________________________________

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion</th>
<th>Agreed action</th>
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</table>

<table>
<thead>
<tr>
<th>Agenda items for next session</th>
<th>Preparation required</th>
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Signed: _____________________________          Date: _____________________________

Signed: _____________________________          Date: _____________________________
## Appendix C

### Nurse / Midwife supervision log

**Nurse / Midwife:**

**Designated Nurse Supervisor:**

<table>
<thead>
<tr>
<th>Date of Session</th>
<th>Type/length of session</th>
<th>Outcome/actions</th>
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<tbody>
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Appendix D

Annual Evaluation of Safeguarding Supervision

Name of Supervisor: ______________________________

Name of Supervisee: ______________________________

Date: ______________________________

Rating scale

<table>
<thead>
<tr>
<th>Quality of the Supervision Process</th>
<th>Supervisor</th>
<th>Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We negotiated a mutually acceptable contract specifying format, goals, roles/responsibilities and accountability of both parties.</td>
<td></td>
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</tr>
<tr>
<td>2. The supervisor/ee fulfilled his/her commitments as specified in the contract.</td>
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<tr>
<td>3. The supervisor/ee maintained appropriate professional boundaries in the supervision relationship</td>
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<td></td>
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<tr>
<td>4. The supervisor/ee set and worked to an agenda for the supervision session, in consultation with supervisee/or.</td>
<td></td>
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<tr>
<td>5. The supervisor/ee was reliable in making time for and punctual in attending the regular supervision sessions.</td>
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<tr>
<td>6. The supervisor used a range of questioning styles to assist the supervisee to explore and conceptualise issues and solutions</td>
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<tr>
<td>7. The supervisor/ee worked together to formulate supervision questions and topics to discuss as required</td>
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<tr>
<td>8. The supervisor/ee communicated sensitivity towards cultural and ideological differences relevant to clinical practice.</td>
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<tr>
<td>9. The supervisor/ee demonstrated clinical skills in sessions (e.g. instructions, role-plays, videotapes etc.).</td>
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<tr>
<td>10. The supervisor/ee respected confidentiality issues, as appropriate.</td>
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</tbody>
</table>
11. The supervisor/ee made supervisee/or feel valuable and respected as a colleague.

### Quality of the Supervision Process (continued)

<table>
<thead>
<tr>
<th>#</th>
<th>Supervisor</th>
<th>Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>The supervisor/ee sought feedback from supervisee/or about satisfaction with supervision.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>The supervisor/ee showed enthusiasm, dynamism and energy for clinical practice.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>The supervisor created an atmosphere of trust and support.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>The supervisor helped supervisee to identify their strengths and weaknesses relating to the core skills, knowledge, attitudes and competencies required for professional practice.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>The supervisor was flexible and adapted to changing needs of supervisee in supervision.</td>
<td></td>
</tr>
</tbody>
</table>

### Outcomes of Supervision

<table>
<thead>
<tr>
<th>#</th>
<th>Supervisor</th>
<th>Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Supervision improved supervisee clinical skills, knowledge, and attitudes relating to clinical practice.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Supervision increased supervisee confidence as a practitioner.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Supervision increased supervisee understanding of the organisation he/she works in.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Supervisee feels more enthusiastic about my work as a result of this supervision experience.</td>
<td></td>
</tr>
</tbody>
</table>

### Outcomes of Supervision (continued)

<table>
<thead>
<tr>
<th>#</th>
<th>Supervisor</th>
<th>Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Supervisee felt satisfied with the supervision he/she received.</td>
<td></td>
</tr>
</tbody>
</table>

22. What are the three most positive outcomes that have been achieved from supervision?

i) 

ii) 

iii)
23. What three things would you have preferred to have been done differently in supervision?

i)  

ii)  

iii) 

24. What specific area should be the focus of development in future supervision sessions?

i)  

ii)  

iii) 

25. What additional professional development activities do you think would be beneficial to support your supervision experiences?
