Lincolnshire Community Health Services NHS Trust

Safeguarding

Supervision Policy

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Version:	3.0
Ratified by:	LCHS NHS Trust Board
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Name of originator/author:	Jean Burbidge
Name of approving committee/responsible individual:	Safeguarding and Patient Safety Committee
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Distributed via:	Intranet/Safeguarding Newsletter

Lincolnshire Community Health Services NHS Trust

Safeguarding Supervision Policy

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	Whole document	New policy to align to Clinical Supervision Policy. Replaces PCS-02	February 2014	Joy Gilbert
2	General update	New government documentation. Safeguarding supervision contract Group safeguarding supervision record	February 2016	Jean Burbidge
2.1		Reference changed from P_CS_02 to P_SG_04	May 2016	Corporate Assurance Team
3	Whole Document	Updated and renamed to include adult services	February 2017	Mandy Harsley Deputy Named Nurse
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Lincolnshire Community Health Services NHS Trust

Safeguarding Supervision Policy

Contents

i) Version Control Sheet

ii) Sections

Lincolnshire Community Health Services NHS Trust

Safeguarding Supervision Policy

Policy Statement

Background	Lincolnshire Community Health Services NHS Trust (LCHST) aims to provide the highest standards of quality and safe patient care. Every employee has a personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that reflects the Trusts vision and values at all times. LCHST recognise that, in order to deliver their roles and statutory duties, and to support the organisation to meet its objectives, all employed professional and clinical support staff have the right to regular supervision that enables a mechanism for providing professional advice, support and guidance, underpinned by reflective practice that empowers employees to be effective in and accountable in the conduct of their duties. In order to promote safeguarding and protect children and adults at risk from harm, practitioners who are case holders have the right to specialist safeguarding supervision. LCHST is committed to ensuring identified services with planned, unplanned or urgent interface with patients receive safeguarding supervision. LCHST is committed to ensuring that there is an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. The Trust is also committed to ensuring that there is a systematic process in place for implementing, monitoring and evaluating Safeguarding Supervision in line with best practice guidance as a minimum and is committed to ensuring that time and facilities are available to ensure that Safeguarding Supervision takes place, that it is recorded, monitored and audited. This policy outlines the types and process of Safeguarding Supervision and requires that all professional and clinical support staff access and participate in appropriately agreed levels of Safeguarding Supervision.
Statement	This policy applies to all professional and clinical support staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.
Responsibilities	The roles of LCHST, managers, supervisors, supervisees and employees are identified within the policy.
Training	All staff will receive training appropriate to their role within the supervision process. All new members of staff will be introduced to the policy standards and expectations during the organisations Induction Programme
Dissemination	Website. Safeguarding Newsletter. If information is accessed on line and printed as a hard copy or saved in another location it must be checked that the version number and date on the hard copy matches that of the one on line.
Resource implications	It is expected that all staff will receive appropriate training from the organisation.

1. Introduction

NB This policy must be read in conjunction with LCHST Clinical Supervision Policy and LCHST Toolkit for Clinical Supervision.

Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for Safeguarding and promoting the welfare of patients and creating an environment where staff feel able to raise concerns and are supported in their Safeguarding role.

It is recognised that working in the field of Safeguarding entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. Therefore all front line practitioners must be well supported by effective Safeguarding Supervision, advice and support.

Lincolnshire Community Services NHS Trust (LCHS) is committed to promoting the welfare of patients and protecting them from harm in all localities, where services are provided and ensure they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7.

Safeguarding Supervision offers a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved (see appendix 1); discussing cases of actual or abuse and discussing cases at varying levels of concern from the high risk, to the cases with very early potential indicators in order to ensure safe practice (HMG 2015).

Safeguarding Supervision should help to ensure that practice is soundly based and consistent with LCHS Safeguarding Policies, which is underpinned by Lincolnshire Safeguarding Children/Adult Board policies and procedures: -

www.lincolnshirelscb.org.uk / www.lincolnshirelsab.org.uk

The aim of this framework is that it will support a variety of models of clinical supervision that can be developed in accordance with local circumstances and staff development needs.

This policy should be read in conjunction with the following policies and documents:

- Safeguarding Children Policy
- Clinical Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Appraisal Policy
- Multi-Professional Preceptorship Policy
- Clinical/Professional Supervision Toolkit

1.1 Objectives

This policy aims to provide a framework for the mandatory provision of Safeguarding Supervision and must be used in conjunction with LCHS Clinical Supervision Policy.

Safeguarding Supervision:

- Enables practitioners to deal with the stresses inherent in working with vulnerable children and their families and adults at risk of harm.
- Supports practitioners to reflect critically on the impact of their decisions on the patient and their family.
- Supports practitioners to analyse and synthesise complex cases.
- Provides a safe place to explore and challenge hypothesis.
- Facilitates staff to increase their knowledge, skill, confidence and competence when working with adults, children, young people and their families/ carers, creating more positive outcomes.
- Scrutinises and evaluates the work carried out, assessing strengths of the practitioner and area's for development.
- Provides coaching and professional development.
- Ensures that all work and performance issues are openly, honestly and positively dealt with in supervision and that poor practice is challenged
- Supports staff to explore their own role and responsibilities and the scope of their professional judgement and authority, in relation to the families they are working with
- Assists in identifying the training and development needs of practitioners;
- Helps reduce the incidence of serious case reviews/ public enquiries with their associated risk of negative publicity, which impacts on corporate morale and subsequent recruitment and retention problems for organisations involved (Department for Education 2011

Functioning properly, Safeguarding supervision facilitates good quality, innovative and reflective practice in a safe environment (DH 2004; DCSF 2014, HMG 2015)

1.2 Scope and Frequency

Safeguarding Supervision is the framework for safeguarding patients and is different from clinical supervision. Supervision usually takes place on a one to one basis but may also be undertaken by a group when 'members come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities' (Morrison 2005).

Safeguarding Supervision is mandatory for all registered clinical staff working directly with children and adults at risk of harm.

Minimum Requirements:

Staff Type	Frequency	Type of Supervision
Newly Qualified Case Holders	Monthly for first 6 months	1:1
Senior SCPHN	Quarterly	1:1 by DNN
Qualified Health Visitors	Quarterly	1:1
Band 6 and 5 School Nurses	Quarterly	1:1
Integrated Team Leads	Quarterly	Action Learning Set by DNN
VCYP Team	Quarterly	1:1
Corporate Safeguarding Team	Quarterly	1:1
All 0-19 practitioners	6 monthly (Twice a year)	Group by SCPHN

Staff Type	Frequency	Group supervision in addition to above individual
Paediatric Therapists	Quarterly	Group by DNN
Sexual Health Teams	Quarterly	Group by DNN
Urgent Care/OOH/MIU/WIC	Quarterly	Group by DNN
Community Wards	Quarterly	Group by DNN
Adult Integrated Teams	Quarterly	Group by DNN
Safeguarding Champions	Quarterly	Group by DNN
Corporate Safeguarding Team	Quarterly	Group by DNN

The minimum requirements for the participation in Safeguarding Supervision by clinicians will be reinforced during the appraisal process and participants will be expected to demonstrate compliance of the requirements at subsequent appraisals.

Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations. Each session will last minimum of 1 hour-maximum 2 hours.

Team Leads will be expected to provide a range of clinical supervision opportunities within their normal working practices for their skill mix teams.

2. Definitions

Clinical Supervision has been described as "*an exchange between practicing professionals to enable the development of professional skills";* it is described as having a vital part to play in sustaining and developing professional practice through self-assessment and application of analytical and reflective skills. (Butterworth and Faugier 1992)

The NHS Management Executive defined Clinical Supervision in 1993 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 consumer protection and safety of care in complex situations."*

3. Roles and Responsibilities

3.1 Chief Executive

The Chief Executive has overall accountability for the strategic and operational management of LCHST.

3.2 Director for Nursing and operations

The Director for Nursing and operations will have overall responsibility for ensuring that there is an effective training programme in place within LCHST to support the implementation and maintenance of the Clinical Supervision Policy. They will provide the Chief Executive and Trust Board with an annual report of Clinical Supervision including an overview of themes and changes that have been implemented as a result of supervision.

The Director for Nursing and operations will hold a central database of all Clinical Supervisors within LCHST.

3.3 The Corporate Safeguarding Team

The Corporate Safeguarding Team, led by the Head of Safeguarding will ensure Safeguarding Supervision is provided to identified cohorts of staff.

3.4 Safeguarding Supervisors

Supervisors are an important source of advice and expertise, and therefore the relationship between the supervisor and supervisee is one that should be based on respectful honesty and constructive challenge as well supporting reflective learning and providing the opportunity for the practitioner, to explore any blocks to effective safeguarding practice in a safe environment (Brandon et al 2012).

Safeguarding Supervisors will ensure that they:

- Have received training in supervision skills and undertake an update every 3 years.
- Have up to date knowledge in legislation, policy and research relevant to safeguarding.
- Be accountable for the advice that they give.
- Agree and sign a supervision contract/agreement with the supervisee and ensure that supervision is conducted with in a safe, uninterrupted environment (appendix 1).
- Identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly to the corporate safeguarding team.
- Discuss management of individual safeguarding cases to explore and clarify the management and thinking relating to the case.
- Provide clear feedback to the supervisee and identify who is responsible for implementing any required action resulting from the supervision.
- Share information knowledge and skills with the supervisee.
- if required, constructively challenge any personal and professional areas of concern
- Document the areas of concerns discussed and identify where information will need to be shared and with whom.
- Receive regular supervision, not less than once every three months.

The Supervisor has responsibility for:

- Providing 1:1 supervision in accordance with the safeguarding Supervision policy.
- Group supervisions will be provided by the corporate safeguarding team (Appendix 2).
- Setting up and signing the supervision contract/agreement at the onset of supervision and reviewing yearly or more frequently if required (Appendix 1).
- Agree and book the date for the next session at the end of the current session.
- Being accountable for the advice they give and any actions they take.

- Conducting the sessions in a structured manner using a recognised framework e.g. resilience/ vulnerability matrix, reflective practice and the Kolb cycle.

- Keeping attendance records and sending this at the end of each month to the team lead and corporate safeguarding team administrator.

- Following up on cancelled appointments or non- attendance and resolving any difficulties that may result in non-attendance. This will also include completing DATIX, assigned to the practitioner's line/ service manager.

- Contributing towards auditing the supervision process.

- Formulating with the supervisee, any necessary action plans, ensuring they are person focussed with realistic targets and action plan at the end of each supervision session.

- Identifying any training needs.

- Recognising practice issues which may need to be discussed with the supervisee's line manager.

- Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

The Supervisee has responsibility for:

- All practitioners are accountable under their professional code for actions or omissions in their practice. Staff are accountable in ensuring they access supervision.

- Signing the supervision contract.

- Prioritising attendance at agreed sessions as per policy. In addition to planned supervision sessions practitioners may also seek case supervision on complex or urgent cases from their supervisor or a member of the Corporate Safeguarding Team as necessary. This may be by telephone.

- Informing the supervisor at the start of the session, the number of cases to be discussed and their priority and any other issues to be explored, so that the session can be appropriately managed. The supervisee must discuss the most concerning case first to ensure that there is time for full discussion of the issues and formulation of an action plan. To maintain an individual supervision record of cases discussed (Appendix 3).

- Prepare for supervision by identifying appropriate cases and complete the supervision template.

- Providing/ accessing the complete records for each child/patient discussed at supervision.

- Complex cases e.g. children at risk of sexual exploitation, neglect and self-neglect cases and those patients giving "cause for concern", should be brought to supervision as well as those with an adult safeguarding or child protection plan.

- Being accountable for their professional judgement in deciding which cases to bring to supervision and for any decisions made during supervision.

- Formulating with the supervisor, where applicable, SMART (specific, measurable, achievable, realistic and timely) action plans, ensuring they are child/patient focussed with realistic targets and review dates, at the end of each supervision session. This should be recorded in the supervision template for children and the Chronology of Significant Events for adult cases.

- Arranging a 1:1 session with their supervisor within 2 weeks if they are not able to attend a planned group or 1:1 supervision session due to sickness or annual leave. If this is not possible a DATIX should be completed.

- Informing the supervisor, if they are under increased pressure, professionally or personally so that extra support may be offered. This may need to be in conjunction with the practitioner team lead/manager.

3.5 The Service Leads have responsibility for:

- Ensuring that effective systems are in place to provide assurances that all aspects of this policy are being applied to all clinical staff within their service.

- Ensuring that all clinical staff are aware of the safeguarding Supervision policy, and that they are assigned to a Safeguarding Supervisor ensuring too that all new starters are linked into Safeguarding Supervision and Preceptorship requirements.

- Supporting effective Safeguarding Supervision, service leads will commit to offering protected time to clinicians to engage meaningfully in their supervision sessions. The requirement of a private quiet area free from interruption is essential.

- Investigating non-compliance with individual members of staff and formulate action plans for completion within agreed timescales.

- Maintaining a database which contains the details of all clinical supervisors and supervisees assigned to them.

3.6 Clinical Staff

All professional and clinical support staff have a duty to read and work within the policy, and must keep themselves up to date with all procedural documentation issued by LCHST. Staff must ensure that they are aware of the location of procedural documents and how to access them.

Clinical staff will agree with their manager protected time away from the workplace to access Safeguarding Supervision within the agreed model for their profession, through their annual appraisal process.

Safeguarding Supervisors will receive supervision themselves from the Corporate Safeguarding Team; this may be either one to one or in a small group (see 1.2 for frequency).

4. Arrangements for Clinical Supervision within LCHST

4.1 Supervision Models

LCHST has chosen Proctor's model as the preferred model for use within LCHST (see Clinical Supervision Policy).

There are however, a wide range of models that can also be used in Safeguarding Supervision. Different approaches may be required to unblock entrenched thinking and promote professional development and self-awareness. The Corporate Safeguarding Team providing are experienced supervisors with a wide range of models including John's Reflective model, Kolb Cycle, Tony Morrison etc.

4.2 LCHST Model and Delivery

The Safeguarding Supervision model within the Trust for the majority of services will be group supervision led by a member of the Corporate Safeguarding Team using an appropriate model for safeguarding. This can be participated within as a multi or uni-professional group based on local circumstances and staff needs however some staff are required to attend 1:1 supervision(see grid in **1.2**)

4.3 Supervision Contract/Agreement (Appendix 1)

It is important to have a clear working arrangement for every supervision relationship, and it is good practice for supervision relationships to have their own agreement that sets out the frequency and type of supervision appropriate for the supervisee. The supervision agreement should be signed by both the supervisor and supervisee and a copy kept by each party. Any difficulties on reaching agreement should be taken to the line manager/corporate safeguarding team and reported to the Named Nurse as appropriate.

In the event of a practitioner requesting a change of supervisor for 1:1 Safeguarding Supervision, this must be brought to the attention of the line manager who will bring this request to the Head of Safeguarding.

4.4 Register of Attendance *(Refer to Professional/Clinical supervision toolkit)*

A register of attendance must be kept by the supervisor which must include the recording of non-attendees with the identified reason given by a supervisee for non-attendance clearly recorded. A copy of the practitioner attendance register must be sent to the Service Lead and Corporate Safeguarding Administrator at the end of each month.

Whilst it is appreciated that supervisees will not be able to attend all sessions, Safeguarding Supervision is not considered as an option; it is mandatory and non-attendance or difficulties with the supervisory relationship must be brought to the attention of the service lead for resolution.

Supervisors must be supported by their service lead in emphasising the importance of the contract agreement to those clinicians who are persistent non-attendees.

The supervision must be recorded on the E-Recording system which can be accessed via the staff intranet.

5. Dissemination and Implementation

5.1 Dissemination

This policy will be disseminated using the usual Trust communication mechanisms: Safeguarding newsletter, Team Brief, Trust website and Business Unit communication forums. The policy will be published on the Trust's intranet site. Service Leads are responsible for raising awareness of this policy as part of team meetings.

5.2 Implementation

Safeguarding Supervision will complement LCHST Clinical Supervision Policy and will continue in parallel with the implementation plan for Clinical Supervision.

6. Process for Monitoring/Auditing Compliance and Effectiveness

It is the responsibility of the Service Lead to maintain updated lists of all Safeguarding Supervisors and their area of responsibility. This will inform a central database which will be held by the Director for Nursing and Operations.

Safeguarding Supervisors will ensure practitioners requiring 1:1 Safeguarding Supervision record on ESR that it has taken place. Reports on compliance will be completed by the Corporate Safeguarding Team and monitored by the Patient Safety and Safeguarding Governance Committee quarterly.

The Corporate Safeguarding team will keep a record of all group supervision sessions they facilitate which will be underpinned with completed registers and identify generic topics and themes discussed. These will be used to demonstrate that group Safeguarding Supervision is taking place to the Trust. All registers are to be copied and forward to the Operational leads.

Operational Leads will analyse the returned completed registers to identify common generic issues/themes which will be presented to business unit Clinical Governance forums and the Patient Safety and Safeguarding Governance Committee to identify any evidence based practice which has been changed/addressed as a result of Safeguarding Supervision or which should be addressed by the wider service. Examples of change can then be used as evidence that the Trust is utilising evidence based practice which will enhance care pathways for patients and clients.

Identified themes from the Safeguarding Supervision register, number of sessions held within that service and any changes to the clinical supervisor database will be collated by the Corporate Safeguarding team. The report will be forwarded to the Deputy Director for Nursing and Operations and Head of Safeguarding on a quarterly basis so an Annual Report with an overview of the outcomes of safeguarding Supervision can be produced for the Quality Scrutiny Committee. Corporate Safeguarding will report on the Safeguarding Supervision data quarterly at the Patient Safety and Safeguarding Governance Committee and form part of the Safeguarding annual report.

This policy will be reviewed on an annual basis with a formal audit process undertaken annually.

AUDIT
Annual audit of records will be undertaken to:-

- Demonstrate safeguarding supervision has been undertaken.

- Contracts are in place.
- Identify themes where further training is required.
- Inform Trust Board of compliance through annual report.

7. Further information

Supporting information and recording templates are available within the LCHST Toolkit for Clinical/Professional Supervision.

8. References

1. HM Government 2015 "Working Together to Safeguard Children"
2. Butterworth and Faugier 1992. Clinical Supervision and Mentorship in Nursing. London Chapman Hill
3. CQC Standards - www.cqc.org.uk
4. HM Government 2014 – "Care Act 2014"
5. Laming, Lord 2009 The Protection of Children in England: A progress Report, London TSO
6. Morrison, T (2005). Staff Supervision in Social Care: making a real difference to staff and service users. Pavilion Publishing, London.
7. Nursing and Midwifery Council (NMC) 2009. Record Keeping Guidance for Nurses and Midwives NMC
8. Brandon, M. et al 2012. New Learning from serious case reviews: a two year report for 2009-2011: research report, London, Department for Education
9. Department for Education 2011. The Munro Review of Child Protection: Final Report. A Child Centred System, London TSO
10. Royal College of Paediatrics and Child Health (2014). Safeguarding Children and Young People: roles and competences for health care staff. Intercollegiate document https://www.rcoa.ac.uk/system/files/PUB-SAFEGUARDING-2014_0.pdf
11. Department of Health (1998) *A first class service quality in the new NHS.* HMSO London.
12. Lincolnshire Safeguarding Children Board Procedures online: www.lincolnshirelscb.org.uk
13. Lincolnshire Safeguarding Adult Board Procedures online: www.lincolnshirelsab.org.uk

Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	To provide a framework for the Safeguarding Supervision to align with LCHST Clinical Supervision Policy across clinical groups within LCHST. To improve quality of practice for a positive impact on services and better outcomes for patients		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Implementation of the policy will support the delivery of improved quality driven care and services		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Mandy Harsley		
Date:		21.02.17		

NHSLA Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/group / committee for development of action plan	Responsible individuals/group/ Committee for monitoring of action plan
Relevant staff to receive safeguarding supervision as per policy unless exemption rationale identified	Audit	Service Leads Practitioner Performance Assurance Committee Safeguarding Governance Group	Annual	Named Nurse Safeguarding	Service Leads Practitioner Performance Assurance Committee Named Nurse Safeguarding	Service Leads Practitioner Performance Assurance Committee Named Nurse Safeguarding

APPENDIX 1

Safeguarding Supervision Contract

SUPERVISOR Name and Designation	
SUPERVISEE Name and Designation	
LOCALITY/TEAM	
CONTACT TELEPHONE NUMBER	
SUPERVISION HISTORY **(past experiences)**	

Each practitioner is accountable for his/her professional practice

Be aware of the organisational policies, procedures and guidelines in relation to safeguarding children/child protection/vulnerable children/looked after children/adults at risk of harm.

Statement of Values

Everyone regardless of their age, gender, racial origin, culture, religious belief, language, disability or sexual identity, have the right to high quality patient focused care.

The needs and rights of clients/patients will be everybody's paramount concern and responsibility. We will work with patients/children/parents/carers and others in the community to promote and protect those needs and rights.

Confidentiality

To work within the NMC/HCPC/GMC codes for confidentiality.

Expectations

- To be open to constructive feedback.
- To review and reflect on practice, feedback, values and previous action plans.

The Supervisor agrees to:

- Protect time and space of appointment.
- Support, challenge and offer guidance and information to enable the practitioner to reflect on safeguarding the welfare of patient issues affecting practice.
- To help supervisee explore, reflect, analyse and plan their work
- To ensure records are completed as per LCHS Record keeping policy.
- To identify training needs.
- Review the contract annually.

The Supervisee agrees to:

- Be responsible for having an agenda.
- Give the appointment a high priority and be punctual for the session.
- Ensure records of all clients/patients to be discussed are available in the session.
- Responsible for identifying and prioritising cases to be discussed at supervision.
- Update supervision template (COSE for adults) and patient records with action plans discussed/agreed.
- Update ESR after each supervision session.
- Use the safeguarding supervision process effectively.
- Take responsibility for making effective use of the time, for the outcomes and any actions as a result of the supervision.
- Keep a copy of the contract in an appropriate place.

FREQUENCY	Minimum Quarterly
DURATION	Minimum of 1 hour – maximum of 2 hours
VENUE	Mutually agreed. To be private and preferably with IT connectivity. Mobile phones to be on silent.
CANCELLATION/DEFERRING SESSION Rearrange supervision as soon as able	This should only apply in extraordinary circumstances eg. Sickness, court attendance, compassionate leave or a child protection conference.

Contract to be reviewed at change of supervisor or annually

We agree to be bound by the terms of this contract/agreement and understand that in the event of it not being followed the relevant line manager will be informed.

SIGNATURES		**DATE**
Supervisor		
Supervisee		

Both the supervisor and the supervisee are to retain an up to date contract of supervision for their records.

APPENDIX 2

Group Safeguarding Supervision Record

Supervisor(s)	
Staff locality/team/service	
Date	
Venue	
Start Time and duration	

All attendees have read and understood the LCHS Safeguarding Policies

Contract agreed.

Ground Rules

- Sessions will start promptly and all participants must ensure they arrive 10 minutes before the start of the session.
- Each attendee to receive copy of supervision record following group supervision.
- Attendees are responsible for recording attendance on ESR.
- Supervisor to retain copy of session.

Attendees signatures

NAME	SIGNATURE	DESIGNATION AND BASE	SECURE E MAIL

Discussion Topics • • • • •
Outcomes/learning points/key themes identified 1. 2. 3. 4. 5. 6.
Any actions for: - Individual practitioners Supervisor

Date of next group supervision	
Venue	
Start Time	

Appendix 3

Safeguarding Supervision – Individual Record

Supervisee: **Supervisor:**

Date: **Venue:**

Subject brought to Supervision	Discussion	Outcome/action following supervision	Comments

Supervisor Signature: Date and time of next session:

Supervisee Signature: Venue of next session: