

Reflective Supervision

Regional Safeguarding
Supervision Policy and
Standards for Nurses
and Midwives



NIPEC



INVESTORS
IN PEOPLE



Reflective
Supervision

Personal - Professional - Practice



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Background and Context

This policy and standards replaces the Safeguarding Children Supervision Policy and Procedure for Nurses, (DHSSPS, 2011). It aims to ensure that Health and Social Care Trusts (HSCT) apply a consistent approach to Safeguarding children supervision so that registered nurses and midwives have access to and receive structured safeguarding children nursing supervision. Safeguarding children supervision must be at a level that reflects their role and responsibilities with children and families. Adherence to the policy and standards will promote good practice, risk assessment, planned intervention and ongoing quality assurance of practice which safeguards children and promotes their welfare.

Revision of this policy has been undertaken as part of the work requested at the Central Nursing and Midwifery Advisory Committee (CNMAC) held 10 June 2016, where the Chief Nursing Officer (CNO) sought and secured agreement to explore the development of a Nursing and Midwifery Supervision Framework for Northern Ireland positioned under one policy directive. This has involved wide consultation with nurses and midwives across the five HSCT's. It sets the framework and minimum standards to promote an effective and consistent approach to safeguarding children nursing practice. Safeguarding children supervision is separate from but complementary to and should be used in conjunction with the Reflective Supervision: A Framework to support Nursing and Midwifery Practice NIPEC 2020.

This framework describes principles to be adopted across nursing, midwifery and safeguarding and should be a measurable

and reportable process to the CNO. Figure 1, page 4 represents pictorially the connections between the three types of supervision in Northern Ireland, including shared principles.

Safeguarding children supervision provides specialist professional advice, case management and support to registered nurses and midwives¹ in their role of safeguarding children. This includes children in need of protection, children in need, looked after children and families of concern. Safeguarding children supervision includes reflection of individual performance, professional development in relation to safeguarding vulnerable children and quality assurance of practice to ensure compliance with best practice guidelines.

Supporting staff through safeguarding children supervision improves working practices and contributes to better service delivery and outcomes for children.

Safeguarding children supervision enables nurses and midwives to:

- ▶ Improve safeguarding practice.
- ▶ Promote safety and wellbeing of children and families.
- ▶ Improve standards of care.
- ▶ Increase understanding of professional issues.
- ▶ Develop skills and knowledge.
- ▶ Feel supported.
- ▶ Enhance understanding of multi-disciplinary and multi-agency practice and processes.

¹ For the purpose of this document the term 'nurse' refers to Nurses, Midwives and Specialist Community Public Health Nurses registered with the Nursing and Midwifery Council. This includes all temporary and bank (e.g. 'as and when required') members of nursing staff.

Figure 1: Framework for Reflective Supervision



Statement of Purpose

The model of safeguarding children supervision is recognised as being different, yet similarly underpinned with the standards and processes for nursing and midwifery reflective supervision. However the client focused elements of safeguarding children supervision is central and fundamental to the process.

Lived Experience

Safeguarding children supervision should support nurses and midwives to:

- ▶ Develop and apply safeguarding skills and knowledge.
- ▶ Reflect on their involvement in safeguarding cases.
- ▶ Critically analyse.
- ▶ Strengthen personal and professional resilience.
- ▶ Enhance understanding of multi-disciplinary and multi-agency client focused practice and processes.

Scope

All registered nurses and midwives must have access to safeguarding children supervision. The level and method of safeguarding children supervision varies in accordance with the registrant's role and responsibilities with children and their potential to safeguard. This policy therefore applies to all registered nurses and midwives working in HSC Trusts.

Methods of Safeguarding Supervision

The following four methods of safeguarding children supervision will be available for nurses:

- 1) Open door advice/supervision.
- 2) One-to-one case supervision.
- 3) Group supervision.
- 4) Managerial supervision that includes the managerial functions of safeguarding children supervision.

Figure 2: Methods and Target Audience

Method of safeguarding children supervision	Target audience
Open Door Advice / Supervision	<ul style="list-style-type: none"> ▶ All nurses and midwives
One-to-One Case Supervision	<ul style="list-style-type: none"> ▶ Any nurse who holds case responsibility for a child/family where there are child protection concerns ▶ Any nurse on request
Group supervision	<ul style="list-style-type: none"> ▶ Public health nurses ▶ Acute and community children's nurses ▶ Acute and community midwives ▶ Child and adolescent mental health nurses ▶ Acute and community mental health nurses ▶ Specialist nurses (working with children) ▶ Nurses working in emergency departments ▶ Nurses working in neo natal units ▶ Learning disability nurses (working with children)
Managerial supervision that includes the managerial functions of safeguarding children supervision	<ul style="list-style-type: none"> ▶ All nurses and midwives

Operational guidance to support the implementation of the different types of safeguarding supervision is available at Appendix 1, page 19, of this document.

Standards For Safeguarding Children Supervision

A standard is defined as a required or agreed degree or level of requirement, excellence, or attainment² A range of service and quality standards exist in every organisation, to which employees adhere in their everyday work. Standards for safeguarding children supervision have been developed to articulate the expectations of what would be expected of a nurse or midwife undertaking the process of safeguarding supervision, and the support to be provided by the employing organisation.

The purpose of these standards is to:

- ▶ Enable supervisors and supervisees to prepare for and acknowledge their role within the safeguarding supervision process.
- ▶ Provide a guideline for organisations to ensure effective implementation.
- ▶ Guide the development of education programmes for safeguarding supervision focusing on agreed best practice.

WHO

This standard describes the type of registrants who will undertake the process of safeguarding children supervision for nursing and midwifery, in the context of the Reflective Supervision Framework.

Supervisor

In the context of safeguarding supervision for nurses and midwives, a supervisor is currently registered on parts one, two or three of the Nursing and Midwifery Council (NMC) register. Supervisors should have a minimum of three years' experience and have been prepared or approved against agreed regional criteria³. A Safeguarding Children Nurse Specialist (SCNS) will have expert knowledge and skills specific to safeguarding children practice, and will be on the organisational register of accredited supervisors.

Safeguarding Children Supervisors will:

- ▶ Promote and adhere to the standards set out in the Safeguarding Children Supervision Policy.
- ▶ Provide a high standard of safeguarding children supervision.
- ▶ Contribute positively to safeguarding children supervision.
- ▶ Maintain and develop their own skills and competence relative to safeguarding children issues, supervision and practice.

² Definition taken from the Oxford English Dictionary, Oxford University Press (2015).

³ Please see Learning and Development Framework, page 8 and 9

- ▶ Attend a designated safeguarding children supervision course within 12 months of taking up their first supervisory post.
- ▶ Maintain the minimum levels of safeguarding children training as per the SBNI Learning and Development Framework.
- ▶ Evidence competence and confidence in providing one-to-one and group safeguarding children supervision.
- ▶ Contribute to the maintenance of an accurate database of safeguarding children supervision sessions and contribute to any returns requested from within the HSCT and/or relevant outside agency.

Each supervisor must agree ground rules with the supervisee and undertake the following responsibilities in each session:

- ▶ Protect the allocated time and maintain an environment conducive to supervision.
- ▶ Appropriately explore the supervisee's expectations.
- ▶ Follow the focus identified by the supervisee(s) and allow the supervisee(s) to express his/her/their individuality.
- ▶ Provide clear constructive feedback.
- ▶ Evaluate the perceived benefit of the session to the supervisee(s) including identification of agreed action plans.
- ▶ Manage areas of conflict, including onward action.

Supervisee

Nursing and midwifery supervisees are currently registered on parts one, two or three of the NMC register. They have a responsibility to engage fully in safeguarding children supervision according to their role with children and their families. They have a responsibility to prepare for, and participate in the minimum levels of safeguarding supervision.

Supervisees will:

- ▶ Have a working knowledge of the Safeguarding Children Supervision Policy and Standards for Nurses.
- ▶ Adhere to the standards set out in the Safeguarding Children Supervision Policy.
- ▶ Contribute positively to safeguarding children supervision. This entails preparation, open discussion and the implementation of decisions and agreed actions.
- ▶ Maintain the minimum levels of safeguarding children training as per the SBNI Learning and Development Framework.
- ▶ Contribute to any returns/evaluations requested from within the HSCT and/or relevant outside agency.
- ▶ Organise and prioritise attendance at safeguarding supervision.

- ▶ Be open to constructive feedback.
- ▶ Evaluate the perceived benefit of the session to his/her personal and professional life, reflecting on the opportunity to impact on safety, quality and patient or staff experience.
- ▶ Review/Personal Development Plan process through identification of learning/development and training needs in partnership with the supervisor.
- ▶ Align safeguarding supervision with revalidation processes appropriately.

RATIO

One of the main roles and responsibilities of the SCNS is the provision of specialist safeguarding children advice, support and supervision to nurses and midwives across all directorates of care. The limited SCNS resource requires line managers to maintain a responsibility in providing elements of safeguarding supervision to members of their teams. In this context it is therefore difficult to define or quantify any evidence based ratio in relation to the minimum number of safeguarding supervision sessions that any individual supervisor makes available for each supervisee in a financial year. However the Named Nurse in each HSCT will work with the SCNS teams to ensure appropriate and equitable work plans are in place in respect of the provision of safeguarding children supervision.

As a guide, a one-to-one session should typically last no more than 2.5 hours. This time should be ring fenced and carried out in an environment which is free from disturbance. Group sessions should also last typically 2 to 2.5 hours. Sessions can be extended at the discretion of the supervisor as required.

Safeguarding one to one case supervision should only be postponed in exceptional circumstances. Any postponed session must be reconvened within a 2 week time frame by the individual postponing.

Finally, it is recognised that supervisees will need to prepare for each supervision session. As a guideline this preparation time should be typically 30-60 minutes prior to each safeguarding supervision session.

FREQUENCY AND LEVELS

The frequency and level of safeguarding children supervision varies in relation to the role and responsibility of the nurse or midwife.

Safeguarding children is a complex and challenging area of nursing and midwifery practice. Nurses and midwives, on occasion may require an increased level of support. This may mean that the mode and/or frequency of safeguarding supervision will change depending on circumstances.

Each supervisee/supervisor should consider a range of factors that might trigger the need for the review of frequency and type of safeguarding supervision. They might include:

- ▶ Risks that could compromise the quality of patient/client services.
- ▶ Risks that could compromise the patient/client experience.
- ▶ Risk of negative impact to the staff experience.
- ▶ Reported personal emotional impact.

Newly appointed nurses, midwives or inexperienced registrants who carry out home visits to families where there is child care concerns should receive additional safeguarding children supervision at a level agreed with their line manager/designated supervisor and/or Safeguarding Children Nurse Specialist (SCNS).

Nurses and midwives who are subject to an action plan to address performance issues where safeguarding practice has been identified as an issue will receive additional safeguarding children supervision as part of their agreed action plan. This will be agreed with their line manager and Safeguarding Children Nurse Specialist. The Named Nurse is kept informed and updated in respect of any safeguarding practice concerns.

Figure 3 : Minimum Levels of Safeguarding Children Supervision

Nursing Group	Individual/Case	Group	Comments
Health Visitors School Nurses Community Children's Nurses (CCN)	6 monthly by SCNS	Yearly by SCNS	
Family Nurses	Weekly by Family Nurse Supervisor	Named Nurse/SCNS meets monthly with the FNP Supervisor.	In addition, it is recommended that family nurses have supervision, specifically related to safeguarding, from a Named Nurse for Safeguarding/ experienced Safeguarding Children Nurse Specialist (SCNS) every three months. This involves a three-way supervision session between the family nurse/s (individually or as a group of Family Nurses), FNP supervisor and Named Nurse/SCNS to discuss safeguarding cases that are causing concern to the family nurse.
Family Nurse Supervisor	Arranged with Named Nurse as required	Monthly as above	
Acute and community midwives Nurses working in: Acute and community children's, CAMHS Neo Natal Adult Mental Health Emergency Departments Specialist nurses (working with children) Learning disability nurses (working with children)	Arranged with SCNS as and when the nurse feels SCNS input is required	6 monthly by SCNS	Nurse managers will provide safeguarding children advice/support as a component of managerial supervision in keeping with this policy and within their sphere of knowledge and expertise. However One to One case supervision should be requested if nurse/midwife is taking the lead role in a safeguarding case (Case supervision with SCNS should be requested if nurse/midwife is taking the lead role in a safeguarding case)
Nurse Managers of above groups	Arranged with SCNS/ Named Nurse as and when the nurse manager is involved in a child protection case.	6 monthly by SCNS/ Named Nurse	
SCNS / SNLAC	Bi Monthly by Named Nurse for Safeguarding Children /SCNS	4 monthly by Named Nurse for Safeguarding Children	
Named Nurse for Safeguarding Children	As and when required by Safeguarding Children Nurse Consultant (Public Health Agency) / Head of Service	4 monthly by Safeguarding Children Nurse Consultant (Public Health Agency)	Named Nurses may require supervision by senior staff from other nursing disciplines depending on issues arising.

CONFIDENTIALITY

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and supervisees should adhere to the responsibilities articulated within the reflective supervision framework as an acknowledgement of trust and expectations.

Safeguarding children supervision sessions are confidential exchanges between supervisor and supervisee. However, the supervision record is an organisational document which may be required for audit and inspection purposes or where there are grievances or disciplinary proceedings. Nurses and midwives who discuss personal and private issues at supervision can be assured of confidentiality unless:

- ▶ The supervisor believes the issues are likely to have a serious detrimental effect on professional practice unless discussed.
- ▶ The supervisor believes that failure to share the information places the nurse, client or others at risk of significant harm (see NMC Code for Nurses and Midwives).

In setting up safeguarding supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality⁴ at the start of supervision relationship. This process of agreement enables identification of potentially conflicting roles and development of mutual understanding⁵ (see appendix 3).

The agreement may be reviewed at any stage at the request of either supervisor or supervisee(s); however, frequent review should not normally be necessary.

Supervisors are appropriately prepared to take on the role, and have a practical understanding of the principles of confidentiality and parameters for escalation should a relevant issue arise.

Section 5 of the NMC Code states clearly that registrants must respect people's right to privacy and confidentiality. This includes sharing necessary 'information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality⁶.

4 Bifarin, O. and Stonehouse, D. (2017). Clinical supervision: An important part of every nurse's practice. *British Journal of Nursing*, 26(6): pp 331 - 335.

5 Beddoe, L. & Davys, A. (2016). *Challenges in professional supervision: Current themes and models for practice*. London: Jessica Kingsley, P 91.

6 Nursing and Midwifery Council. (2018). *The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates*. London: NMC, p 8

ORGANISATION INFRASTRUCTURE

Each HSCT should have a structure identified to support organisational accountability, aligning with existing governance and escalation processes to include raising and escalating concerns. Value and priority should be placed on the process of safeguarding supervision by the organisation at Board level through the Executive Director of Nursing.

The Executive Director of Nursing will have overall responsibility for the implementation of the Safeguarding Children Supervision Policy and Standards.

The Named Nurse for Safeguarding Children will promote, coordinate and facilitate the implementation of the Safeguarding Children Supervision Policy and Standards.

Operational Directors/Senior Managers will ensure that:

- ▶ The policy and standards are implemented within their directorate or sphere of responsibility.

Senior Managers will ensure that:

- ▶ There are sufficient resources to deliver agreed levels of safeguarding children nursing supervision.
- ▶ There are appropriate facilities in which to conduct safeguarding children supervision.
- ▶ Supervisors and line managers providing safeguarding children supervision have received appropriate training and are competent to deliver supervision.
- ▶ Safeguarding children supervision is provided at the appropriate levels.
- ▶ Alternative arrangements for one to one case supervision are put in place when a supervisor/ line manager is absent from work for a period of more than two months , more than 6 months for group supervision and immediately for open door advice/supervision.

Line Managers will ensure:

- ▶ Safeguarding children supervision is integrated into departmental induction.
- ▶ Practitioners (including bank staff) have the opportunity to avail of safeguarding children supervision commensurate to their individual requirements as agreed by nurse manager and SCNS.
- ▶ Practitioners have a working knowledge of the Safeguarding Children Supervision Policy and Standards for Nurses.
- ▶ Staff compliance is monitored.
- ▶ Safeguarding related management matters including capacity, performance, time management, priorities, vacant caseload are addressed as required during managerial supervision.

GUIDANCE FOR RAISING AND ESCALATING CONCERNS AS A RESULT OF ISSUES RAISED THROUGH SAFEGUARDING SUPERVISION

The environments where nurses and midwives work are pivotal in supporting professional practice and behaviours. This includes fostering a positive environment where concerns can be raised when issues arise that could compromise patient safety, quality and experience⁷. During a safeguarding supervision session, a supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively via appropriate organisational and/or regulatory procedures. The Record of Safeguarding Practice / Personal Discussion found at Appendix 7 can be used to record the issues and associated agreed actions during the supervision session.

Although generally rare, where practice is raised that is below the expected standard, the supervisor will advise the registrant and together an agreement will be made to put in place an appropriate supportive improvement plan with regular review, including any appropriate supervised practice. The supervisee should be advised to inform line manager of the issues raised. The supervisor must also inform the nurse/midwife's line manager of the issues/areas of concern. Collectively they should agree the level of support required. The supervisee should be kept fully informed at each stage of the process.

Where issues that could compromise patient safety, quality and experience have been identified, aspects of confidentiality within the process of safeguarding supervision will be waived. All parties must be informed of the intention to disclose before revealing confidential information, however, consent from the nurse or midwife to disclose is not required where there is a duty of care on the registrant supervisor to protect the public from practice that could compromise patient safety. Section 16 of the NMC Code stipulates that a registered nurse or midwife must '*act without delay if you believe there is a risk to patient safety or public protection*'⁸ and to achieve this a registrant supervisor must escalate any concerns in line with NMC guidance and local organisational policies.

Processes thereafter that follow raising of a concern will track the appropriate organisational policies and procedures for support, capability and, if necessary, fitness to practice procedures.

7 Nursing and Midwifery Council. (2018). The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates. London: NMC. pp 13 - 17.

8 Nursing and Midwifery Council. (2018). The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates. London: NMC. p 14.

Table 2: Examples of issues that may be presented within a safeguarding supervision session that might require escalation are provided below, under the four sections of The Code:

PRIORITISE PEOPLE	Inappropriate behaviour or language when discussing an issue with diversity implications e.g. racism, homophobia, ageism.	Evidence of treatment being forced on a person without his/her consent	Evidence that confidentiality has been breached.
PRACTISE EFFECTIVELY	Refusal to apply current evidence in practice.	Evidence of threatening behaviours towards colleagues and/or service users.	Refusal to keep accurate records.
PRESERVE SAFETY	Evidence that an adverse incident was not escalated appropriately at the time of occurrence.	Evidence that there are significant competence issues within a specific area of practice.	Evidence that the nurse or midwife has actively discouraged colleagues/ service users to raise concerns.
PROMOTE PROFESSIONALISM AND TRUST	Evidence of inappropriate or unprofessional behaviour via social media.	Evidence of bullying other members of staff.	Evidence of professional boundaries being breached, including inappropriate expression of political, religious or moral beliefs.

RECORDING SAFEGUARDING SUPERVISION

Good record keeping is fundamental to high quality nursing and midwifery practice and essential to the provision of safe and effective care. Registrants must keep clear and accurate records relevant to their practice which includes but is not limited to client records⁹. For the purpose of safeguarding supervision, supervisors and supervisees must ensure that they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage.

In some circumstances nurses may have supervision with a line manager who is from a different discipline, for example those working in multidisciplinary teams. It is suggested that the regionally agreed safeguarding supervision documentation is used however, alternative paperwork can be used if preferred and is in keeping with the principals of record keeping.

The records of service users will be used for the purposes of face to face case supervision but should only be accessed where necessary to enable, analysis of child protection issues, learning and development for nurses and midwives. For example, this may include the review of record keeping practice of a nurse or midwife, including the prescription of intervention and or nursing contribution to child protection plans. The information from service user records should be respected and principles of access and confidentiality should be applied.

⁹ Nursing and Midwifery Council. (2018). The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: NMC. p 11

Participants involved in the safeguarding supervision process must adhere to the HSCT Records Management Policy¹⁰ and any reflective account should adhere to the guidance provided by the NMC¹¹.

Supervisees must contact the supervisor if they have not received the record of open door supervision within 72 hours of contact and the supervisor will address this immediately.

Supervisees should record an entry regarding any case discussions/ open door advice and agreed actions in the main body of the child/client record. If required, supervisees must amend health/care plans within one working day following case supervision.

Regional templates (see appendices) for recording of safeguarding supervision have been designed to support the safeguarding children supervision process and to ensure consistency in application. The NMC reflective account template (Appendix 6) can be used to record personal reflection of group supervision if desired.

- ▶ Record of Open Door Advice/supervision
- ▶ Record of One to One Case Supervision
- ▶ Record of Safeguarding Practice/Personal Discussion
- ▶ One-to-One Safeguarding Children Supervision Agreement
- ▶ Safeguarding Children Group Supervision Ground Rules
- ▶ Evaluation of Supervision.

STORAGE OF RECORDS

In the context of safeguarding supervision the supervisor and supervisee must be aware of the organisation's records management policies, standards, procedures and guidelines and understand their personal responsibilities in relation to safe storage of records. Appropriate storage and disposal schedules for records, as per principles of Good Management Good Records¹² (GMGR) for storage of all records held by the HSCT must be applied.

Supervisors in each organisation will hold a record of the number of sessions which they provide annually with each supervisee; however the record of safeguarding supervision session is part of the child/ client's records and is therefore owned by the HSCT. Original safeguarding children supervision records will therefore be filed in the client/professional notes. A copy of the supervision record may be retained by the supervisor/line manager for a period of two years but should be then destroyed as per GMGR.

10 www.publichealth.hscni.net/sites/default/files/good-management-good-records_0.pdf

11 Nursing and Midwifery Council. (2019). Revalidation. London: NMC. Available for download at: www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf pp 16 –

12 Department of Health (2014). Good Management Good Records. DOH. www.health-ni.gov.uk/articles/introduction-good-management-good-records

MONITORING AND EVALUATION

Safeguarding children supervision is promoted and valued as an activity underpinning safe and effective practice. In this context monitoring and evaluation of activity is required to provide assurances of accountability for the HSCT and to justify the use of the resources required to promote and sustain delivery. Additionally, the benefits and challenges of this activity should be analysed to identify areas for further improvement. Other areas of possible development include ongoing monitoring and evaluation of supervisee wellbeing, training quality and effectiveness. Structured monitoring and evaluation has the potential to enhance not only safeguarding supervision for practitioners but also the service delivered to children and families.

Quality assurance is the responsibility of both the safeguarding children supervisor and senior management.

Safeguarding supervisors should record the number of sessions supervisees engage in on an annual basis and make these returns available to line managers for collation. Data collection should be carried out via accessible regional electronic systems with described oversight and responsibilities across organisations, taking into account the relevant information governance required. Regular feedback should be obtained from staff for example active feedback following the supervision session using the regional evaluation template.

An annual evaluation of safeguarding supervision will be completed and facilitated by the Named Nurses for Safeguarding Children. Evaluation and monitoring should align with HSCT governance processes and quality improvement frameworks. Outcome of HSCT evaluation should be forwarded to the Trust's Assistant/Co Director of Governance (where relevant), HSCT Directors of Nursing, and Designated Nurse (PHA) The Designated Nurse will then prepare and present an annual regional report to the PHA Director of Nursing and the CNO.

OUTCOMES

The value and necessity of safeguarding children supervision is frequently highlighted in many case management and child death reviews. Supporting staff through Safeguarding children supervision improves working practices and contributes to better service delivery for children and families. Engaging in safeguarding supervision is a professionally enriching activity that provides, expert advice, peer support, and promotes professional accountability and can improve job satisfaction. However outcomes for safeguarding supervision are difficult to determine due to the complexity and diversity of the contexts in which it is implemented.

As part of implementation, the following outcomes have been selected to study a link between the process and impact on practice. It has been regionally agreed that this provides an opportunity to use an Outcomes Based Approach (OBA).

OBA asks three simple questions to identify the most important performance measures:

1. How much did we do?

Each HSCT should evaluate levels of safeguarding supervision against the prescribed standards. This should specify how many nurses or midwives undertook the recommended minimum levels of safeguarding supervision sessions annually.

2. How well did we do it?

Elements of the standards will be chosen annually for scrutiny, for example how well each HSCT or service area within a HSCT achieves the prescribed minimum frequency of safeguarding children supervision or an evaluative study of the supportive networks within organisations for safeguarding supervisors.

3. Is anyone better off?

Staff surveys/questionnaires and verbal feedback should be utilised to identify the number of staff:

- ▶ Expressing heightened safeguarding support
- ▶ Accessing open door advice and support

Resources

The NIPEC Reflective Supervision mini site will 'house' all of the resources developed to assist with supervision.

Reference resources include:

www.nmc.org.uk/standards/code/

www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/

www.nmc.org.uk/standards/guidance/professionalism/

www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf

Appendix 1

OPERATIONAL GUIDANCE TO SUPPORT IMPLEMENTATION OF THE DIFFERENT TYPES OF SAFEGUARDING CHILDREN SUPERVISION

Open door advice/supervision

- ▶ Open door advice and support by a supervisor/line manager regarding a specific child, family or safeguarding issue should be available at the request of the nurse.
- ▶ Open door advice/supervision will be available to every nurse and midwife in the Trust.
- ▶ Nurses will contact the supervisor/line manager directly to discuss any safeguarding issue deemed appropriate by the nurse. This may be a face to face consultation or telephone call.
- ▶ Senior managers must arrange for alternative open door advice/supervision arrangements to be put into place immediately when a supervisor/line manager is absent from work. This will include arrangements for initiating contact for urgent advice when the supervisor/line manager is unavailable. (To be locally agreed).
- ▶ Supervisors/line managers must have access to specialist advice at a senior level.
- ▶ The supervisor/line manager will record the discussion, advice, information and recommended action on a safeguarding children open door advice/supervision form (Appendix 2) and will forward the original form to the nurse. This may be copied to a line manager, supervisor or other nurses involved in the care of the family if appropriate.
- ▶ The safeguarding children open door advice/supervision form must be filed in the client/professional records.
- ▶ The supervisor/line manager will retain and file a copy of the Safeguarding children open door advice form for a period of two years. After two years this copy can be destroyed. Original copy will be retained within the child/client's file in keeping with HSCT's records management policy.
- ▶ The nurse will amend the care/health plan if agreed actions indicate that this is required.
- ▶ Nurses must contact the supervisor if they have not received a record of open door advice/supervision within 72 hours of contact and the supervisor will address this immediately.
- ▶ The nurse must contact the supervisor/line manager immediately if the nurse feels there are discrepancies in the recording of the safeguarding children open door advice form.
- ▶ If mutual agreement between the safeguarding children nursing supervisor and supervisee cannot be reached regarding an issue during safeguarding children supervision, this should be brought to the attention of line managers/professional leads so that further action can be taken to resolve the matter.

One-to-One Case Supervision

One to one case supervision is an individual planned supervision regarding children and families in the nurse's caseload who are the subject of Child Protection, Family Support, Looked After and Adoption Procedures and families where the nurse has child care concerns. Both the supervisor and supervisee have a duty to constructively address safeguarding children issues in a manner that embraces best practice, learning, and the safety and wellbeing of children and families.

Any nurse who is involved in a case where they have child protection or safeguarding concerns can request one to one formal supervision.

Nurses who carry caseloads will have a minimum of 6 monthly planned one to one case supervision sessions. Three families will usually be discussed in detail and recorded on the Record of Safeguarding Children Case Supervision (Appendix 4) and discussion regarding other children/families may be recorded on the Safeguarding children open door advice/ supervision form (Appendix 2).

The supervision session will be held in private and without interruption, unless there is a matter requiring the urgent attention of supervisor or supervisee.

During one to one case safeguarding supervision the relevant records must be available.

Supervisors will:

- ▶ Have an attitude of open learning.
- ▶ Agree on an individual basis with the nurse's line manager, if additional safeguarding children supervision sessions are required for newly appointed staff.
- ▶ Mutually agree time and venue for the session and at the end of each session the date of the next session should be agreed and diary planned.
- ▶ Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
- ▶ Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures. Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- ▶ In situations where competence issues are identified, consider if it is necessary to review the nurses other child protection cases.

Supervisees will:

- ▶ Contact the supervisor to arrange individual supervision appointments. One to one supervision appointments will be offered within 12 working days of request or sooner if the supervisor or supervisee deems this to be appropriate.

Supervisors / line managers should encourage supervisees to:

- ▶ Recognise the value of their involvement with children and families.
- ▶ Assess the nature, reason and impact of nursing interventions in a manner that will inform future care plan including level of future contact.
- ▶ Consider new or alternative ways of working.
- ▶ Explore their knowledge, strengths, values and attitudes.
- ▶ Explore emotional factors or feelings that are having a positive or negative impact.
- ▶ Prior to participation in supervision, the supervisor must ensure that the nurse understands the purpose of safeguarding children supervision, the respective roles of the supervisor and supervisee, and the relevant documentation.
- ▶ A safeguarding children supervision agreement will be drawn up prior to, or at the first one-to-one supervision session (and in either case, within six weeks of the commencement of the supervisor/supervisee relationship). The original agreement (Appendix 3) should be retained by the supervisor and copied to the line manager (where the latter is not the supervisor), and the supervisee. This written agreement should be renewed in the case of a new supervisor.

Professional Safeguarding Practice Development Needs

- ▶ Supervisees should be encouraged during supervision to reflect on their safeguarding practice and consider their competencies, training needs and developmental opportunities.
- ▶ Supervisees should be given the opportunity to discuss the personal impact of safeguarding children work and how they can be best supported.
- ▶ If any practice development needs are identified, any proposed actions should be recorded separately. (Appendix 7)
- ▶ The supervisor will immediately advise the nurse if there are any concerns regarding poor or unacceptable practice. The concerns will be discussed with appropriate line managers (where the supervisor is not the line manager) so that a support plan can be agreed.
- ▶ If mutual agreement between safeguarding children nursing supervisor and supervisee cannot be reached regarding a practice issue during safeguarding children supervision, then this should be brought to the attention of line managers/professional leads so that further action can be taken to resolve the matter.

Group Supervision

Group supervision sessions are facilitated by a safeguarding children nurse supervisor/line manager for a maximum number of 8 practitioners.

- ▶ Group supervision should facilitate practitioners from separate nursing / midwifery groups to create a wider learning environment.
- ▶ Group supervision will usually last for approximately 2 to 2.5 hours. Dates will be arranged and issued for the year ahead by the group supervisor.

- ▶ Group supervision will be carried out in a non-threatening and respectful environment.
- ▶ Members will be sensitive to the needs of individuals and the overall dynamics within the group.
- ▶ Ground rules relating to confidentiality and mutual respect within group supervision sessions will be stressed at the beginning of each session by the supervisor.
- ▶ It is the responsibility of the supervisee to access group supervision at the required intervals. In exceptional circumstances, where a supervisee is unable to attend a session, they must inform the supervisor and line manager and access the next available group supervision session.
- ▶ The supervisor/line manager should monitor that all staff requiring regular supervision comply with this requirement and where necessary address this with the supervisee and their line manager (where the supervisor is not the line manager).
- ▶ The supervisor's line manager must arrange for alternative group supervision arrangements to be put into place when a supervisor/line manager is absent from work for a period of more than two months.
- ▶ The supervisee should make their own record of the group supervision session in relation to any issue raised by them, learning outcomes and any associated actions.
- ▶ Members will maintain confidentiality by not disclosing or discussing information provided by any other members of a group.
- ▶ Listen to other members of the group when they are speaking and allow them to finish before beginning to speak ourselves.
- ▶ Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
- ▶ Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- ▶ Ensure that all relevant records are kept securely in an appropriate place.

Managerial supervision that includes safeguarding children supervision

Definition: Supervision by a line manager that includes the managerial supervision functions of safeguarding children.


- ▶ Where a nurse or midwife raises safeguarding children issues at managerial supervision, and the advice relates to an individual child, the line manager will record the discussion on the Record of Safeguarding Children Case Supervision form (Appendix 4). The original form will be filed in the child's/professional record.

ACRONYMS AND ABBREVIATIONS

DoH	Department of Health
HSCT	Health and Social Care Trust
SCNS	Safeguarding Children Nurse Specialist
CCN	Community Children's Nurse
CAMHS	Child and Adolescent Mental Health Services
CNO	Chief Nursing Officer
NMC	Nursing and Midwifery Council
CPN	Community Psychiatric Nurse
SNLAC	Specialist Nurse for Looked After Children
CPD	Continuing Professional Development
DOB	Date of Birth
EDC	Expected Date of Confinement
CPR	Child Protection Register
LAC	Looked After Children
PHA	Public Health Agency

Appendix 2

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form			
Date:	Time (24hr):	Staff Name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Select Trust:		Designation:	
<input type="text" value="Belfast Health & Social Care Trust"/>		<input type="text"/>	
Supervision Method:		Team:	
<input type="text" value="Face-to-face"/>		<input type="text"/>	
Child's Name:		Child's Name:	
<input type="text"/>		<input type="text"/>	
DOB:	EDC:	DOB:	EDC:
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
HCN (if known):		HCN (if known):	
<input type="text"/>		<input type="text"/>	
Address:		Address:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Town/City:	Postcode:	Town/City:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name:		Child's Name:	
<input type="text"/>		<input type="text"/>	
DOB:	EDC:	DOB:	EDC:
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
HCN (if known):		HCN (if known):	
<input type="text"/>		<input type="text"/>	
Address:		Address:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Town/City:	Postcode:	Town/City:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix 2 continued

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form



What are you worried about?

What is working well?

What needs to happen?

Appendix 2 continued

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form		HSC Health and Social Care
Summary of discussion and agreed action		
<div style="border: 1px solid #ccc; height: 150px;"></div>		
Differing views (record only if not resolved during supervision)		
<div style="border: 1px solid #ccc; height: 150px;"></div>		
Supervisor Name (Print): <div style="border: 1px solid #ccc; height: 20px;"></div>	Copies sent to: <div style="border: 1px solid #ccc; height: 100px;"></div>	
Supervisor Signature: <div style="border: 1px solid #ccc; height: 40px;"></div>		
Date: <div style="border: 1px solid #ccc; width: 100px; height: 20px;"></div>		
Time: <div style="border: 1px solid #ccc; width: 100px; height: 20px;"></div>		
This record must be stored, managed and controlled in line with Trust policies on confidentiality and records management		

Appendix 3

ONE-TO-ONE SAFEGUARDING CHILDREN SUPERVISION AGREEMENT

As supervisor I take responsibility for:

- ▶ Preparing for the session
- ▶ Cancelling a session only in exceptional circumstances
- ▶ Rearranging the cancelled session within agreed timescales
- ▶ Ensuring the session is not interrupted
- ▶ Exploring the supervisee's experience / issue appropriately using my knowledge, skills and experience
- ▶ Facilitating reflective practice
- ▶ Addressing the supervisee's learning and development needs
- ▶ Allowing the supervisee to express his/her individuality
- ▶ Providing support to the supervisee
- ▶ Giving clear constructive feedback
- ▶ Evaluating the perceived benefit of the session to the supervisee
- ▶ Providing an annual evaluation report

As supervisee I take responsibility for:

- ▶ Arranging the session
- ▶ Cancelling a session only in exceptional circumstances
- ▶ Rearranging the cancelled session within agreed timescales
- ▶ Preparing for the session
- ▶ Bringing appropriate issues to the session and discussing them openly
- ▶ Being open to constructive feedback
- ▶ Evaluating the perceived benefit of the session
- ▶ Recording and reflecting on significant activities
- ▶ Undertaking agreed actions, amending client health/care plans if appropriate following supervision
- ▶ Identifying my learning and development needs
- ▶ Engaging in learning and development activities between supervision sessions

During each session we will:

- ▶ Maintain mutual respect
- ▶ Maintain an open and honest approach
- ▶ Maintain strict confidentiality
- ▶ Deal appropriately with areas of disagreement
- ▶ Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information
- ▶ Address equality, participation and human rights issues

At the end of each session we will:

- ▶ Agree a suitable time and venue for the next session
- ▶ Maintain and store records in line with policy

Supervisee name	
Signature	
Designation	

Supervisor name	
Signature	
Designation	

Date	
-------------	--


Copy to:

- Supervisee
- Supervisor
- Line Manager (if differs from supervisor)

Appendix 4

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1



Confidential Safeguarding Children Case Supervision

To be completed by nurse prior to supervision
Select Trust:

Family Composition

<input type="text" value="Surname, Forename"/>	DOB/EDC: <input type="text" value="DD/MM/YYYY"/>
Categories of Registration	
<input type="checkbox"/> Potential physical abuse	<input type="checkbox"/> Suspected physical abuse
<input type="checkbox"/> Confirmed physical abuse	<input type="checkbox"/> Potential sexual abuse
<input type="checkbox"/> Suspected sexual abuse	<input type="checkbox"/> Confirmed emotional abuse
<input type="checkbox"/> Confirmed sexual abuse	<input type="checkbox"/> Suspected emotional abuse
<input type="checkbox"/> Potential neglect	<input type="checkbox"/> Confirmed neglect
<input type="checkbox"/> Suspected emotional abuse	<input type="checkbox"/> Potential emotional abuse
<input type="checkbox"/> Confirmed emotional abuse	<input type="checkbox"/> Suspected neglect

<input type="text" value="Surname, Forename"/>	DOB/EDC: <input type="text" value="DD/MM/YYYY"/>
Categories of Registration	
<input type="checkbox"/> Potential physical abuse	<input type="checkbox"/> Suspected physical abuse
<input type="checkbox"/> Confirmed physical abuse	<input type="checkbox"/> Potential sexual abuse
<input type="checkbox"/> Suspected sexual abuse	<input type="checkbox"/> Confirmed emotional abuse
<input type="checkbox"/> Confirmed sexual abuse	<input type="checkbox"/> Suspected emotional abuse
<input type="checkbox"/> Potential neglect	<input type="checkbox"/> Confirmed neglect
<input type="checkbox"/> Suspected emotional abuse	<input type="checkbox"/> Potential emotional abuse
<input type="checkbox"/> Confirmed emotional abuse	<input type="checkbox"/> Suspected neglect

<input type="text" value="Surname, Forename"/>	DOB/EDC: <input type="text" value="DD/MM/YYYY"/>
Categories of Registration	
<input type="checkbox"/> Potential physical abuse	<input type="checkbox"/> Suspected physical abuse
<input type="checkbox"/> Confirmed physical abuse	<input type="checkbox"/> Potential sexual abuse
<input type="checkbox"/> Suspected sexual abuse	<input type="checkbox"/> Confirmed emotional abuse
<input type="checkbox"/> Confirmed sexual abuse	<input type="checkbox"/> Suspected emotional abuse
<input type="checkbox"/> Potential neglect	<input type="checkbox"/> Confirmed neglect
<input type="checkbox"/> Suspected emotional abuse	<input type="checkbox"/> Potential emotional abuse
<input type="checkbox"/> Confirmed emotional abuse	<input type="checkbox"/> Suspected neglect

<input type="text" value="Surname, Forename"/>	DOB/EDC: <input type="text" value="DD/MM/YYYY"/>
Categories of Registration	
<input type="checkbox"/> Potential physical abuse	<input type="checkbox"/> Suspected physical abuse
<input type="checkbox"/> Confirmed physical abuse	<input type="checkbox"/> Potential sexual abuse
<input type="checkbox"/> Suspected sexual abuse	<input type="checkbox"/> Confirmed emotional abuse
<input type="checkbox"/> Confirmed sexual abuse	<input type="checkbox"/> Suspected emotional abuse
<input type="checkbox"/> Potential neglect	<input type="checkbox"/> Confirmed neglect
<input type="checkbox"/> Suspected emotional abuse	<input type="checkbox"/> Potential emotional abuse
<input type="checkbox"/> Confirmed emotional abuse	<input type="checkbox"/> Suspected neglect

Address

Town:

County:

Postcode:

HCN of youngest child (if known):

Child Protection Register?

Date of last safeguarding meeting or child protection case conference, family support, LAC:

Legal Status:

1

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Single parent & poor support	<input type="checkbox"/> Developmental delay
<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Family dysfunction	<input type="checkbox"/> Growth
<input type="checkbox"/> Mental health	<input type="checkbox"/> Low income	<input type="checkbox"/> Physical neglect
<input type="checkbox"/> Learning difficulty/disability	<input type="checkbox"/> Social isolation/rural	<input type="checkbox"/> Emotional factors
<input type="checkbox"/> Physical health	<input type="checkbox"/> House moves	<input type="checkbox"/> Previous experience of abuse
<input type="checkbox"/> Parenting skills	<input type="checkbox"/> Poor home conditions	<input type="checkbox"/> Group & friendships
<input type="checkbox"/> History/evidence of neglect	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Risk taking behaviours
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please complete the details/information box on the following page.	Please complete the details/information box on the following page.	Please complete the details/information box on the following page.




Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision



What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
<p>Details/information</p> <div data-bbox="225 797 571 1339"></div> <p>Please continue onto next page if required</p>	<p>Details/information</p> <div data-bbox="624 797 970 1339"></div> <p>Please continue onto next page if required</p>	<p>Details/information</p> <div data-bbox="1023 797 1369 1339"></div> <p>Please continue onto next page if required</p>


3

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

 Health and Social Care

What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
Details/information <div style="border: 1px solid #ccc; height: 200px;"></div>	Details/information <div style="border: 1px solid #ccc; height: 200px;"></div>	Details/information <div style="border: 1px solid #ccc; height: 200px;"></div>

4




Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision



What has worked well?

Parenting Capacity	Family/environmental	Child's development
<p>Existing safety & strengths</p> <div data-bbox="225 797 571 1339"></div> <p>Please continue onto next page if required</p>	<p>Existing safety & strengths</p> <div data-bbox="624 797 970 1339"></div> <p>Please continue onto next page if required</p>	<p>Existing safety & strengths</p> <div data-bbox="1023 797 1369 1339"></div> <p>Please continue onto next page if required</p>

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What has worked well?

Parenting Capacity	Family/environmental	Child's development
Existing safety & strengths 	Existing safety & strengths 	Existing safety & strengths

Family's understanding of current concerns / level of engagement / Voice of the Child

6

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 2

Confidential Safeguarding Children Case Supervision



To be completed during supervision

Summary of discussion and analysis of information considering strengths, needs, risks, resilience and protective factors.
Consideration to be given to evidence of any Adverse Childhood Experiences

What needs to happen?

Agreed nursing actions

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 2

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

To be completed during supervision (continued)

Summary of discussion and analysis of information considering strengths, needs, risks, resilience and protective factors.
Consideration to be given to evidence of any Adverse Childhood Experiences

Differing views and further action:
(record only if not resolved during the supervision session)

1

2

3

4

Supervisor Name

Supervisor Signature

Nurse Name

Nurse Signature

Date
DD/MM/YYYY

Copies to

This record must be stored, managed and controlled in line with Trust policies on confidentiality and records management

8

Appendix 5

SAFEGUARDING CHILDREN GROUP SUPERVISION GROUND RULES

Responsibilities

It is the responsibility of supervisors to:

- ▶ Maintain and develop group supervision skills and expertise.
- ▶ Ensure that supervisees understand the model of group supervision adopted.

It is the responsibility of team managers to:

- ▶ Facilitate Group Supervision Sessions to meet the needs of team members.
- ▶ Discuss attendance at group safeguarding supervision during supervision.
- ▶ Respond to managerial issues raised through supervision.

It is the responsibility of supervisees to:

- ▶ Reflect on practice and prepare in writing for each session.
- ▶ Attend group supervision at the level agreed for their role and responsibility.
- ▶ Record their supervision session and use to support NMC revalidation process as a reflective account if desired.
- ▶ Amend client care/health plans if appropriate following supervision.

Maximum number of group members:

The recommended number of supervisees in a safeguarding group supervision session is six. The group must not exceed a maximum of eight members. This is to ensure that all participants can contribute and avail of supervision in a meaningful way.

Respect for group members:

- ▶ We will not judge each other
- ▶ We will respect others who are not present
- ▶ We will arrive punctually and remain until the session is closed
- ▶ We will offer apologies and a genuine reason, as soon as possible, if in exceptional circumstances we are unable to attend as arranged
- ▶ We will not use offensive or abusive language
- ▶ We will respect those who become emotional and will allow them time and space to work through this
- ▶ Mobile phones will be switched off
- ▶ Everyone will be given equal time to reflect and work on their issue within the session

Length of group supervision session:

- ▶ Group supervision will usually last approximately 2 - 2 ½ hours.

Group members will treat information, concerns and issues discussed during the supervision session with the utmost respect and confidentiality.

Appendix 6



REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? Why is it significant? What was the worst aspect? What was the best aspect?
How did you change or improve your practice as a result? Actions
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Appendix 7

RECORD OF SAFEGUARDING PRACTICE/PERSONAL DISCUSSION

Record of Safeguarding Practice/Personal Discussion	
Date	Time
Name	
Designation	
Team / Base	
Reflection	
Outcome of discussion and agreed actions (including training and other professional development opportunities)	
Supervisee signature	
Designation	
Supervisor signature	
Designation	
Date	

Appendix 8

SAFEGUARDING CHILDREN SUPERVISION - EVALUATION

Evaluation of Safeguarding Children Nurse Supervision				
Date	Time	Designation		
			Individual Group	
Client Issues addressed?			<input type="radio"/> YES	<input type="radio"/> NO
Practice Issues addressed?			<input type="radio"/> YES	<input type="radio"/> NO
Did you understand the purpose of this supervision session?			<input type="radio"/> YES	<input type="radio"/> NO
Did you have enough time to prepare?			<input type="radio"/> YES	<input type="radio"/> NO
Was the session structured using a logical process?			<input type="radio"/> YES	<input type="radio"/> NO
Were there interruptions?			<input type="radio"/> YES	<input type="radio"/> NO
Did you find the supervision supportive?			<input type="radio"/> YES	<input type="radio"/> NO
Did you have sufficient opportunities to participate?			<input type="radio"/> YES	<input type="radio"/> NO
Did you learn anything new from this session? Comment			<input type="radio"/> YES	<input type="radio"/> NO
Or did we discuss - Have you identified any new or alternative ways of working? Comment			<input type="radio"/> YES	<input type="radio"/> NO
Could this session have been improved? Comment			<input type="radio"/> YES	<input type="radio"/> NO
Have you identified any practice, learning or development needs? Comment			<input type="radio"/> YES	<input type="radio"/> NO
Any other comments?				
Overall Rate				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor





Reflective Supervision

Personal - Professional - Practice


NIPEC



**INVESTORS
IN PEOPLE**