

**VALUES BASED SUPERVISION RECORD**

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| ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST | | | | | | | | | | | | | | | | | | | | |
| Supervision | | | | | | | | | | | | | | | | | | | | | |
| Type of Supervision | | Individual | | |  | | | | | | | | Group | | |  | | | | |
| Name of Supervisee(s) | | | | | | | | | | Designation (s) | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| Name of Supervisor |  | | | | | | | | | Designation | | | |  | | | | | | |
| Date of Supervision |  | | | | | | | | | Duration | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Notes from previous 1:1 | | | | | | | | | | | | | | | | | | | | | |
| **Topic:** | | | | | | Update / Action taken: | | | | | | | | | | | | | | | |
| **1.** | | | | | |  | | | | | | | | | | | | | | | |
| **2.** | | | | | |  | | | | | | | | | | | | | | | |
| **3.** | | | | | |  | | | | | | | | | | | | | | | |
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| Values & Supervision Topic | | | | Summary & Action to be taken | | | | | | | | | | | | | | | Action by  (Who) | | |
| PASSIONATE | | | | | | | | | | | | | | | | | | | | | |
| How are you finding the: | | | | | | | | | | | | | | | | | | | | | |
| Role: | | | |  | | | | | | | | | | | | | | |  | | |
| Team | | | |  | | | | | | | | | | | | | | |  | | |
| Purpose | | | |  | | | | | | | | | | | | | | |  | | |
| RELIABLE | | | | | | | | | | | | | | | | | | | | | |
| **Workload Management** | | | |  | | | | | | | | | | | | | | |  | | |
| **Priorities** | | | | Short term:  Medium Term:      **Training:** | | | | | | | | | | | | | | |  | | |
| **Performance** | | | |  | | | | | | | | | | | | | | |  | | |
| **Timekeeping / Absence** | | | |  | | | | | | | | | | | | | | |  | | |
| CARING & SAFE | | | | | | | | | | | | | | | | | | | | | |
| **MAST Training update / completed** | | |  | | | | | | | | | | | | | | | |  | | |
| **Support of others** | | |  | | | | | | | | | | | | | | | |  | | |
| **Support from others** | | |  | | | | | | | | | | | | | | | |  | | |
| **Health & Wellbeing**  *Supervision to be used as a forum to collectively recognise presence of any trauma symptoms and the impact of these within a safe and supportive environment.*  Monitoring of stress levels | | |  | | | | | | | | | | | | | | | |  | | |
| EMPOWERING & SUPPORTIVE | | | | | | | | | | | | | | | | | | | | | |
| **Autonomy** | | | |  | | | | | | | | | | | | | | |  | | |
| **What is going well?** | | | |  | | | | | | | | | | | | | | |  | | |
| **Recent Achievements?** | | | |  | | | | | | | | | | | | | | |  | | |
| OPEN & TRANSPARENT | | | | | | | | | | | | | | | | | | | | | |
| Hot spots / key issues  **Barriers to effective working?**  **What are we going to do about it?** | | | |  | | | | | | | | | | | | | | |  | | |
| **Areas for Improvement & Development?**  **What are we going to do about it?** | | | |  | | | | | | | | | | | | | | |  | | |
| **Team issues** | | | |  | | | | | | | | | | | | | | |  | | |
| **Any other issues to be raised** | | | |  | | | | | | | | | | | | | | |  | | |
| PROGRESSIVE | | | | | | | | | | | | | | | | | | | | | |
| **Personal Development** | | | |  | | | | | | | | | | | | | | |  | | |
| **Professional Development** | | | |  | | | | | | | | | | | | | | |  | | |
| **Supervision / Mentorship** | | | |  | | | | | | | | | | | | | | |  | | |
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| **Outstanding issues for discussion next supervision session** | | | |  | | | | | | | | | | | | | | | | | |
| **Date of Next Supervision** | | | |  | | | | Time | | | |  | | | | | Venue |  | | | |
| **Supervisees Signature** | | | |  | | | | | | | | | | | | | | | | | |
| **Supervisors Signature** | | | |  | | | | | | | | | | | | | | | | | |
| **Was supervision cancelled?** | | | | Yes | | |  | | No | | Cancelled by | | | | Supervisor | | | | |  | |
| Supervisee | | | | |  | |
| **Reason for cancellation** | | | |  | | | | | | | | | | | | | | | | | |