

Supervision Policy

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Services	Applicable
Trustwide	X
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	October 2008	Tim Bishop	Final	
2.0	October 2011	Peter Sheils and Diane Hull	Final	Scheduled three year update and review with the following amendments: • Inclusion of purpose, duties and definitions • Clear distinction between Management and Professional/Clinical Supervision • Principles of effective supervision • Reference to other forms of supervision • Documentation relating to supervision
3.0	March 2016	Lorraine Sunduza and Henry Iwunze	Final	Minimum supervisions per year for staff who receive joint clinical/professional supervision.
3.0	Sept 2021			Extended until September 2022

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Executive Summary

- All staff are should be in receipt of Management Supervision
- Clinical staff should also be in receipt of Professional/Clinical supervision
- All supervisors should be trained in supervision and comply with the requirements prescribed within the Training Needs Analysis
- Confidential records relating to an individual's Management and Professional/Clinical Supervision are required
- There are minimum standards relating to supervision
- Managers are required to monitor the occurrence of supervision and supervision training attendance and address issues of low compliance with supervision standards and training requirements
- Managers are required to keep records which evidence the monitoring of supervision and training of supervisors
- Medical supervision is address under a separate heading but the principles of supervision and the key aspects of Management and Professional/Clinical Supervision are also relevant to the supervision of medical staff

1 Introduction

- 1.1 The core principle of this supervision policy is to ensure that the people for whom we provide a service are well served. In addition the whole supervision process should ensure that staff are valued and developed as individuals and professionals.
- 1.2 The purpose of supervision is to establish the accountability of the worker to the organisation and to promote the worker's professional development. The process of supervision between the worker and the supervisor ensures a link between the values, policies and statutory responsibilities of the organisation and the delivery of efficient and effective services to service users and carers within available resources and eligibility frameworks.
- 1.3 Effective supervision is a core component for providing safe, sound and accountable care. It provides a management monitoring mechanism to ensure that the organisation's resources are used efficiently and effectively. It also ensures that practice is at the required standard for working with the most vulnerable members of the community.
- 1.4 This policy takes account of the fact that Trust services are delivered by multi-professional and integrated teams with managers often having different professional backgrounds to many of the staff for whom they are accountable. For this reason the policy distinguishes between Management Supervision and Professional/Clinical Supervision.
- 1.5 There are different types of supervision including Management Supervision which all staff will receive and Clinical/Professional Supervision that staff involved in clinical work will receive in addition to Management Supervision.
- 1.6 Supervision of medical staff is dealt with under a separate section of this policy, however the principles and key aspects of both Management and Professional/Clinical Supervision are also relevant to the supervision of medical staff.

2 Purpose

The purpose of this policy is to provide a framework of core principles and minimum standards for the various types of supervision available to staff within the organisation. It applies to supervision for all health and social care staff, including administration staff, managers and temporary staff (bank and volunteer staff) working within the Trust.

3 Duties

3.1 The Trust Board

Has a responsibility to ensure the Trust's organisational structure supports the implementation of this policy and that appropriate training is in place based upon the standards and underlying principles contained within it and that these meet requirements identified in the Training Needs Analysis. It also has a responsibility for ensuring that this policy is reviewed on a regular basis and that there is a robust system for the monitoring of compliance with the standards contained within.

3.2 Managers

Have a responsibility to ensure there is an effective system in place for the delivery of Management and Professional/Clinical Supervision (for clinical staff) for all the staff they manage. This may include delegating both forms of supervision to other suitably qualified and experienced staff within their departments.

- 3.2.1 Managers are required to monitor the occurrence of Management and Professional/Clinical Supervision to ensure that both are happening in line with the minimum standards referred to below and to maintain records which can provide evidence of compliance with these standards as well as maintaining records relating to their staff members' compliance with supervision training requirements. Managers should address identified gaps in the provision of Management and Professional/Clinical Supervision and non-compliance with supervision training requirements.
- 3.2.2 Managers need to ensure that clinical staff undertake suitable clinical supervision with their appropriate professional group. This is of particular importance where the manager is from a different professional group to that of their staff. Managers should ensure that staff with supervisory duties attend regular supervision training to maintain their skills and fulfil their training requirements as specified in the Training Needs Analysis.
- 3.3 Staff
Have a responsibility to attend regular Management and where appropriate Clinical/ Professional Supervision to improve their working practices and develop an awareness of strengths and areas for development. Staff should advise their manager if they are unable to access supervision and should attend supervision training, if they carry out supervision of other staff.

4 Definitions

- 4.1 Managerial Supervision
This is focussed on an individual's overall workload, functioning within the team and maintaining clarity about role, responsibilities and accountability. It is a collaborative process and takes place with the line manager or delegated management supervisor. It is task-oriented, with a formal, service-led agenda. It is a planned process ensuring tasks are carried out to a satisfactory, safe standard in line with organisational objectives, and may include issues relating to professional development. It takes place in conjunction with the Trust's formal performance appraisal.
- 4.2 Clinical/Professional Supervision
This is focussed on the working relationship between the clinician/professional and individual service users and their carers/ family. It is an opportunity to systematically reflect on and understand the needs of the service user and carer and consider the practitioner's interventions and responses in the work.
- 4.3 Informal Supervision
This happens on a day to day basis in response to urgent and routine work and is about providing guidance and advice on an ad hoc basis. Informal supervision provides immediate advice and guidance within the work setting by senior colleagues and/or peers and support for individuals carrying out their routine work. It is also necessary for senior staff on duty to fulfil their responsibility for responding to issues of concern in relation to safety and quality.

5 Principles of Effective Supervision

The following principles are considered necessary to promote effective supervision and apply to all forms of supervision:

- An honest working relationship, where there is mutual trust and respect for the individual
- Effective two-way communication
- Maintaining motivation
- A two-way process for enabling and empowering staff
- Promoting equality and diversity through anti-discriminatory practice
- Establishing ground rules about non-discriminatory language and behaviour
- Developing staff competencies by open and honest feedback on performance and practice
- Enabling staff to have learning opportunities to improve performance
- Enabling staff to develop professional autonomy and ownership of their work

6 Management Supervision

Management Supervision should cover the following points:

- Ensure a high quality service is provided for service users, their carers and families
- Encourage and enable the worker to learn and develop new, improved working practices
- Help the worker to gain an overview of their work and acquire fresh insights into their practice
- Provide an opportunity for workers to share practice experiences
- Allocation and closure of work, monitoring workload and throughput of cases
- Monitoring outcomes of care interventions
- Discuss risk assessments of cases or work activity and in particular identify high risk cases and ensure appropriate risk assessment and risk management plans are in place
- Advancement of practice with regards to safeguarding children and vulnerable adults
- Identification of particularly stressful situations such as potential violence and provision of appropriate support
- Attention to diversity issues, social inclusion and independence and choice in terms of assessments and care planning
- Examination of case files and attention to recording procedures.
- Time management
- Ensure legislation, operational policies and procedures and joint protocols with other services are followed
- Monitoring performance and taking any necessary action
- HR issues e.g. annual leave, TOIL, sickness monitoring etc
- Personal matters as appropriate
- Professional development and training needs (linked to PDP)
- Other matters by agreement e.g. personal concerns, stress experienced or conflicts in the work setting

7 Professional and Clinical Supervision

- 7.1 In addition to Management Supervision there should be arrangements in place to carry out regular Professional/Clinical supervision for all trained professionals within the Trust. In many cases the same person who provides management supervision will provide this.

However, in some multi-professional and multi-agency teams the supervisor will be of a different professional background to some staff. In these cases the member of staff should also receive professional and clinical supervision from a suitably qualified senior worker.

7.2 Professional/Clinical Supervision should cover the following areas:

- Reflection on emotional issues arising from and associated with clinical work
- Reflection on application of specific theoretical frameworks and evidence-based practice and updating knowledge and skills and relating this to practice
- Advancement of practice with regards to safeguarding children and vulnerable adults
- Reflection on profession-specific input to contribute to the overall objectives of the service
- Ensure the worker is appropriately registered, qualified and competent to carry out their professional role
- Ensure unqualified staff have the skills, training and are competent to carry out their role
- Adherence to professional guidelines and standards
- Enable professional development, continuing education and training
- Discussion of cases requiring additional, specific professional expertise
- Encourage and enable the worker to learn and develop new, improved working practices
- Help the worker to gain an overview of their work and acquire fresh insights into their practice
- Provide an opportunity for the worker to share work experiences
- Foster a good professional culture for student placements

8 Supervision of Medical Staff

- 8.1 The Trust is committed to continuous professional development for all medical staff, which can take place in different parameters, that include attendance at various conferences and training fora, which could be internal and external. Further, various levels of supervision are required to take place as necessary. In pursuance of these, in respect of attendance at various training fora and conferences, the Trust's Director of Medical Education has a training budget for both training grade and non-training grade doctors. There are programmed activities within each doctor's job plan for attendance at the various Trust internal academic programmes.
- 8.2 Training grade doctors are expected to have weekly clinical supervision and non-training doctors who are not consultants are expected to have monthly clinical supervision with their consultants, with proper documentation of the discussion, with areas of further development identified, which are then included in the learning objectives set at the annual appraisal.
- 8.3 Consultant psychiatrists also have programmed activities within their job plans to attend various clinical and management training sessions. There is a regular cycle of annual appraisal for consultants, where learning objectives are set. The objectives are reviewed the following year, with new ones being set. If there are specific areas of concern with a particular consultant with regards to clinical or management issues, especially following an investigation, then a specific programme of supervision by the Associate Clinical Director/Clinical Director/Senior Consultant as indicated, is agreed with the particular consultant and HR over an agreed time period.

9 Other forms of supervision

- 9.1 In addition to formal Management and Professional/Clinical Supervision which is available to staff and which this policy is primarily concerned with, there are other ways in which staff receive support, discuss and seek advice on their work and new ideas and methods of working which include:
- Peer discussions
 - Team meetings
 - Group supervision
 - Mentoring
 - Coaching
 - Specialist advice or consultation
- 9.2 These are valuable and helpful ways in which staff can broaden their knowledge and expertise; however they must never be a substitute for formal, individual supervision sessions. The team/line manager always remains accountable for the work of their staff and important or sensitive decisions and actions should not be taken without their knowledge, agreement and following relevant procedures.

10 Confidentiality

- 10.1 Supervision should be seen as a confidential process between the practitioner and their supervisor. Supervisors are responsible for keeping a record of supervision meetings. All discussions will be treated as confidential but on a need-to-know basis.
- 10.2 There are circumstances, however, where it will be necessary for supervisors to discuss information gained from supervision with senior managers and/or senior clinicians/professionals. Similarly, supervision records may be released for the purpose of monitoring the quality of supervision or used as documentation in disciplinary or legal proceedings.
- 10.3 Any major concerns relating to the supervisee's practice or performance identified as a result of supervision should be discussed with the supervisee, before the supervisor reports these to their line manager.
- 10.4 The supervisee may keep a record of supervision as part of their continuous professional development portfolio. Any record should avoid personal identification of service users or third parties, as service users may be able to apply for access to such records under the Data Protection Act. Any clinical information and decisions should be recorded in the relevant clinical file.
- 10.5 Confidentiality under supervision does not exclude the supervisor or supervisee from their responsibilities under their respective professional Codes of Conduct and current relevant legislation.
- 10.6 Supervision records must be held in a locked cabinet and will not be accessible to other staff in the team.

11 Supervision Standards

The content and duration of supervision may vary according to the job and the needs of individual staff. The Trust has set minimum supervision standards which relate to both Management and Professional/Clinical Supervision:

- Management and Clinical/Professional supervisors have been trained in supervision
- Both Managerial and Clinical/Professional Supervision will have written supervision contracts agreed by both parties, and reviewed on a regular basis. The contract will include expectations, goals, boundaries, rights and responsibilities, methods of recording and confidentiality. See Appendix 1 for an example of a Supervision Contract.
- Planned and regular one to one Management Supervision takes place on a minimum monthly basis.
- Clinical/Professional Supervision should take place at least every eight weeks as a minimum. Clinical/Professional Supervision may be provided in a group. Where supervisors are unable to meet the standards required, they must inform their line manager.
- In cases where the clinical/professional supervisor is the management supervisor supervision should occur once every 6 weeks. Minimum 8 times over 12 months period.
- It is a requirement that the line manager and Clinical/Professional supervisor meet initially to review the workload, ongoing training needs and Performance Appraisal/ Knowledge and Skill Framework Development Reviews of the supervisee.
- All supervision arrangements will be agreed with the immediate line manager and reviewed on a regular basis. All supervision will be recorded by the supervisor.
- Where appropriate, the supervisor should support the supervisee in raising concerns using available Trust policies including the Whistle Blowing Policy.
- Management Supervision will be provided by the immediate line manager and will only be sought outside of this framework with the agreement of the line manager.
- A written record of the supervision should be recorded and signed off by both parties. For Management Supervision it is the responsibility of the supervisor to ensure this happens.
- Where there is a dispute over the supervision record – this should not be signed and mediation should be sought by the supervisor.

12 Documentation Relating to Supervision

12.1 Managers

Managers need to ensure that supervisors are documenting each supervision event sufficiently to evidence that supervision is adequately fulfilling its function and meets the standards for supervision. Supervision records should be readily accessible to the relevant manager in the absence of the supervisor. Managers should keep records which evidences the receipt of supervision by each of their staff members and this should take account of the need for clinical staff to be in receipt of both Management and Professional/Clinical Supervision.

12.2 Supervisors

Supervisors should document each supervision event which should then be agreed, signed and dated by the supervisor and supervisee.

As a minimum, the supervision record should include the issues discussed, advice given and decisions agreed as well as any action to be taken, by when and by whom. Records should accurately reflect the content of the supervision session. Where advice is given or

decisions relating to individual patient care are agreed, consideration should be given to the need to document this in the patient's clinical case notes and who will be responsible for carrying this out.

13 Training

The Training Needs Analysis carried out by the Trust specifies which staff groups are required to attend training in staff supervision and the frequency with which they are required to update their training. Attendance at training is monitored by the Training Department and as part of an individual's supervision and appraisal experience to ensure compliance with this training requirement.

14 Monitoring and Review

14.1 Each directorate is required to monitor staff receipt of supervision and provide regular reports to local governance forums on the occurrence of supervision as evidence of compliance with the standards contained within this policy.

NHSLA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
Supervision Policy								
6.1	Clinical Supervision	Duties	Operational Director Medical Director	Supervision monitoring report	quarterly	The Operational Director and the Medical Director receive the reports	The Operational Director and the Medical Director will formulate action points for each Directorate where there is evidence of non-compliance within two weeks of receipt of each report	The Quality Committee will receive and discuss the report and monitor the action plan for the preceding quarter's report
		How clinical supervision is provided						
		How the organisation makes sure that all clinical staff receive appropriate clinical supervision						
		How the organisation makes sure that all clinical staff receive management supervision						
		How the organisation trains staff, in line with the training needs analysis						

14.2 This policy will be reviewed every three years unless it is deemed necessary to review it sooner.

15 Appendices

Appendix 1 Supervision Contract

Supervision Contract	
Date of contract	
Supervisor	
Supervisee	
Purpose of supervision: • To enhance positive outcomes for people who use our services • To encourage continuous professional development • To support in managing the demands of the job • To provide constructive feedback in a safe and appropriate manner • To enhance evidence-based practice • To safeguard standards of practice • To ensure that health and well-being at work issues are addressed • To promote anti-discriminatory practice • To ensure financial governance and probity	
Frequency of meetings	
Length of sessions	
Location	
Cancellation arrangements	
Responsibility for recording	
The usual content of meetings	
How the agenda will be set	
Boundaries for sessions	
Storage and access to supervision records	
Supervisor's signature:	Date:
Supervisee's signature:	Date: