CLINICAL AND MANAGEMENT SUPERVISION FOR
CLINICAL AND NON-CLINICAL STAFF POLICY

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11. **APPENDICES** *(templates which underpin how supervision is provided):*  
Appendix 1. Factors which may influence the effectiveness of supervision  
Appendix 2. Template for supervision contract  
Appendix 3. Core Supervision Agenda  
Appendix 4. Template for recording supervision  
Appendix 5. Template for monitoring the effectiveness of supervision  
Appendix 6. Guidelines for supervisees - how to prepare for supervision effectively
1. INTRODUCTION

1.1 Rationale

The Trust has a responsibility to deliver safe and effective services. In order to achieve this, staff need to be competent and capable within their defined roles. To ensure that staff are adequately equipped to work in the NHS environment and to provide safe and effective care, they must receive effective clinical and management supervision on an ongoing basis (NHSLA, 2008).

Clinical supervision is an essential component in ensuring the provision of safe and accountable practice. It is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues. It contributes significantly to reduce emotional exhaustion among clinical staff. There are various models or approaches to clinical supervision: one-to-one supervision, group supervision, peer group supervision (NHSLA, 2012).

1.2 Definitions

Clinical staff is taken to mean nurses, allied health professionals, doctors of all grades, pharmacists, psychologists and psychological therapists, social workers and all non-professionally qualified clinical support staff who have involvement in the care of service users.

Non clinical staff includes any member of staff not directly involved in the care/treatment of patients/service users.

1.3. Context

In recent years, there have been a number of national publications that have underlined the importance of, and need for, effective supervision processes for clinical staff.

In ‘Ten Essential Shared Capabilities, a Framework for the whole of the Mental Health Workforce’ (Dept. of Health, 2004), the Personal Development and Learning Capability is underpinned by keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development through supervision, appraisal and reflective practice.

The Trust Patient Safety Strategy identifies the requirement for supervision to support effective clinical risk assessment and clinical risk management in practice. Learning through discussions based on clinical records of risk assessment and risk management during supervision will help improve patient safety.

Safeguarding Adults requires strong leadership and different responsibilities to ensure safeguarding is seen as core business, the “different responsibilities” require a number of skills to support this including supervision (DOH 2011) Poor supervision is known to be a factor associated with institutional abuse.
The importance of safeguarding is highlighted in the 2011 DOH publication “Safeguarding Adults: The role of the Health Service Practitioners”, page 24. See link to practitioner’s document.


These publications outline the following principles which have general applicability to all clinical staff groups, including

- The need for staff to receive training, supervision and managerial support in order to improve outcomes for service users
- An expectation that all professionally qualified staff will provide supervision and support to less experienced staff
- Clinical supervision should be viewed as essential underpinning for good practice, change and quality improvement
- Clinical supervision should be used to reflect on how the individual’s clinical practice can best incorporate recovery values, tackle inequalities in care, highlight, explore and respond to safeguarding concerns and demonstrate non discriminatory practice, in line with the requirements of modern health and social care services and contemporary practice
- The use of clinical supervision to support the implementation of evidence into practice
- The use of clinical supervision as a component of an overall support system for identifying and addressing stressful situations

The Francis Report (2013) The report makes 290 recommendations, including:

- Improved support for compassionate caring and committed care and stronger healthcare leadership.

Effective clinical and managerial supervision are key in supporting staff in service delivery.

2. PURPOSE

The purpose of this policy is to set out the Trust’s arrangements for, and approach to, the provision of effective clinical and management supervision for clinical staff.

2.1. The Trust Policy is:

- To make explicit the Trust’s commitment to support staff to provide an effective and efficient service
- That the Trust fully supports the principle of effective supervision being a right for all staff regardless of staff group or grade
- To promote a culture where supervision is understood as a key organisational process which, if implemented effectively, has the potential for a significant positive impact on the quality, safety and effectiveness of services and on staff satisfaction
- To facilitate the provision of appropriate clinical and management supervision for all clinical staff, taking into account national guidance from relevant professional bodies and relevant national reports and recommendations
Whilst this policy sets out the arrangements for all staff to receive management supervision and clinical staff to receive regular, contracted and recorded supervision. It does not seek to discount or undermine the value of ad hoc discussion, for example a safeguarding incident or case review that takes place during everyday activity on wards and within teams across all services. Indeed the policy positively encourages such ongoing dialogue and acknowledges its value in terms of the educative, developmental and nurturing qualities that are a hallmark of effective and supportive team working. These ad hoc discussions could be recorded via the template in appendix called 'TEMPLATE FOR MONITORING SUPERVISION'.

3. SCOPE

This policy forms part of an organisational framework - along with a number of associated policies listed in Section 9, for developing and maintaining a positive culture that facilitates the development of a highly skilled workforce to deliver high quality, safe and effective services.

The policy incorporates both clinical and management supervision and applies to all Trust clinical staff and any contracted staff working within clinical services who either undertake or contribute to service user care.

The policy supports the separate “Safeguarding Children Supervision Policy”, and should be read in conjunction with the policy

The policy should be implemented in conjunction with the Personal Development Review Policy and alongside relevant professional guidance and other relevant Trust policies set out in Section 9 of this policy.

An annual Personal Development Review (PDR) conducted by the employee’s Line Manager is an annual requirement for all employees.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1. Trust responsibilities

The Board of Directors delegates to the Chief Executive overall responsibility for the effective implementation of this policy, which in turn is delegated to the Executive Directors with responsibilities for clinical staff, namely the Deputy Chief Executive (Nursing and Partnerships), Chief Operating Officer and Medical Director.

4.2. The Deputy Chief Executive (Nursing and Partnerships), Service Directors and Medical Director are responsible for providing assurance to the Board that:

- The implementation of all policies and procedures that are in place to maintain the safety of service users, staff and the public.
- The provision and monitoring of clinical and management supervision to clinical staff.
- The provision and monitoring of local induction is provided for clinical Staff and completed within the agreed timescale.
• The provision of annual Personal Development Reviews (PDRs) for clinical staff.

• Monitoring staff attendance on supervision training through the receipt of reports from the Head of Learning and Development in line with the requirements set out within the Mandatory Training Policy (Risk Management Training and Training Needs Analysis).

• The Deputy Chief Executive will within this policy provide assurance to the Board that supervision is carried out in accordance with this policy.

4.3 Consultant Medical Staff

The Medical Director has the responsibility to ensure that all Consultant Medical staff receive supervision training in line with the relevant Royal College recommended standard.

Consultants also participate in a range of other activities which provide an element of supervision, including for example, case conferences, Clinical Effectiveness Meetings, MDT meetings.

4.4. Managers of staff

The Trust operates an integrated management structure, with the majority of staff managed within multi-professional teams.

Managers are responsible for:

• The provision and monitoring of the system of clinical and management supervision for staff within their areas of responsibility

• Liaising with the Trust’s Professional Leads with regard to meeting any particular profession specific supervision needs.

• Creating an environment where clinical and management supervision is valued as an essential activity which supports the delivery of high quality, safe and effective care.

• The diagram ‘Factors which may influence the effectiveness of supervision’ shown in Appendix 1 is provided for all staff but for managers in particular, in order that they may develop the relevant and necessary approaches within their services.

• Actively promoting an understanding of the aims of supervision amongst their staff and teams on an ongoing basis.

• The provision of local induction and training for clinical staff within their areas of responsibility, relevant to their roles and responsibilities.

• Making readily available to their staff this policy and the template forms provided in Appendices 1 – 6 which will support consistent implementation of the policy,
and for monitoring their use. *(An audit of the use of these forms will provide one of the means for assessing Manager's implementation of this policy).*

- Utilising the Core Supervision Agenda template (Appendix 3) within their services to develop a consistent approach to supervision discussions. This can be used in both individual and group supervision meetings.

- Making effective use of their operational management structure, referred to in some services as the ‘supervision tree,’ so that supervisory responsibilities are shared amongst relevant staff which will subsequently reinforce the expectation that all professionally qualified staff will provide supervision and support to less experienced staff (Dept. of Health, 2006). Non clinical staff will also be expected to provide supervision as appropriate to their role.

**External supervision**
- Where the need for supervision from an external agency is identified, the supervisee must gain prior approval from the relevant Assistant Director, including the time, travel and any other associated costs prior to formalising a written supervision contract with the supervisee and the prospective supervisor for a defined period of time, with a specified review date.

- The contract will make explicit the expectations regarding communication and feedback between the Manager, supervisee and supervisor.

- The review of any such contract should take place between the Manager, supervisor and supervisee and the outcomes quantified – the template form provided in Appendix 2 should be used to support the review process – prior to any further time limited continuation of an external clinical supervision arrangement.

- The provision of a copy of this policy to all external supervisors so that they understand the Trust’s policy requirements and arrangements.

**Specialist supervision**
- Agreeing with supervisees where specialist supervision (internal to the organisation) is required e.g. safeguarding, and establishing a written supervision contract with the supervisee and the prospective supervisor, if the supervision is to be ongoing for a period of time. This will include making explicit the expectations regarding communication and feedback between the Manager, supervisee and supervisor.

- It is acknowledged that specialist supervision may be accessed on an ad hoc, one-off basis and in these instances a written supervision contract would not normally be necessary.

**Open ended external/specialist supervision arrangements are not recommended.**
Staff supervision needs should be identified and planned for and the benefits and outcomes for the service and the individual reviewed on a regular basis by the Manager. The template provided in Appendix 5 should be used to support the review process.
• The provision of annual PDRs for clinical staff within their areas of responsibility

• Monitoring and reporting on the effectiveness of policy implementation (see Section 7 of this policy), and for identifying any additional implementation support needs

• Within the managers monitoring system, attention should be paid to the re-booking of any cancelled supervision meetings in order that the standards within this policy are met.

4.5. **The Head of Education**

The Head of Learning and development is responsible for:

- Undertaking supervision training for supervisors needs analysis in conjunction with Managers
- Developing and disseminating a supervision training plan
- Commissioning any specialist supervision training required over and above that identified within the core risk management training framework
- Providing training compliance information to Managers to support monitoring implementation of the policy
- Providing training compliance reports to the Human Resources and Organisational Development Group

4.6. **All Staff**

Each member of staff has a responsibility to actively participate in clinical and management supervision arrangements and to be accountable for their own learning and development. All staff are expected to:

- Demonstrate a commitment to supervision and continued learning and development

- Be proactive in identifying their needs for supervision using the policy guidance and tools provided in this policy, and seek opportunities for supervision to facilitate safe and effective practice and ongoing quality improvement

- Integrate supervision and reflective practice into their everyday work

- Keep up-to-date with changes in practice and participate in continued learning and development through supervision and PDR

- Contribute to the supervision arrangements within their team, offering advice and support to colleagues. as supervisee of supervision, inform line manager the date of supervision for recording and monitoring purposes.

5. **PROCEDURE/IMPLEMENTATION**

Processes and procedures for ensuring that all receive
appropriate clinical and management supervision/how supervision is provided:

- The template forms provided in Appendices 1-6 are provided for Managers to support consistent implementation of this policy and provide guidance on how supervision is to be provided. These will be made readily available to staff and implemented by Managers within their services. They will provide a means of checking, through audit by the Clinical Effectiveness Team, that supervision takes place.

- The policy should be implemented in conjunction with the Personal Development Review Policy and alongside relevant professional guidance and the Trust policies set out in Section 9 of this policy.

5.1. **Supervision standards**

- All staff regardless of their skills, competency or experience will receive supervision.

- All staff will receive management supervision from their Line Manager or equivalent via devolved responsibility (only a supervisor with authority and accountability for the supervisee can undertake management supervision).

- The minimum requirement for the frequency of supervision **should not exceed two months**.

- All staff who have direct service user contact will receive clinical supervision from an identified supervisor agreed with their Manager. Where possible, the supervisee should have a degree of choice over who their supervisor is for clinical supervision. The supervisor/supervisee relationship should be reviewed at regular intervals to ensure on-going effectiveness of sessions.

  **NB. The Manager may provide both management and clinical supervision to a member of staff where this is mutually agreed and the manager is able to fulfil both functions.**

- All staff will undertake an 8 week period of local induction and receive awareness raising about the requirements of this policy from their Manager.

- All staff will receive training as required relevant to their supervisory role, organised by their Manager with the Learning and Development Team.

- An annual audit will be conducted by the Clinical Effectiveness Team to monitor compliance with the policy. This will include: a cross section of views of both supervisors and supervisees from each of the Business Divisions to identify if management and clinical supervision are taking place; and, views on the effectiveness of the supervision processes with particular reference to the use of the template forms provided as appendices to this policy.

5.2. **Defining supervision**
• Supervision – whether clinical or management supervision - can be defined as a process in which one worker is given responsibility to work with another worker or group of workers in order to meet certain organisational, professional and personal objectives.

• Supervision is a relationship concerning accountability and responsibility for work carried out. This applies equally to management and clinical supervision and managers and all staff must be aware of their responsibilities in this regard.

• Irrespective of whether other types of supervision are used, all staff must as a matter of course have access to regular management supervision from their Manager.

• In reality, there may be many overlaps between management and clinical supervision and in some cases both clinical and management supervision will be provided by the Manager. What is essential is that supervision needs are properly identified and planned for by Managers with their staff and that these are regularly reviewed.

• Supervision should be interactive and a two-way process, and used as a means of ensuring that supervisees are able to do their job effectively and are assisted in their on-going learning and development through professional/personal reflection of thoughts and actions

• Supervision should be viewed as part of a whole system approach, which includes induction, appraisal (PDR), learning and development, team meetings and team trainings/development sessions and access to other sources of support, which may be specialist or general in nature.

• Within teams, good practice is where the team has an open and transparent caseload management system in place, where there is regular supervision and discussion at team level as well as audit to ensure there is effective balancing of caseloads based on competence, and frequent constructive challenge to members to consider what progress is occurring and the quality of the service provided.

• It is better for the team to know the bigger picture rather than just to be closely engaged with clinical work. Scrutiny, supervision and supportive challenge induce rigour into proceedings.

• Supervision will systematically explore safeguarding adult issues or concerns highlighted during practice to support the expected ‘ad hoc’ safeguarding supervision.

• Supervision will systematically explore safeguarding children issues and direct the concerns highlighted through the Safeguarding Children Supervision Policy

• Effective and valued ad hoc informal supervision opportunities can be captured on appendix 5
• **Appendix 1** sets out some of the factors that may influence the effectiveness of supervision. This diagram should be used by Managers in discussions with individuals and teams to raise awareness of supervision processes and intended outcomes.

5.2.1. **Management Supervision**

- Undertaken by the Line Manager or equivalent via devolved responsibility (only a supervisor with authority and accountability for the supervisee can undertake management supervision)
- Management supervision provides an opportunity for staff to:
  - Review their management/administrative responsibilities and tasks
  - Review progress against objectives and priorities, and reset them as required
  - Review how individual objectives relate to Team/Business Division/Trust objectives
  - Gain support and feedback on performance
  - Identify and plan for learning and development needs

(This list is not exhaustive)

5.2.2. **Clinical Supervision**

- Clinical supervision is a process which aims to bring staff and supervisors together to actively reflect on practice, to identify solutions to problems, to increase understanding of clinical practice issues, and, most importantly, to improve standards of care. Clinical supervision may be conducted on a group or individual basis dependent upon the needs and professional requirements of the individuals and/or team. It provides an opportunity for staff to:
  - Reflect upon and review clinical practice
  - Discuss individual cases/group work in depth
  - Explore Safeguarding issues
  - Review implementation of best practice/clinical guidelines
  - Gain support and feedback on clinical performance and service user outcomes
  - Further develop clinical skills and knowledge
  - Identify and plan for learning and development needs

(This list is not exhaustive)

5.2.3. **Specialist/external supervision** (see also 4.3 above)

- There are situations where specialist supervision may be required. For example: where there are particular risk issues relating to safeguarding children; where staff undertake particular roles e.g. Approved Mental Health Professional (AMHP); or, where a particular therapy or profession specific approach is used.

- In these instances, the Manager will agree the supervision to be provided with the supervisee and the prospective supervisor, using the supervision contract if the supervision is to be ongoing for a period of time. (See also section 4.3 above).

- **It is acknowledged that specialist supervision may be accessed on an ad hoc/one-off basis and in these instances the written supervision contract process would not normally be necessary.**
• When an appropriate supervisor has been agreed by the Manager, the expectations regarding communication and feedback between the Manager, supervisee and supervisor must be made explicit within the written supervision contract.

5.3. **Values underpinning supervision processes**

The following values underpin effective supervision processes and are central to achieving the desired organisational culture within which the aims of supervision (see Section 5.5) can be realised:

- Mutual respect
- Values diversity
- Purposeful
- Constructive
- Service user/carer focused -promotes high quality service user centred, safe and effective practice
- Promotes effective team working
- Enhances working life
- Upholds the principles of the NHS
- Promotes safe, effective and efficient services which demonstrate value for money

5.4. **Purpose and functions of supervision**

The primary purpose of supervision is: to help staff reflect on their work in order to ensure the needs of service users and the service are addressed; and, that statutory duties and responsibilities are being fulfiled in line with the policies and procedures of the Trust.

Supervision is generally agreed to have three functions:

1. **Monitoring (Normative)** – Most supervisors have a responsibility to ensure that the supervisee’s work is appropriate, ethical and professional in the context of their work setting and the organisation in which they (usually) both work.

2. **Development (Formative)** - Concerned with developing the skills, understanding and ability of the supervisee by reflection on and understanding of the work issues.

3. **Support (Restorative)** – Concerned with emotional reactions e.g. anxiety and distress, and other feelings that may be evoked by the work situation.

5.5 **Aims of supervision**

In order that the maximum benefit is derived from supervision, it is essential that Managers actively promote an understanding of the aims of supervision within and between their staff and teams.

Some of the aims of supervision include to:
- Provide an open and supportive workplace climate, where communication is actively encouraged and feedback welcomed
- Reinforce roles and responsibilities and the standards of care and behaviour required
- Provide an environment for Safeguarding concerns and issues to be explored and action planned
- Promote safe and effective practice and high quality service user experience
- Contribute to a framework of arrangements to meet clinical governance requirements
- Promote adherence to treatment models and standards
- Share best practice and lessons learned through reflection
- Provide an opportunity for discussion of ethical issues
- Encourage and enable staff to learn and develop new and improved working practices
- Help staff gain an overview of their work and to acquire fresh insights into their role and functioning
- Provide an opportunity for staff to share work experiences
- Demonstrate to staff their value to the service and their contribution to service objectives
- Develop rapport and understanding between staff
- Provide an opportunity for two-way feedback
- Avoid staff working in isolation
- Provide a forum for support, encouragement, praise, feedback and constructive criticism
- Assist with time management and organisation of workload
- Monitor objectives and evaluate effectiveness/ performance
- Tackle issues associated with pressure and stress in the workplace
- Enable continuing learning and development
- Provide for staff personal needs and growth

5.6 Choice of Supervisor

- Management supervision will be provided by the Manager, or equivalent via devolved responsibility (only a supervisor with authority and accountability for the supervisee can undertake management supervision)

- However, in recognition that this may only provide meaningful feedback from one direction, the Trust is committed to exploring the richness available in offering other forms of feedback from other directions and sources.

- In addition to those who supervise in a management capacity, feedback and supervision may come from those who report to the employee and those who work alongside the employee. It may also come from someone either internal or external who has appropriate skills to offer.

- With clinical supervision, subject to the knowledge and approval of the Manager, an element of choice may apply for the employee. The choice will be influenced by whether the potential supervisor has the appropriate skill set to meet the supervisees identified needs and to support them in their pursuit of improved practice. Where an appropriate supervisor is identified and agreed, the expectations regarding communication and feedback between the Manager,
supervisee and supervisor must be made explicit within the written supervision contract. There should be opportunities to review the effectiveness of the supervisor/supervisee relationship

- Group supervision, choice of the group facilitator/supervisor should be agreed with the Manager, group and supervisor.

- See also section 5.2.3 above. Specialist/external supervision

5.7 Content and confidentiality

- The content of supervision should be based on the needs identified in the supervision contract, and will normally include time for discussion of needs relating to the three functions to supervision – monitoring, development and support – to provide a balanced approach.

- A Core Supervision Agenda which should be considered in all management supervision sessions is shown in Appendix 3.

- Where separate arrangements are in place for clinical supervision, the Core Supervision Agenda should also be considered. However, it is acknowledged that some of the items may not be relevant as they will be outside of the knowledge and responsibilities of the clinical supervisor.

- Confidentiality of supervision and the boundaries and exceptions to this should be explicitly discussed and recorded in the supervision contract. This will provide a open and firm footing for supervision arrangements.

- In the majority of situations, the supervision content will be straightforward, with discussions between supervisor and supervisee remaining confidential except by agreement e.g. both supervisee and supervisor agree it will be useful to discuss a particular issue with a third party.

- However, in certain circumstances, e.g. if there are concerns about a supervisee’s health or practice, if there are safeguarding legal/public interest issues or, to prevent harm to a service user, other person or the service, confidentiality may need to be overridden.

- If the Manager/supervisor decides it is their responsibility to discuss issues arising in supervision elsewhere, they will normally inform the supervisee first.

- As the ‘owner’ of the supervision, the supervisee should be at liberty to discuss with other colleagues appropriate content from supervision as a means of further reflection. For example, if the supervisor makes a suggestion of how to handle a situation raised as a problem by the supervisee, the supervisee may then choose to talk this through with other colleagues.

5.8 Recording supervision

- It is essential that supervision is recorded in order that discussions and actions agreed can be referred back to by both parties as part of an ongoing process of
monitoring, development and support for the supervisee’s work.

- Agreement should be reached about who will be responsible for writing the supervision record, and both supervisor and supervisee should retain a copy.

- The Safeguarding elements of the supervision record should be made available if required in any ensuing investigation.

- The supervision record will support a process of ongoing reflection for the supervisee and the records can be used collectively at the end of an agreed supervision contract period to review the overall effectiveness of the supervision.

- The supervision records may also provide evidence for the supervisee’s learning and development portfolio and for their annual PDR.

- If a supervisor wishes to use records of supervision they have provided as evidence within their own learning and development portfolio, they should make sure the records are anonymised.

- Any decisions made as part of supervision regarding services user’s care should be recorded in the service user’s clinical record. See Lifecycle of Clinical and Corporate Records Policy

- A template for recording supervision is provided in Appendix 4. This is designed to be used for both individual and group supervision sessions. A copy of Appendix 4 should be retained by both supervisor and supervisee. The template can be adapted to suit individual service needs but the core information as set out in the template must be included.

- Electronic record of supervision is permissible (supervision record not signed by both parties) if it is accompanied by a supporting email of agreement.

- Electronic evidence of supervision sessions using the template forms Appendix 2-5 can be stored on the shared drive on a restricted file agreed by IT for access only by the supervisor and supervisee

5.9 **Preparing for supervision**

Guidelines for supervisees on how to prepare for supervision effectively are provided in Appendix 6. Managers will make this information widely available to staff as part of their policy implementation and awareness raising responsibilities.

5.10 **Agreeing a supervision contract**

The template form to be used for the Supervision Contract is shown in Appendix 2.

Supervision is a formal process, and a contract should be agreed between the supervisee and supervisor. Supervision contracts are important as the basis for creating a collaborative supervision process. They will set out:

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<th>Identified needs</th>
<th>Consider the purpose and functions of supervision - see Policy sections 5.2-5.5</th>
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<td>The primary purpose of supervision is: to help staff reflect on their work in order to ensure the needs of service users</td>
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and the service are addressed; and, that statutory duties and responsibilities are being fulfilled in line with the policies and procedures of the Trust.

The functions of supervision:
Consider the functions of supervision i.e.: monitoring, development and support and the balance required between these functions for the supervisee. What feedback does the supervisee want? Consider their experience to date, service needs and knowledge which the supervisee needs. If the supervisee is new to the service, more guidance may be required:

**Monitoring** (normative) most supervisors have a responsibility to ensure that the supervisee’s work is appropriate, ethical and professional in the context of their work setting and the organisation in which they (usually) both work

**Development** (Formative) - Concerned with developing the skills, understanding and ability of the supervisee by reflection on and understanding of the work issues.

**Support** (Restorative) – Concerned with emotional reactions e.g. anxiety and distress, and other feelings that may be evoked by the work situation.

Supervisees to use *Appendix 6 Guidelines for supervisees - how to prepare for supervision effectively.*

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<thead>
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<th>Frequency of meetings</th>
<th>Specify how often you will meet. Frequency may or may not decrease as experience is gained.</th>
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<tbody>
<tr>
<td>Duration of meetings</td>
<td>(Define how long you will meet for and keep to it. Reaffirm this at the beginning of each session is good practice to maintain good boundaries)</td>
</tr>
<tr>
<td>Place to meet</td>
<td>Factors to consider: confidentiality; free from distractions; work patterns and hours; individual preferences</td>
</tr>
<tr>
<td>Record keeping</td>
<td>Use Appendix 4. Agree who will write the record. Both supervisor and supervisee should both keep a copy of the record. This provides a useful aide memoir for the next session to check progress on any agreed actions. Both supervisee and supervisor may wish to record reflections in their learning and development portfolio.</td>
</tr>
<tr>
<td>Agenda setting mechanism</td>
<td>Use Core Supervision Agenda template in Appendix 3. Using the supervision record from the previous session, review progress with any agreed actions. Supervisee and supervisor to identify agenda items for each session. Plan to make best use of the time available at the beginning of each session. Where separate arrangements are in place for clinical supervision, the Core Supervision Agenda should also be considered. However, it is acknowledged that some of the items may not be relevant as they will be outside of the knowledge and responsibilities of the clinical supervisor.</td>
</tr>
</tbody>
</table>
6. TRAINING IMPLICATIONS

The Training Needs Analysis (TNA) for this policy can be found in the Training Needs Analysis document which is part of the Trust’s Mandatory Risk Management Training Policy located under policy section of the Trust website.

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties</td>
<td>Audit</td>
<td>Effectiveness Team/Assistant</td>
<td>Clinical Effectiveness Committee</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>supervision is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How the Trust makes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sure that all clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>staff receive appropriate clinical supervision</td>
<td>How the Trust makes sure that all clinical staff receive management supervision</td>
<td>How the Trust trains staff, in line with the training needs analysis</td>
<td>Report</td>
<td>Head of Learning and Development</td>
</tr>
</tbody>
</table>

### 8. EQUALITY IMPACT ASSESSMENT

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

#### 8.1 Privacy, Dignity and Respect

<table>
<thead>
<tr>
<th>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.</th>
<th>Indicate how this will be met</th>
<th>No additional requirements have been identified in relation to this policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).</td>
<td></td>
<td>Privacy, dignity and respect underpin the implementation of this and the associated policies, which set out a person centred approach to care, working in partnership with the patient and carers as appropriate</td>
</tr>
</tbody>
</table>

#### 8.2 Mental Capacity Act

<table>
<thead>
<tr>
<th>8.2 Mental Capacity Act Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court</th>
<th>Indicate How This Will Be Achieved.</th>
<th>All individuals involved in the implementation of this policy</th>
</tr>
</thead>
</table>
familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible. should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)

9. LINKS TO ANY ASSOCIATED DOCUMENTS

Risk Management Framework - Trust Strategies

Patient Safety Strategy - Trust Strategies

Trust Safeguarding Policies: Safeguarding Adults
Safeguarding Children
Safeguarding Children Supervision Policy

Mandatory Training Policy (Risk Management Training and Training Needs Analysis) – General Policies

Positive Management of Stress and Pressure in the Workplace – Employment Polices, Part 2, Employee Relations, Section C Employee Health

Induction Policy - Employment Polices, Part 1 - Entering Employment

Supervision Policy - Employment Polices, Part 2 - During Employment, Section B, Employee Relations

Performance and Development Review Policy - Employment Polices, Part 2 - During Employment, Section B, Employee Relations

Managing Poor Performance, Employment Polices, Part 2 - During Employment, Section B, Employee Relations

Speaking out - disclosure by staff of concerns on healthcare matters, Employment Polices, Part 2 - Entering Employment, Section B, Employee Relations

Managing sickness absence, Employment Polices, Part 2 - Entering Employment, Section C, Employee Health

Policy for Health Record Keeping Standards and Health Records Management, Clinical Policies,

10. REFERENCES

Department of Health (2007) Best Practice in Managing Risk


Laurence Myners Wallis, Royal College of Psychiatrists (2010) *Revalidation Guidance for Psychiatrists*

Department of Health (2011) *Safeguarding Adults: The role of Health Services*

Department of Health (2011) *Statement of Government Policy on Adult safeguarding*

11. **APPENDICES**

Appendix 1 Factors which may influence the effectiveness of supervision
Appendix 2 Template for supervision contract
Appendix 3 Core Supervision Agenda
Appendix 4 Template for recording supervision
Appendix 5 Template for monitoring the effectiveness of supervision
Appendix 6 Guidelines for supervisees - how to prepare for supervision effectively
FACTORS WHICH MAY INFLUENCE THE EFFECTIVENESS OF SUPERVISION

THE ORGANISATION/SERVICE

- Commitment and leadership from the top
- Key element of service specifications
- Policy defines purpose, procedures and expected outcomes, and is developed with staff
- Incorporates professional body guidance
- Supervision and support for supervisors to carry out their key role
- Has linked processes for:
  - Induction
  - Performance and Development Review
  - Supervision
  - Learning and Development programmes
- Promotes good interpersonal staff relationships and a learning environment
- Provides professional development for supervisors:
  - Manager to ensure supervision for all grades
  - Needs and priorities are identified through the PDR process
  - Opportunities are identified and development is planned, for example:
    - Internal/external courses – on supervision theory, processes, techniques and approaches;
    - In-service training;
    - Peer group development;
    - Role models;
    - Student educator/mentor training (regularly updated)

THE PROCESS OF EFFECTIVE SUPERVISION

- Begins at induction
- Defines the aims, creates clear expectations
- Includes service commitment, supervisor training and motivation
- Identifies supervision needs and develops norms:
  - Needs of grades
  - Needs of settings
  - Needs of specialities
  - New practitioner
  - Support workers
  - Experienced workers
  - Supervisors
- Provides structure and format in relation to:
  - Objectives
  - Consistency
  - Confidentiality
  - Frequency & duration
  - Use of contracts
  - Preparation
  - Records
  - Incorporates planned feedback (two-way) and periodic review
- Uses a range of strategies within an integrated approach:
  1:1 supervision/use of peers/staff meetings/in-service training/continuing education/special interest groups/reflective practice/practice and team development events

THE OUTCOMES

- Expected outcomes are defined and are subject to evaluation

Individual Outcomes:
- Provides a ‘buffer’ for staff against organisational change
- Enables successful adjustment to practice
- Creates realistic expectations
- Contributes to continued learning and development
- Staff remain focussed
- Increases competence
- Increases job satisfaction
- Reduces isolation
- Facilitates career planning
- Reduces stress

Organisational Outcomes:
- Reduces attrition
- Potential for improved recruitment & retention
- Provides evidence of continued learning and development activity
- Keeps service goals focussed
- Clinical effectiveness
- Provides service monitoring and identifies service needs
- Provides a strategy for clinical accountability and performance management
- Service User Outcomes
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identified Needs</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Frequency of supervision</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Length of Supervision Sessions</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Place to meet</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Record keeping</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Agenda setting mechanism</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Confidentiality</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Review of Effectiveness of Supervision</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Process for resolving conflicts/Issues of difference/tensions within the supervisory relationship</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Process for feedback to line manager (where the contract is for clinical supervision)</td>
<td></td>
</tr>
</tbody>
</table>

**Signature:**  
(Supervisee)  
DATE:  
Signature:  
(Supervisor)  
DATE:
CORE SUPERVISION AGENDA

FROM CONTRACTS WITH EXTERNAL SUPERVISORS:

<table>
<thead>
<tr>
<th>Signature: (Supervisee’s Manager) (RDaSH)</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: (Supervisor’s Manager)</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

Name of external supervisor’s organisation:

APPENDIX 3

ROtherham Doncaster and South Humber NHS Foundation Trust

Potential areas for Supervision Agenda

These items should be discussed regularly in supervision session:

Individual Outcomes

- Agree time and duration of the meeting
- Update on any agreed actions from previous meeting
- Agree agenda for this meeting (over and above these core agenda items where required)
- Workload/caseload management
- Hot spots/key issues
- Monitoring of stress levels of staff member (refer as required to Trust Policy for the Positive Management of Pressure and Stress in the Workplace)

Clinical Issues (if appropriate) not all supervisors will be clinicians

- Status of service user reviews required – can some generic wordage replace this to cover all service area reviews
- Risk assessment and risk management plans
- Review of Care Plans and Clinical Records
- Safeguarding issues – (Children - Refer as required to Guidance for Safeguarding and Promoting the Welfare of Children within Supervision and vulnerable adults
- NICE guidance implementation – case by case where relevant
- Learning and development activities completed (Core Mandatory Training Requirements and other learning and development activities)

Organisational Issues

- Change management
- Team Issues
<table>
<thead>
<tr>
<th>NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB TITLE</td>
<td></td>
</tr>
<tr>
<td>SUPERVISOR</td>
<td></td>
</tr>
<tr>
<td>DATE / TIME</td>
<td></td>
</tr>
</tbody>
</table>

Review from previous supervision:  

Agenda items:  

Issues Discussed  

Training:  
Undertaken since last supervision:  

Planned:  

Personal  
(Factors affecting work  

Date of next session: ............  

Signatures:
<table>
<thead>
<tr>
<th>Supervisee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>Date</td>
</tr>
</tbody>
</table>

This template can be used for the following purposes:

- To provide a record of evidence to your line manager that the supervision session has taken place. The detailed discussion between supervisor and supervisee for clinical supervision will be documented on Appendix 4 – Template for recording supervision and both supervisor and supervisee will retain a copy of appendix 4.

- It is good practice for the supervisor to review (verbally) at the end of each session whether key issues for the supervisee have been addressed. At end of the contract period, (or before if required) the supervisee may complete this form for discussion with the supervisor, to review and identify how the supervision has been useful in relation to the overall purpose, functions and aims of supervision - see policy section 5.4. and 5.5.

- It can also be used by NEW supervisors as a personal evaluation tool to reflect on the effectiveness of the supervision session conducted, retained by the supervisor themselves.

<table>
<thead>
<tr>
<th>Name of Supervisee:</th>
<th>Designation:</th>
<th>Directorate</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Supervisor:</td>
<td>Designation:</td>
<td>Directorate</td>
<td></td>
</tr>
<tr>
<td>Type of Supervision:</td>
<td>Individual</td>
<td>Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialist/External</td>
<td></td>
</tr>
<tr>
<td>Was a supervision contract agreed at the beginning of the supervision period?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is there a written record of supervision sessions?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

During supervision in the last: ................................................................. (Insert time period), I have:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflected on my practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explored alternative ways of working with particular service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explored the dynamics between myself and service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed the effect of my work on my own feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received constructive feedback on my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt validated and supported as an employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewed my workload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed my professional development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had opportunities for learning new skills or developing existing ones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt able to raise aspects of my work which I don’t feel confident about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed my relationships with colleagues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supervision has helped me in the following ways:**

**As part of my supervision I would have liked:**

**Elements of supervision that have not been useful:**

---

Signature of Supervisor ................................................................. Date: .............................

Signature of Supervisee ................................................................. Date ................................. (if applicable)
GUIDELINES FOR SUPERVISEES - HOW TO PREPARE FOR SUPERVISION EFFECTIVELY

As a supervisee, the purpose of these guidelines is to help you to establish a supervision contract and to identify your needs, expectations and responsibilities.

Please refer to the Trust Clinical and Management Supervision Policy for Clinical Staff which provides more detailed information to guide you.

WHAT IS SUPERVISION?
- The primary purpose of supervision is: to help staff reflect on their work in order to ensure the needs of service users and the service are addressed; and, that statutory duties and responsibilities are being fulfilled in line with the policies and procedures of the Trust.
- Supervision should provide you with an opportunity for monitoring, development and support (the three functions of supervision) in relation to your work.
- It involves a regular arrangement to meet for a given period of time with your Manager and sometimes with a clinical supervisor as well to discuss and review your practice.

WHAT ARE THE AIMS OF SUPERVISION?
Some of the aims of supervision include to:
- Provide an open and supportive workplace environment, where communication and feedback is actively encouraged
- Provide an opportunity to reflect on your work, for personal development and to acquire new skills and knowledge
- Reinforce roles and responsibilities and the standards of care and behaviour required
- Promote safe and effective practice and high quality service user experience
- Contribute to a framework of arrangements to meet clinical governance requirements
- Promote adherence to treatment models and standards
- Share best practice and lessons learned
- Provide an opportunity for discussion of ethical issues
- Encourage and enable staff to learn and develop new and improved working practices
- Help staff gain an overview of their work and to acquire fresh insights into their role and functioning
- Provide an opportunity for staff to share work experiences
- Demonstrate to staff their value to the service and their contribution to service objectives
- Develop rapport and understanding between staff
- Provide an opportunity for two-way feedback and challenge
- Avoid staff working in isolation
- Assist with time management and organisation of workload
- Monitor objectives and review effectiveness/performance
- Tackle issues associated with pressure and stress in the workplace
- Enable continuing learning and development
• Provide for staff personal needs and growth
• Explore and action plan safeguarding issues

WHAT ISSUES CAN YOU BRING TO SUPERVISION?
• Aspects of your practice with service users
• Care Records
• Aspects of your relationships with team members
• Concerns about individual service users
• Achievements
• Evaluation of current cases/interventions, etc
• Issues about your workload and responsibilities
• Professional development needs
• Requests for information/knowledge
• Personal issues affecting your work
• Ethical issues/dilemmas
• Safeguarding issues

BE PREPARED
• Give yourself time to prepare before your supervision session so that you can work out what you want and record this
• The clearer you are about this the more likely you are to get it.

QUESTIONS AND IDEAS THAT MAY HELP YOU
Consider your work at the moment:

• What would you like feedback on?
• What is going well/not so well?
• Do you have safeguarding concerns with regard to children or vulnerable adults?
• Are your risk assessments and risk management plans robust?
• Do you need support to complete any assessments?
• Are you implementing relevant NICE guidance?
• Do you have a particular problem with one service user?
• Do you have similar feelings about several service users?
• Is there one service user you never bring to supervision?
• Are you feeling stuck in any way?
• Do you feel you are working too hard and are stressed?
• What is the cause of any stress?
• Do you worry about your practice?
• Are you feeling bored and underused?
• Are you unsure about theoretical matters?
• Is there a skill area in which you have difficulty or lack confidence?
• What aspects of your work are you pleased with?
• Who gives you support?