MANAGEMENT SUPERVISION FOR
NON-CLINICAL STAFF

The Supervision of Clinical and non-Clinical Staff Policy v6 has split in two. This policy supersedes v6 as the Policy for non-Clinical staff only.
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1. **INTRODUCTION**

The Trust has a responsibility to deliver safe and effective services. Supervision is an integral component of staff support and professional development, which in turn raises the standards of service delivery. The Trust is committed to supporting staff to understand their role, responsibilities and key objectives, and enabling them to undertake their job as effectively as possible as part of a team. Supervision is one of the key processes through which this can be achieved, and if implemented effectively, has the potential for a significant positive impact on the quality, safety and effectiveness of services and on staff satisfaction. Supervision is “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence and assume of workers in order to meet certain organisational, professional and personal objectives. It is an integral component of staff support and professional development. Every member of staff will have access to supervision from within his or her discipline and speciality. This may include managerial or professional supervision by a senior member of staff or manager.

2. **PURPOSE**

The purpose of this policy is to set out the Trust's arrangements for, and approach to, the provision of effective supervision for non-clinical staff to access effective supervision on a regular basis which is supported by management, monitoring and quality assurance processes. The policy defines the Trusts intention to strengthen and formalise supervision processes across the organisation, in order to support the development of a highly skilled workforce. It makes explicit the Trusts’ commitment to support all workers to provide an effective and efficient service. The Trust fully supports the principle of effective supervision being a right for all staff, regardless of staff group or grade and will include various types of supervision.

2.1 **The Trust Policy is:**

- To make explicit the Trust’s commitment to support all 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 management supervision for all non-clinical staff, taking into account relevant national reports and recommendations.
Whilst this policy sets out the arrangements for staff to receive regular, contracted and recorded supervision, it does not seek to discount or undermine the value of ad hoc discussions that takes place during everyday activity 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.

3. **SCOPE**

The Supervision policy applies to all non-clinical staff. It aims to provide a framework within which individual services can develop structures and processes in order to ensure that quality supervision is available for all Trust staff. It is acknowledged that the Trust has a detailed policy targeting clinical staff which expands upon the basic framework for the staff in question. This policy should be read in conjunction with the Safeguarding Children Policy which provides guidance for Safeguarding and Promoting the Welfare of Children within Supervision.

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

An annual Performance and Development Review (PDR) conducted by the employee’s Line Manager is a requirement for all employees. It is a cornerstone of the supervisory process and links directly to the Knowledge and Skills Framework (KSF) which underpins all posts within the Trust.

The policy will:

- Define minimum supervision requirements for all staff groups, throughout the career pathway, taking into account national guidance and standards
- Identify and plan for both routine and specialist supervision requirements
- Provide guidance on methods and models of supervision
- Define training requirements for supervisors and supervisees/practitioners within a training plan
- Identify audit/monitoring and evaluation mechanisms
- Provide supervision recording and monitoring forms and an example of a supervision contract.
- Provide a process for any disagreement or conflict that does not reach a successful conclusion within the supervision session to be dealt with.

The Supervision Policy will be implemented in all work areas. It should be read alongside relevant professional guidance and staff should have access to training.
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 non-clinical staff.

4.2 Managers

Managers are responsible for the provision and monitoring of the system of management supervision for staff within their areas of responsibility.

- Creating an environment where supervision is valued as an essential activity which supports the delivery of high quality, safe and effective care.
- Actively promoting an understanding of the aims of supervision amongst their staff and teams on an ongoing basis.
- Making effective use of their operational management structure so that supervisory responsibilities are shared amongst relevant staff.

4.2.1 External supervision

Where the need for supervision from an external agency is identified, to gain prior approval from the relevant Head of Service, 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.

4.3 Head of Learning and Development

The Head of Learning and Development is responsible for:

- Undertaking supervision training needs analysis in conjunction with Managers
- Developing and disseminating a supervision training plan
- Commissioning any supervision training required
- Providing training compliance information to Managers to support monitoring implementation of the policy

4.4 All Non-clinical Staff

Each member of staff has a responsibility to participate in 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 everyday work
- Keep up-to-date with changes in practice and participate in continued learning and development through supervision and the PDR process
- Contribute to the supervision arrangements within their team, offering advice and support to colleagues

5. PROCEDURE/IMPLEMENTATION

Processes and procedures for ensuring that all receive appropriate supervision. The template provided (Appendix 1) is provided for Managers to support consistent implementation of this policy. This will be made readily available to staff and implemented by Managers within their services. The policy should be implemented in conjunction with the Performance and 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 will receive supervision – regardless of their skills, competency or experience.
- All staff will receive management supervision from their Manager, the frequency of supervision should be no less than every two months
- All new employees will complete a local induction and receive awareness raising about the requirements of this policy from their Manager.
- All relevant staff will receive training as required relevant to their supervisory role, organised by their Manager

5.2. Defining Supervision

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 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.

 Supervision should be interactive and two-way, and used as a means of ensuring that supervisees are able to do their job effectively and are
assisted in their ongoing learning and development. 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.

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

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/Directorate/Trust objectives
- Gain support and feedback on performance
- Identify and plan for learning and development needs (This list is not exhaustive)

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 organised:

- Mutual respect
- Values diversity
- Purposeful
- Constructive
- Service user/carer focused – promotes service user centered, 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 fulfilled in line with the policies and procedures of the organisation.

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 organization 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. (See Appendix 2-Factors which may influence the effectiveness of supervision) 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
- Promote safe and effective practice and high quality service user experience
- Contribute to a framework of arrangements to meet clinical governance requirements
- 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
- 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. However 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. This may 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.

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.

Confidentiality of supervision and the boundaries and exceptions to this should be explicitly discussed and recorded in the supervision contract. This will provide an 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 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. 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.

Frequency of meetings
Specify how often you will meet. Frequency may or may not decrease as experience is gained.

Duration of meetings
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.

Place to meet
Factors to consider: confidentiality; free from distractions, work patterns and hours and individual preferences.

Record
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.

Agenda setting
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.

Confidentiality See policy section 5.7. Content will remain normally remain confidential unless issues arise which either party feel require advice from a third party. If this occurs each will tell the other that they will be speaking to a third party. This is not about seeking permission. The supervisor may discuss issues with their own supervisor as part of their own supervision (monitoring, development, support).

Monitoring/ review of effectiveness of supervision
Consider how you will know the supervision is achieving its purpose and meeting the identified needs. 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 the 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 – refer to policy section 5.4. and 5.5.
Process for resolving conflict/issues of difference/tensions within the Supervisory relationship

Consider what will you do if you have difference of opinion or any kind of conflict or tension. This could be addressed by both supervisor and supervisee agreeing to seek advice from another person of their choice or by involving a third person in the supervision session.

6. TRAINING IMPLICATIONS

6.1. Supervision Skills Awareness Raising and Training

Awareness raising and training play a key role in the process of effective management supervision. As with other skills, supervision skills need to be learnt. The Trust makes available a range of learning and development programmes at a range of levels both internally and commissioned from external providers which support management supervision skills development. These include:

- Institute of Learning and Management (ILM) First Line Management – Award level (basic)
- ILM Certificate in Team Leading
- ILM First Line Management – Certificate level
- Managing in Health and Social Care (MHSC) Certificate, Diploma and MA
- Supervision training for supervisors and supervisees
- Performance and Development Review/Knowledge and Skills Framework training
- Awareness raising and training will be provided for both supervisors and supervisees to support implementation of this policy.
7. **MONITORING ARRANGEMENTS**

<table>
<thead>
<tr>
<th>Area of Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<td>Audit of policy implementation based on policy standards and the use of the standard templates provided</td>
<td>Audit</td>
<td>Effectiveness Team/Heads of Service</td>
<td>HR &amp; OD Policy and Planning group</td>
<td>Annual</td>
</tr>
<tr>
<td>Checking that all non-clinical staff receive managerial supervision</td>
<td>Audit (Staff) Audit (Supervisor(s))</td>
<td>Effectiveness Team/Heads of Service</td>
<td>HR &amp; OD Policy and Planning group</td>
<td>Annual</td>
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<tr>
<td>Staff training</td>
<td>Audit of training attendance records and</td>
<td>Head of Learning and Development</td>
<td>HR &amp; OD Policy and Planning group</td>
<td>Annual</td>
</tr>
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<td>Staff Survey</td>
<td>Director of Workforce, Organisational Development</td>
<td>HR &amp; OD Policy and Planning group</td>
<td>Annual</td>
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</table>

8. **EQUALITY IMPACT ASSESSMENT TEMPLATE**

The completed Equality Impact Assessment for the Management Supervision for Non Clinical Staff has been published on the Equality and Diversity webpage of the RDaSH Website as follows: [EQUALITY AND DIVERSTITY IMPACT ASSESSMENT](#)

8.1 **Privacy, Dignity and Respect**

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’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users 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).
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.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are 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.

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<thead>
<tr>
<th>Indicate How This Will Be Achieved.</th>
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<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
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9. LINKS TO OTHER PROCEDURAL DOCUMENTS

- Mandatory Training Policy (Risk Management Training and Training Needs Analysis)
- Positive Management of Stress and Pressure in the Workplace
- 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,
- 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
10. APPENDICES

Appendix 1 Template for Recording Supervision
Appendix 2 Factors which may influence the Effectiveness of Supervision
## TEMPLATES FOR RECORDING SUPERVISION

### ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

#### RECORD OF SUPERVISION

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<th>Individual</th>
<th>Group</th>
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<table>
<thead>
<tr>
<th>Name of Supervisee(s) (Please list attendees)</th>
<th>Designation(s)</th>
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<table>
<thead>
<tr>
<th>Name of Supervisor</th>
<th>Designation</th>
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<tr>
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<th>Duration</th>
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<th>Issues Discussed</th>
<th>Action to be taken</th>
<th>Action by (Who)</th>
<th>Timescale (Date)</th>
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<th>Outstanding issues for discussion next supervision session</th>
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<th>Time</th>
<th>Venue</th>
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<table>
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<tr>
<th>Supervisors Signature</th>
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<th>Was supervision cancelled?</th>
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<tr>
<td>Supervissee</td>
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<th>Reason for cancellation</th>
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<tbody>
<tr>
<td>Issues Discussed</td>
<td>Action to be taken</td>
<td>Action by (Who)</td>
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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
- Supervision and support for supervisors to carry out their key role
- Has linked processes for:
  - Induction
  - Performance and Development Review
  - 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;

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:
- 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 focused
- 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 focused
- Provides service monitoring and identifies service needs
- Provides a strategy for accountability and performance management