

## Staff supervision policy

Board library reference	Document author	Assured by	Review cycle
P044	Deputy Director of Nursing	Quality and Standards Committee	3 Years

This document is version controlled. The master copy is on Ourspace.

Once printed, this document could become out of date.

Check Ourspace for the latest version.

## Contents

<b>1. Introduction</b> .....	<b>3</b>
<b>2. Purpose and aim</b> .....	<b>3</b>
<b>3. Scope</b> .....	<b>3</b>
<b>4. Types and frequency of supervision</b> .....	<b>3</b>
4.1 Management supervision.....	3
4.2 Caseload supervision.....	4
4.3 Clinical/professional supervision.....	4
<b>5. Roles and responsibilities</b> .....	<b>4</b>
<b>6. Records</b> .....	<b>6</b>
<b>7. Confidentiality</b> .....	<b>6</b>
<b>8. Standards</b> .....	<b>6</b>
<b>9. Training</b> .....	<b>6</b>
<b>10. Monitoring</b> .....	<b>7</b>
<b>11. Associated and related procedural documents</b> .....	<b>7</b>
<b>12. References</b> .....	<b>7</b>
<b>13. Appendix A: Management/caseload supervision notes and actions</b> .....	<b>7</b>
13.1 Supervisor..... Supervisee..... Date:.....	<b>Error! Bookmark not defined.</b>
<b>14. Appendix B: Management and supervision audit record</b> .....	<b>7</b>
<b>15. Appendix C: The clinical/ professional supervision contract</b> .....	<b>7</b>

16. Appendix D: Clinical/professional supervision record sheet.....7

## 1. Introduction

A workforce that is competent and confident is essential to an organisation committed to quality. All staff in the Trust need to feel adequately equipped to deliver what is expected of them in order that we might offer the highest possible standards of care to our service users.

Supervision provides a safe environment where staff can be supported and developed with the aim of encouraging continual practice improvement and the delivery of the best care.

It is recognised that supervision takes place both formally and informally; both provide valuable support to individual practitioners. This policy addresses formal supervision conducted on a one to one basis and in a group setting.

## 2. Purpose and aim

The purpose of this policy is to provide a framework for the delivery of comprehensive, consistent and good quality supervision for all our staff. The policy deals with the three elements of a comprehensive supervision structure; managerial supervision, caseload supervision and clinical/ professional supervision.

- This policy should be read in conjunction with the [Appraisal Policy](#) and other related documentation and guidance.

## 3. Scope

This policy is relevant to all staff who are employed by the Trust.

## 4. Types and frequency of supervision

### 4.1 Management supervision

The purpose of management supervision is to:

- Ensure staff recognise and understand their role and contribution to the delivery of the trust's purpose and objectives through effective personal objective setting, appraisal and performance review for individual staff.
- Provide protected time for line managers to communicate with staff so as to ensure their understanding of trust business, policies and standards.
- Resolve problems at an early stage; and to identify, investigate and manage performance and conduct issues within the team and between team members.
- Ensure that staff for whom a manager is responsible is abiding by relevant professional codes
- Provide individual staff with support and an opportunity to raise issues with their manager in confidence.
- Managers must carry out management supervision with all members of their teams monthly; this includes clinical staff both registered and unregistered and non-clinical staff. In large teams this may be delegated to a deputy, team leader or senior practitioner.
- Management supervision will take place during working hours, and protected time should be set aside. To enable both parties to engage fully in the discussion, without interruption. It is anticipated that the majority of management supervision will take place on a face to face basis; however in exceptional circumstances supervision can be by phone if necessary.
- It is a minimum standard that staff should receive no less than one hour of management supervision every month, with part time staff receiving supervision on a pro rata basis (frequency should be monthly, duration can adjusted).

- Regularly review the progression towards the objectives set out in the annual appraisal, including progress towards achievement, or maintenance, of incremental pay points as per the Appraisal Policy.

## 4.2 Caseload supervision

- Caseload supervision is essential for all staff that carry an individual case load, either in the community or in an inpatient setting. This includes unregistered practitioners who carry a case load or act as a key worker.
- A primary function of caseload supervision is to monitor the size and complexity of the caseload to ensure that the workload allocated to the practitioner is achievable. A caseload management tool has been developed to support managers and their team to understand the size and complexity of individual and team caseloads.
- Caseload supervision ensures the effectiveness and safety of services delivered to service users and families. This includes assuring that all relevant aspects of CPA, Risk Management and Safeguarding are being implemented and recorded.
- Caseload supervision also ensures that the processes to deliver safe and effective care under CPA and Safeguarding are being adhered to through the monitoring of single health and social care records.
- Managers / senior practitioners must carry out caseload supervision with all members of their team at least monthly. It is recognised and recommended that caseload supervision sessions may need to take place with a higher degree of frequency if the supervisee is dealing with a very complex or challenging issue, for which they and their supervisor have identified the need for more supervision. Caseload supervision may take place in a group setting.
- Caseload supervision is likely to form part of management supervision.

## 4.3 Clinical/professional supervision

- Clinical/ professional supervision performs a different function from management supervision, and therefore should not be used for matters relating to such matters as terms and conditions, performance or achievement of objectives.
- It is expected that all registered and unregistered clinical staff have the opportunity to receive clinical/ professional supervision. Individual practitioners should discuss and agree this with their line manager.
- Clinical/ professional supervision may take place on a one to one basis or in a group setting. Supervision in a group setting offers the added benefit of learning from the experience and insights of fellow practitioners.
- Choice of clinical/professional supervisor will be discussed and agreed with the line manager. For some disciplines there is a professional requirement for at least one form of supervision to be provided by someone of the same professional background. Where the supervisor is of a different professional discipline from the supervisee, the supervisor must ensure that they are familiar with and clearly understand the Professional Code that the supervisee must abide by.
- Where newly professionally registered staff are undertaking preceptorship there may be a requirement for this to be supervised by someone of the same profession. This should always be facilitated.

## 5. Roles and responsibilities

The **Director of Nursing and Quality** is responsible for:

- Ensuring that the outcomes of the supervision monitoring process are reported to the Quality and Standards Committee.

The **Head of Learning and Development** is responsible for:

- Ensuring that a rolling programme of appraisal and supervision training for line managers is delivered through the Learning and Development function.

**Quality Directors** are responsible for:

- Ensuring that robust supervision arrangements are in place, throughout the areas for which they are responsible, to ensure staff are supported to deliver high quality care.
- Working with operational management colleagues to ensure that there is adequate organisational capacity to deliver on the standards that are described in this policy.
- Role modelling effective supervision practice, through receipt and delivery of regular supervision.
- Taking appropriate action when deficiencies are identified.

**Line managers** and **Senior Practitioners** are responsible for:

- Protecting time for all relevant types of supervision by giving appointments a high priority and attending punctually.
- Ensuring that team members receive relevant effective supervision on an ongoing basis.
- Raising issues that could have organisational implications in management supervision in order to ensure that management systems are operated effectively. This includes those issues relating to safeguarding and clinical risk.
- Maintaining records of management and caseload supervision using the suggested paperwork, storing these securely and sharing them with the supervisee.
- Updating the IQ system when supervision has taken place.
- Providing appropriate systems for the storage of management supervision where other team members provide line management supervision.
- Monitoring that effective clinical supervision in the required amount is taking place by regularly discussing this with staff during management supervision sessions.
- Taking appropriate action when performance and/or practice concerns are identified.
- Identifying learning and development needs to ensure quality standards are maintained.

The **Staff member** is responsible for:

- Protecting time for all relevant types of supervision by giving appointments a high priority and attending punctually.
- Engaging fully with management and caseload supervision sessions by preparing in advance, in order to use the sessions in the most effective way.
- Keeping their line manager informed about the dates and times of their clinical supervision sessions, being mindful of the requirements of their team and making every attempt to arrange sessions at a time which takes into account the needs of their team and work load.
- Accepting responsibility for outcomes in terms of personal development and for any actions taken in practice as a result of the sessions.
- Being open to challenge; not interpreting challenges as personal attacks or discriminatory practice.
- Contributing to the process of recording supervision and agreeing the record at the end of each session.

The **Clinical/ Professional Supervisor** is responsible for:

- The supervisor should protect time for clinical supervision and give appointments high priority, as well as keeping their line manager informed as to the dates and times of their clinical supervision sessions.

- The supervisor has the responsibility for identifying any issues or risks arising during supervision about which they have concerns. They may give the supervisee the option of bringing the issue to the attention of their Line Manager. In such a situation the supervisee and supervisor must agree a time limit by which the issue must have been raised with the line manager. If the supervisee is unwilling to do this the supervisor should contact the line manager directly.
- The supervisor may be asked to contribute to the appraisal of the supervisee where appropriate.

## 6. Records

Managers should maintain records of their line management supervision of all of their staff on an ongoing basis, recording action points and sharing these with the supervisee. A suggested proforma is attached as Appendix A. These records should be kept securely, and made available to their line manager on a regular basis so that they can be audited.

The line management supervisor is responsible for recording that management or case load supervision has occurred in IQ.

Clinical/ professional supervision arrangements should be negotiated and recorded using the Supervision Contract attached as Appendix C. The supervisee should complete the record at the close of each supervision session and agree these with the supervisor. The records should be held by the supervisee who is responsible for storing them appropriately in the context of relevant organisational policies. The supervisee is responsible for recording that clinical supervision has occurred in IQ.

Service users and their carers should not be directly identified in supervision records with cases identified using initials if necessary.

If the process of supervision results in recommended changes to the assessment, care plan or risk management plan of a service user the supervisee should document this in the relevant section of the health record and note the relevant details of the supervision session, including when it took place.

## 7. Confidentiality

The content of management supervision and caseload supervision sessions should be kept confidential unless there is an appropriate work-related reason for this to be shared. In particular, issues relating to conduct and performance should be kept confidential and managed sensitively within the boundaries of relevant policies.

Content of clinical/ professional supervision sessions is confidential. However, if disclosure of malpractice or risks of significant harm to service users arises during supervision, it must be recognised that the confidence must be broken and action must be taken using appropriate safeguarding mechanisms. These may include self-reporting or reporting by the supervisor.

Agreement must be reached between the parties as to who will undertake and record the safeguarding action.

## 8. Standards

This policy will be measured against the requirements of employment legislation and the best practice expected from a modern health organisation.

## 9. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as appendices to that policy is the Trust's learning and development matrix. This matrix describes the minimum statutory, mandatory and required training for all staff groups in respect of supervision.

## 10. Monitoring

The Deputy Director of Nursing is responsible for monitoring that the requirements of this policy have been met.

This policy is subject to further review and as such will be formally reviewed after a period of 12 months.

Monitoring of supervision training, as with other training, will take place in accordance with the principles and processes within the [Learning and Development Policy](#).

Compliance with the policy will be monitored through a variety of different mechanisms, as follows:

- The Information for Quality system reports that monthly supervision has taken place.
- All managers are responsible for the review and quality of supervision being provided for staff under their responsibility using Appendix B.

## 11. Associated and related procedural documents

- [Appraisal Policy](#)
- [Learning and Development Policy](#)

## 12. References

This policy has been drawn up with reference to current UK and European employment legislation and relevant national terms and conditions.

## 13. Appendices

- 13.1 Appendix A: [Management/caseload supervision notes and actions](#)
- 13.2 Appendix B: [Management and supervision audit record](#)
- 13.3 Appendix C: [The clinical/ professional supervision contract](#)
- 13.4 Appendix D: [Clinical/professional supervision record sheet](#)

## Version History

Version	Date	Revision description	Editor	Status
1.0	25 Mar 2009	Approved by Board	Deputy Director of HR	Approved
2.0	07 Sept 2010	Approved at Quality and Health Care Governance Committee	Head of HR Operations and Policy	Approved
2.1	01 Mar 2011	Amendments approved by Quality and Healthcare Governance with no change in review date	TW	Approved
2.2	25 Oct 2011	Amendments approved by CEO via delegated authority with no change in review date	TW	Approved
2.3	30 Nov 2012	Admin amends for consideration at GNG 30.10.12 and noted by ESEC on 30 Nov 2012 with no change in review date..	TW	Approved
3.0	20 Feb 2014	Policy reviewed in line with new Appraisal Policy.	EB/SJ	Draft
3.1	19 Mar 2014	Reviewed by Senior Management Team	EB	Approved
3.2	25 Mar 2014	Reviewed by General Negotiating Committee	EB/RC	Approved
3.3	26 Mar 2014	Reviewed by Employee Strategy and Engagement Committee	RC	Approved
3.4	4 April 2016	Reviewed by General Negotiating Committee		
4.0	19 April 2016	Approved by Quality and Standards committee	RC	Approved
4.0	13 February 2019	Extended until June 2019	HRD	Approved
4.0	29 May 2019	Extended until October 2019	HRD	Approved
4.1	22 October 2019	Extended until 10 January 2020	HRD	Approved