Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Supervision and Staff Support Policy**
Trust Ref No	1267-67663
Local Ref (optional)	
Main points the document covers	This policy sets out the arrangements and expectations to ensure all of our staff receive quality supervision and staff support. Good staff support and management are central to a positive and engaging culture, and directly related to patient experience and quality of care (Dixon-Woods 2014).
Who is the document aimed at?	All health care professionals and corporate staff working across Shropshire Community Health NHS Trust.
Owner	Policy Owner: Angela Cook Corporate Head of Nursing & Professional Practice Original Authors : Hilary Griggs Lead Consultant Clinical Psychologist and Jo Gregory Head of Nursing and Quality Children & Families Service Delivery Group Review Authors: Clinical Supervision Subgroup
Approval process	
Who has been consulted in the development of this policy?	Supervision Sub Group, Clinical and Professional Leads, Staff Side, Operational Leads and Head of Nursing & Operations Children's & Families SDG, Deputy Director of People
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1	11 October 2017	V1 Approved
2	28th October 2019	Spelling error page 4
3	27th May 2021	Policy Reviewed and Updated

Glossary of Terms

AHP	Allied Health Professionals
ATO	Assistant Technical Officer
BACP	British Association for Counselling & Psychotherapy
BPS	British Psychological Society
CQC	Care Quality Commission
CPD	Continuing Professional Development
COT	College of Occupational Therapists
DCP	Division of Clinical Psychology
GMC	General Medical Council
GPhC	General Pharmaceutical Council
HCPC	Health and Care Professions Council
HR	Human Resources
MDT	Multi-disciplinary Team
NMC	Nursing & Midwifery Council
NOSS	Network of Staff Supporters
OD	Organisational Development
SCHT	Shropshire Community Health Trust
SDG	Service Delivery Group
SOPs	Standard Operating Procedure
UKCP	UK Council for Psychotherapy

Contents

1 Introduction

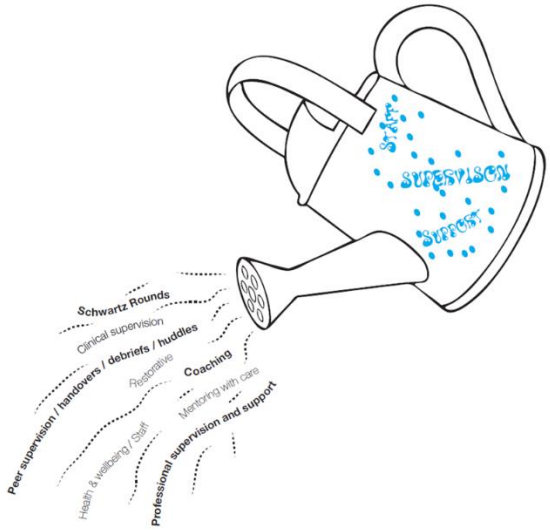
Clinical Supervision is a term used to describe the formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex clinical situations (DOH 1993).

Supervision is for all staff whether clinical or non-clinical. It takes different forms. For some supervision is a formal process using an identified model or structure, whereas for others it might be more informal and ad hoc. Supervision can help ensure that people who use our services and their carers receive high quality care at all times from staff that are able to manage the personal and emotional impact of their practice. It helps corporate staff who are contributing to patient care ensure that they are doing their job to equally high standards.

Shropshire Community Health NHS Trust is committed to delivering high quality, safe services and sees supervision as an essential contribution to this and will ensure all staff access supervision and support through a range of options suitable for their professional or staff group, in line with our Trust vision and values. We recognise that this is not a case of “one size fits all” but that different staff have differing needs and requirements.

1.1 The “Caring Can”

“Supervision” is an umbrella term that we know can mean different things to different people. It can include aspects of both management, and of reviewing and reflecting on clinical work or performance. Our Trust has adopted the “Caring Can” model of supervision and staff support; recognising that there may be different requirements for different staff. The “watering can” below represents the *function* and our Trust responsibility in the provision of staff support, professional development and learning; the water ‘strands’ represent the different ways and models in which this support might be delivered or accessed.



2 Types of Supervision and Staff Support

Supervision can be delivered in a number of ways. Services and individuals may choose or require different models according to their role and/or professional requirements; for example those using Family Therapy interventions may require a specific model to suit their therapy, or professionals from a specific background. For example finance and accountancy don't have professional supervision requirements in the way that clinicians do and in practice their line management supervision included professional supervision as well. Appendix 1 gives a brief overview of each method of supervision.

3 The purpose, principles and components of supervision

3.1 The Purpose

Supervision and staff support enables us as individuals and our wider services maintain the quality and efficiency of services, as determined by annual business plans, key performance indicators, and CQC and professional standards.

3.2 Benefits for staff

Accessing regular supervision and staff support has a number of benefits for staff:

- It can help our staff to manage the personal and professional demands created by their day to day work
- It provides an environment in which our staff can explore their own personal and emotional reactions to their work thus supporting improved emotional health and wellbeing
- It can allow our staff to reflect on and challenge their own practice in a safe and confidential environment
- It can be one part of their professional development, and also helps us to identify their development needs
- It brings together lots of different components of our practice and work to help us make changes to improve the way we work or deliver care
- Supervision can also contribute towards meeting the requirements of professional bodies and regulatory requirements for continuing professional development.

Effective supervision can help ensure that people who use our services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice and be supported to do so.

3.3 Principles

Supervision supports best practice, enabling our staff to maintain and improve high standards of safe service delivery, supporting improved outcomes for individuals, carers and their families. The role of supervision is not only to develop new skills, and the understanding and ability of the supervisee, but may have other functions. Joining these multiple functions is at the heart of good practice.

There are many published and established models of supervision. These have been collated and summarised as containing the following elements (Hawkins & Shohet 2006):

- **Developmental** – developing skills, understanding and capacities of the supervisee, through reflection and exploration, to understand the patient/carer better; become more aware of their own reactions and responses to the patient/carer; understand the dynamics of the interaction; look at how they intervened and the consequences; explore other ways of working with this and similar clients

- **Resourcing** – exploring how workers are necessarily allowing themselves to be affected by what the patient/carer brings, and how they become aware of this as well as how they deal with reactions. This is the prevention of burn-out

- **Qualitative** - provides the quality control. To have someone with more experience, knowledge and/or training to look at our work, and to take some responsibility for the welfare of the patient/carer and how the supervisee is working with them. Includes planning and utilising resources, proactively assisting etc.

3.4 Components

Supervision has four key components:

- **Functional** (Normative) – this refers to the promotion and maintenance of good standards of work, co-ordination of practice with our policies and SOPs, and the guarantee (or 'assurance') of an efficient, safe quality service

- **Reflective** (Formative) - the facilitation of thoughtful and considered review of personal action in meeting both our organisational and professional objectives

- **Educational** (Formative) - the knowledge and emotional development of our staff to enable them to reach their full potential

- **Supportive** (Restorative) - attention to the development and preservation of the emotional and intellectual capacity of the individual staff member for personal well-being and to support good working relationships.

4 Modes of Delivery

There are many ways of delivering supervision which could include the following:

- **One-to-one** supervision between a supervisor and supervisee

- **Group** supervision in which two or more practitioners discuss their work with a supervisor

- **Peer** supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor

- A combination of the above.

The appropriate mode of delivery may vary depending on a number of factors, including the experience of the supervisee, their workload, the context in which they work and their professional background. Professional bodies most frequently refer to one-to-one supervision or group supervision.

5 The Responsibilities of Supervision

The Chief Executive is ultimately responsible for our Trust's policies and must therefore ensure that the necessary mechanisms are in place to ensure that policies are observed by all staff and that resources are available to ensure effective implementation.

Executive Directors are responsible for ensuring that the supervision and staff support policy is implemented and operated effectively within the sphere of their control. The Executive Director of Nursing and Operations is the lead Director responsible for this policy. Our staff will be encouraged, supported and released in protected time to attend agreed supervision - clinical, managerial and professional or other agreed types on a regular and continuing basis.

Clinical Service Managers are responsible for ensuring that:

- Appropriate systems and processes for supervision are in place across all professional groups (clinical and non-clinical) within the sphere of their responsibility
- A register of supervisors may be developed and maintained across the Service delivery groups and/or services
- The necessary links are made with Professional and Clinical Leads and managers to triangulate supervision in line with annual appraisal processes
- The policy is effectively and fairly implemented and operated within their sphere of control
- Their staff are encouraged, supported and released within working hours to attend the agreed supervision - clinical, managerial and professional - on a regular and ongoing basis

Professional and Clinical Leads

All professional and clinical leads should have their own supervision. They are also responsible for ensuring that:

- In consultation with clinical services managers and team leaders, the appropriate and necessary systems and processes for supervision are understood and in place across the professional group, including systems for supervising trainees and managing accountability for their work. This may need to be agreed in consultation with training institutions and the Practice Education Facilitator
- The necessary links are made with Clinical Services managers so that supervision requirements, implementation and evaluation are triangulated with managers and the staff concerned, as part of the annual appraisal process
- The policy is effectively and fairly implemented and operated within their sphere of control

Line Managers and Team Leaders

All line managers should have their own regular supervision. They also have a responsibility to meet with all the staff they line manage and commit to ensuring that their staffs' supervisory needs are discussed, negotiated, and agreed on a regular basis.

Line managers and team leaders are responsible for ensuring that:

- There is agreement with their staff about the level, amount and nature of the supervision or staff support required for that individual post and staff member, based on role and individual need. This should be reviewed *as a minimum* annually, at staff appraisal. Agreements should be documented, and records maintained throughout the year (see section on records and appendices for further details).
- Appropriate and necessary systems and processes for supervision are in place across the service or area of responsibility
- The needs of specific professional groups are understood and implemented appropriately, if necessary, liaising with the appropriate Professional Lead
- Links are made to triangulate supervision with Clinical Service Managers and Professional or Clinical Leads
- The policy is effectively and fairly implemented and operated within their sphere of control
- Employees with a disability are afforded equal access to supervision, making necessary adjustments as required
- All staff / employees are informed of this policy and its operation
- All staff are informed of the requirement to participate in supervision and encouraged to engage
- Staff are released to attend agreed and required sessions within working hours and informed that their attendance and participation will be reviewed as part of their appraisal process and team performance monitoring
- Team leaders and line/service managers will monitor compliance and report on it on behalf of their team(s) to the appropriate Quality and Safety Service Delivery Group on an agreed frequency (see template in appendices)
- Ensure that supervision is evaluated appropriately (see later section on evaluation) including being reviewed at annual appraisal for quality
- Where managers and/or team leaders are aware of any additional needs regarding specific practice, they will discuss and agree with that member of staff increased supervision as necessary, and involve Professional Leads where appropriate to support clinical and professional issues
- Employees are supported with protected time and space for professional growth

Formal Supervisors will ensure that:

- They have discussed and agreed with their own line manager what availability and capacity they have for delivering supervision.
- They complete a supervision contract that agrees the ground rules for how the supervision process will operate and agree time intervals,
- Arrange supervision sessions, contribute to setting the agenda and establish a safe, supportive, and learning environment in which professional and practice issues can be explored and which promotes reflective practice

- Assist the supervisee(s) in clarifying, thinking, exploring, reflecting on feelings and perceptions underlying their work practice, and give clear, constructive, and concise feedback where appropriate. They need to be able to challenge unhelpful assumptions or attitudes that may influence practice, and challenge all practice that is inappropriate using professional codes of conduct and the policies, procedures
- Identify and explore other factors that might be impinging on the supervisee's work including working relationships with other colleagues, personal circumstances within the scope of personal and professional boundaries, and organisational, service, or political constraints. This includes monitoring whether the supervisee is coping with their workload
- Help staff overcome the considerable demands created by the nature of the work by helping to develop an understanding of the interactive processes in relationships with individuals (colleagues, patients and carers), and help them deal with difficulties such as establishing a therapeutic alliance, over- or under-involvement with individuals, and the dynamics of the therapeutic relationship
- Supervisors should maintain records and where necessary provide evidence of supervision for the purposes of ensuring quality record keeping
- Supervisors should liaise as required with their supervisees' line managers to ensure that the supervision arrangements have been agreed and contracted (see appendices for template contract) and contribute as necessary to the appraisal process for the supervisee
- If supervisors become concerned about the performance of a supervisee, discussions should be held first within the supervisory relationship. If this is not satisfactory then discussions may need to take place with the line manager to find a way to address the issues

Employees and Supervisees

- Agreement is reached with their manager or team leader as to the level, amount and nature of the supervision required. This should be reviewed (as a minimum) annually at staff appraisal and documented (See appendices 3-9 for example templates).
- For staff delivering clinical services, they can expect managerial supervision sessions throughout the year with their immediate line manager (maybe delegated from a service lead) and a clinical supervision session to meet their needs. The usual frequency is every six to eight weeks.

- Arrangements for and frequency of supervision requirements should be agreed at the individual's appraisal. For all types of supervision this should be provided by someone that is fitting to the clinical or work area and roles, (pro-rata for part time employees) spaced at regular intervals and should adhere to professional and/or regulatory body guidance or service standards. It is the responsibility of staff at their appraisal to state the requirements of their professional bodies if it differs from the above and agree adherence. Advice might be sought from relevant professional leads. This would also involve enabling and maintaining accreditation or registration.

- Employees and supervisees will attend prepared for all supervision sessions arranged, giving advance notice to their supervisor if they are unable to attend. Persistent failure to attend supervision sessions should be reported to the line manager who will follow guidance set out in the Trusts Maintaining High Standards of Performance policy (SCHT 2021). Supervision is compulsory and

non-attendance will be pursued/addressed under performance policies (see later section). This applies both to supervisees and supervisors.

- Managerial and clinical supervision may be provided by the same supervisor and combined as one session if this is negotiated and agreed with the supervisor and supervisee. Alternatively, it may be split to ensure that clinical supervision doesn't sit within a hierarchical relationship. Professional and clinical supervision may be provided by the same supervisor and combined in one session.

- Staff and employees should record their supervision about specific patients/clients in the client record (EPR).

- They should bring to supervision material across the full range of their activities and competencies, for reflection. This does not just need to focus on material of particular difficulty, challenge, risk, but should include routine ongoing work.

- If supervisees become concerned about the quality of supervision, discussions should be held first within the supervisory relationship. If this is not satisfactory then discussions may need to take place with the line manager to find a way to address the issues.

- On request, the supervisee is required to provide evidence of supervision sessions attended. (Appendix 9).

- Supervision sessions should be recorded through discussion and accurate record keeping. The record should include the date and name of the supervisor and their designation. Main recommendations or actions suggested as well as any risks noted should be entered. See appendices for best practice template examples

6 Quality Standards

6.1 Approved training

Supervisors delivering supervision should ideally have some recognised and approved training in supervision and may be formally accredited or endorsed by the Supervision Group. If they do not have a formal qualification or certification, they should at least have the necessary competence/experience or have attended training provided or commissioned by our Trust. This training will be reviewed regularly by the Supervision Group and advertised via trust communications.

It is advisable but not necessary for supervisees to attend training. Supervision training is available from Health Education England (eLFH) as an eLearning module. Resources for supervisees can be found on 'Staff Zone' our Trust staff website.

The Supervision Group are responsible for monitoring compliance with the supervision and staff support policy; for reviewing accreditation and training course and for addressing issues around requests for external and/or funded supervision arrangements on an annual basis.

6.2 Choice of Supervisor

Choice of supervisor will differ depending on whether what is being considered is line management supervision, or clinical/professional supervision.

Management or line management supervision needs to be provided by the staff members' identified line manager or equivalent by devolved responsibility – only those with the agreed authority and accountability for the employee can undertake line management supervision.

However, our Trust is committed to providing opportunities for meaningful feedback from more than one direction; we want to make available the richness gained by offering other forms of supervision and staff support. Therefore for other types of supervision, subject to the knowledge and approval of the line manager, staff should have a choice of appropriate and suitable supervisors to meet their identified needs and support them in pursuit of improved practice. Wherever possible this needs to be within available resources within our Trust, and the time and resources required to access this supervision needs to be within reasonable limits. The chosen supervisor needs to have the required skills and experience/training to undertake the role. Once explored and agreed, a three-way contract should be drawn up between the manager, supervisee and supervisor with explicit written agreements regarding expectations. An example template/guide is available in appendix 4. There should be opportunities to review the effectiveness of the supervision on at least an annual basis.

6.3 Minimum Standards

Supervision may be conducted in person or remotely using digital mediums that comply with Information governance Whatever model of supervision is agreed and adopted, minimum standards should be met as follows:

- Meet sufficient and necessary professional or registration requirements
- Meet the identified needs of the staff member
- Be recorded
- Confidential
- Be within working hours (may not include travel)
- Be accessible (see section on access)
- Uninterrupted
- Be with a trained, qualified or Trust approved supervisor or mentor (see section)
- Be agreed annually with minimum attendance
- Have defined frequency, type/model, venue, timing, travel arrangements, and defined commitment
- Should be reviewed and evaluated
- Evaluation and feedback acted on
- Two-way

Supervision is a two-way process and all staff have a responsibility to ensure they participate in regular supervision and staff support. Those conducting supervision need to ensure they respond to staff requests for supervision in line with this policy. If the specialism, service or job role requires external support for supervision, our organisation will ensure appropriate provision is made for those practitioners. This should be negotiated and agreed between the manager and Professional Lead and a review process put into place.

6.4 Non-attendance of supervisee or supervisor

Supervision is required to ensure effective service delivery, and therefore persistent non-attendance by the supervisee will be addressed, firstly within the supervisory relationship, by discussion with the appropriate manager, and if required under Trust Maintaining High Standards of Performance policy (SCHT 2021).

Equally, for supervisors and/or managers who consistently cancel and do not rearrange the session (including giving enough forward notice), this is also recognised as a performance issue. Supervisees should raise this within the supervisory relationship if at all possible; or if this is not possible then with a more senior manager.

Supervision sessions should be attended promptly and consistently by both the supervisee and supervisor. Persistent lateness, or other problems impacting on the delivery of supervision (for example availability of rooms, interruptions) may be interpreted as reflecting a lack of value of the session, and are unhelpful so should be avoided. Persistent problems should be discussed within the supervisory relationship if at all possible; or if this is not possible then with a more senior manager.

Annual appraisal should identify and define an individual's supervision and staff support arrangements for all our staff. Line managers should agree what is expected with each member of staff and monitor compliance which will be reported at service level and service delivery group (SDG) level through the dashboard and quality matrix report.

7 Governance and Record Keeping

7.1 Supervision Contracts

A supervision contract specifying the responsibilities of the various parties needs to be produced at the commencement of supervision, a copy of which will be kept by both parties. Please see appendix 3-5 for contract template examples which details the agreements to be made such as frequency of supervision, length of session, confidentiality and record keeping.

7.2 Link to appraisal

All our staff will have their clinical and professional supervision arrangements reviewed within their annual appraisal process. This process will take account of service issues, the balance of the clinical team, professional requirements and the preferences of the individual staff member. The review will result in an agreement between the member of staff and their line manager regarding how that individual's clinical and professional supervision needs can be met as part of their continuous professional development. Clinical and professional supervision arrangements must be agreed with the individual's line manager, and there should be regular communication between the supervisor and the line manager, with the supervisor contributing as required or appropriate to the annual appraisal and performance review.

7.3 Record keeping of supervision and staff support

Different types of records are required for different types of supervision and staff support. An appropriate record must be kept for formal supervision e.g. clinical supervision or safeguarding supervision, however, it is recognised that there are many other forms of support that may not recorded in the same manner (e.g. Schwartz

rounds, staff huddles and debriefs) although they should be captured as part of an individual's performance development review (PDR) or appraisal template.

Wherever possible clinical supervision should be recorded in the clinicians Rio Health Care professional (HCP) diary using the provided codes. Where Rio is not available to staff as a recording mechanism a local mechanism should be in place by service leads. Manager or ESR should be utilised by the individual to capture this data

Notes may be kept of formal supervision and stored securely to ensure maintenance of confidentiality. Appendix 10 contains an example template detailing the minimum information required to record supervision. This information may be required for audit and monitoring purposes.

Where a supervision session is related to practice or continued professional development an anonymised copy of the meeting notes will be maintained and stored locally according to an individual's professional group, and should follow local standard operating procedures for the service. If supervision is focused around individual patients, children or young people, e.g. safeguarding or clinical supervision, then a summary of this should to be recorded in RiO progress notes for that individual patient, child or young person's record.

7.4 Confidentiality

The normal codes of conduct relating to confidentiality apply to supervision and professionals are expected to operate within their codes of practice at all times. Due to the nature of supervision it is essential that confidentiality is adhered to by all parties however, if some form of misconduct, negligence or dangerous practice is revealed it is agreed that this will be acted upon in line with our Trust policies and procedures.

In addition, if there is anything disclosed that may affect the wellbeing or safety of the supervisee, their patients, practice, team or organisation information may need to be disclosed in line with Trust policies or procedures whilst ensuring that the supervisee is informed at all times.

7.5 Evaluation of supervision and staff support

It is important to evaluate the impact of supervision and staff support, to demonstrate its quality on patient care and staff development. There will be different mechanisms depending on the type of supervision which should include wherever possible triangulation with patient feedback and/or 360 appraisals. Evaluation should lead to further development or improvements within the service or across the Trust as appropriate.

7.6 Compliance Monitoring

Wider evaluation of this policy will be undertaken through our Trust's annual clinical audit programme to determine staff compliance with this policy, evidence of continued professional development in our staff groups and impact outcomes.
The supervision steering group will have the responsibility to oversee the audit process, monitor compliance across our Trust via Service Delivery Groups and ensure reporting structures are followed. The group will work to develop a Trust wide process for recording supervision. The steering group will report to Quality and safety Delivery Group on a biannual basis.

7.7 Resolving conflicts

Disputes or conflicts within the supervisory relationship need, in the first instance, to be discussed within the supervisory relationship if possible, to see if they can be resolved. Both parties may wish to involve their line manager or Professional Lead for support to resolve any issues. However, if the conflicts cannot be resolved it can be dealt with under the Trusts' grievance procedure

7.8 Managing risk

The assessment and management of risk is core to the role of healthcare provision. While it is unrealistic to expect that all adverse situations or incidents can be prevented, risks can still be identified, managed and possibly avoided. Ultimately the purpose of supervision is to safeguard the wellbeing of the client/patient and assist with the development of the supervisee. Managing clinical and other risks is an important component of supervision, therefore, issues regarding clinical and other risk should be reviewed as part of clinical and management supervision. It is the responsibility of both the supervisee and supervisor to raise, discuss and explore those risks.

Supervision can underpin good risk assessment by addressing early warning signs that can present more serious risk to clients/patients. In many cases supervisees tend to bring cases or activities to supervision that they see as particularly challenging, stuck or risky. While it is important to prioritise such cases or activities, supervisors and supervisees need to be aware of the need to focus on work that appears more straightforward at times, as it is possible to miss something that supervision could appropriately address.

8 Access to supervision and staff support

As far as practically possible the supervision group will maintain an up-to-date list of all accredited or trained supervisors, along with details of their accreditation credentials and/or experience. The Supervision Group will have responsibility for supporting and monitoring this process. At times it may be possible to arrange specific supervision or staff support needs to be met via engaging with services such as NOSS, the OD and Workforce development team, or other services.

Approved supervisors and prospective supervisees need to be mindful that requests may need to be prioritised, and supervision should be delivered in as efficient a way as possible. For example, if a number of staff from a similar service delivery area or team requires supervision, consideration should be given to arranging group or team supervision. Other options may include the arrangement of drop-in or open supervision or consultation sessions. These should be recorded and evaluated as for other types of supervision.

8.1 Specific Professional Requirements

Some professions have their own specific requirements for supervision and support (including Continuing Professional Development). These are outlined by the individual organisations/bodies and staff should be aware of these and refer to their professional body for further information.

8.2 Venue of supervision

Line managers must agree, authorise, and support all requests for supervision, preferably prior to the staff member approaching a prospective supervisor. When requesting and arranging supervision staff need to be mindful that obtaining the necessary time to access supervision needs to be realistic and achievable.

The expectation is that supervision should ideally be as close as realistically possible to the place where the staff member works; preferably on-site or nearby or consideration of digital methods such as MS teams. It is important to remember that supervision needs to be undertaken in a safe, confidential, uninterrupted, and private venue which is appropriate to the needs of both supervisor and supervisee.

Line managers should agree and authorise the necessary travel and time arrangements required to access supervision. In addition, the frequency, timing and type of supervision and staff support needs to take into account the issues around reasonable access.

8.3 Finding a supervisor – pre-requisites and expectations

Important supervisor qualities include:

- Flexibility – between approaches, theoretical concepts, methods, and interventions
- Multi-perspective view – being able to see the same situation from a variety of angles
- A working map of the discipline in which they supervise
- The ability to work transculturally
- The capacity to manage and contain anxiety – their own and that of the supervisee
- Sensitivity to the wider contextual issues impacting on both the supervision process and the interventions being discussed
- Can handle power appropriately and in a non-oppressive way
- Humour, humility, and patience
- Can occur outside of team, Service Delivery Group or Trust

Gibert & Evans (2000)

8.4 Funding and External Supervision

In general, external supervision for our staff should be arranged on the basis of reciprocal arrangements whenever possible. However, in some exceptional cases our Trust will need to consider funding for specialist supervision. Requests for this to be considered will need to be approved by the relevant line manager / budget holder, and then signed off by the Supervision Group via the Chair. These arrangements will be reviewed annually.

External supervisors will need to demonstrate that they are a suitable, qualified and/or experienced supervisor who will meet the identified needs of the supervisee. They may also be asked to provide references or *Curriculum Vitae*.

A supervision contract should be drawn up (using template in appendix 3 or 4) which should be signed by the supervisee, their line manager, and the supervisor. The contract should have an identified review date and managers will be expected to look at any evaluation of the supervision, and will consider:

- Whether or not, and why the external supervision is still required/necessary
- Whether any internal resources are now available or not
- Whether there is a need to support developing internal staff to provide such supervision (e.g. through training) or not
- What the costs of the supervision are and whether or not they offer the necessary value
- Any alternative arrangements

9 Links to other Trust policies

This policy should be accessed along with the Stress and Staff Support Policy to ensure we recognise the holistic emotional health and wellbeing needs of ourselves and our colleagues we work with.
http://www.shropscommunityhealth.nhs.uk/content/doclib/10614.pdf (Accessed 06/05/21)

10 References

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Appendix 1 - Types of Supervision

Management Supervision

Management supervision is the regular and consistent meeting between an employee and their immediate line manager, to address accountability, development and support. This is mandatory for all staff in our Trust. It is usually understood to happen on a one-to-one basis with your assigned line manager, although at times may happen in groups with some less regular/frequent time set aside for opportunities to talk one-to-one. Line management responsibilities maybe delegated by a service lead. The line manager is generally understood to be in a more senior role and with greater competencies in key areas than the employee. Managerial supervision will typically include caseload / time management and will include ensuring that the employee is adhering to all Trust policies and standing operating procedures (SOPSs) in their work (e.g. travel and time off). Staff should discuss their supervisory needs with their line manager and choose the most relevant type(s) to meet their needs.

Clinical Supervision

Clinical supervision is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence to be responsible for their own practice, patient protection, and safety of care in a wide range of situations. It involves meeting with an agreed and accredited or experienced supervisor on a regular basis. A supervision contract is agreed and signed by all parties, with the knowledge and support of the line manager. The supervisor has some responsibility for the care that is subsequently delivered by the supervisee.

Professional Supervision

Professional supervision is a practice-focused professional relationship with an individual from the same professional group involving the opportunity to reflect upon, develop and monitor those aspects of the role that are profession-specific. If an employee is receiving supervision from someone other than their professional lead, they should access professional supervision to ensure that they are performing the duties expected of their profession, and are maximising their professional contribution to the Trust. Sometimes professional supervision is a registration requirement. The purpose is to ensure that national professional standards and codes of practice are understood, supported, maintained and adhered to, and to support the staff member in delivering these standards effectively, safely and efficiently.

Group Supervision

This is where groups of staff come together to reflect on their practice and share their thinking. It can contain many of the functions outlined in one-to-one supervision. Groups may be open (membership may change each session) or closed (have defined membership which does not change), and may focus on a particular profession, service or team, or function. The sessions are safe, confidential and supportive.

Groups might be facilitated (often by an experienced/senior practitioner) or take the form of peer groups. In all cases the group needs to agree on ground rules (for example who presents and how often, how reflection and group participation is managed) and

boundaries (for example timings, frequency, attendance, confidentiality, review and management of disputes or concerns).

Peer Supervision and Peer Review

Peer supervision is an effective form of leaderless support where colleagues talk with one another by reciprocating key topics of their professional everyday lives, in order to provide solutions for difficult situations with colleagues or patients. Peer supervision can be a more informal approach to supervision taking place in a group, or on a one-to-one setting. Peer supervision should normally be carried out with colleagues who are at the same level of practice to enable people to share and learn from past and current experiences in a non-threatening environment.

Schwartz Rounds

Schwartz rounds are a structured and licensed forum where all staff, both clinical and non-clinical, come together to regularly discuss the emotional and social aspects of working in healthcare. The purpose is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on clinical aspects of patient care.

The idea of the round is so that staff feel more supported and understood in their jobs allowing them time and space for reflection. The underlying premise is that the compassion shown by staff can make all the difference to a patients care, but that in order to do this staff must also feel supported in their work and Schwartz rounds is an opportunity for this to take place.

Huddles and Debriefs

The focus of a huddle or debrief is to bring together the key people within a clinical area to share information that will allow them to be more efficient, deliver a higher quality of care and prevent adverse events. In short, it enables the team to collectively become more efficient and prioritise better. It is not the same as a handover. This method is aimed at anyone who has key information that affects patient care or safety issues. This is usually the direct clinical staff but may include other groups such as Allied Health Professionals, pharmacists etc.

Consultative Supervision (Consultation)

Consultative supervision is generally a discrete (but not necessarily one-off) opportunity to jointly discuss and reflect on an issue. It might be distinguished from clinical supervision in that the latter is more an ongoing relationship. It supports the attendee/supervisee to think about a piece of practice in a different way or from a different perspective and then incorporate this into their own understanding or solutions.

Coaching and mentoring

Coaching and mentoring support personal and professional development based on the use of one to one discussions to enhance individual practitioner’s skills, knowledge or work performance. Coaching and mentoring are different, although in practice the two terms are often used interchangeably.
Coaching facilitates the practitioner to set targets and areas for improvement at work and usually focuses on specific skills and goals, although it may also have an impact on

an individual's personal attributes such as social interaction or confidence. The process typically lasts for a relatively short defined period of time, or forms the basis of a continuing management style. Mentoring includes the use of the same models and skills of questioning, listening, clarifying and reframing associated with coaching. However, mentoring in the workplace is a relationship in which a more experienced colleague uses his or her greater knowledge and understanding of the work or workplace to support the development of a more junior or inexperienced member of staff, e.g. registered nurse and student nurse relationship.

Restorative Supervision

Restorative supervision is an evidence-based model that supports the needs of professionals working with complex clinical caseloads and/or in roles which demand they be clear thinking and able to process information quickly and accurately in order to make decisions. It is provided on a one-to-one or group basis using motivational interviewing and leadership concepts to support professionals working with complex cases. The emphasis of the model is on the resilience of the professional by improving their own health and wellbeing and supporting their capacity to think and make complex clinical decisions. Supervisors are required to undertake a one day training session followed by six sessions of supervision from a member of the supervisory team. Trained supervisors are then supported to cascade the model to no more than four of their colleagues.

Safeguarding Supervision

Safeguarding Children supervision is essential to providing an effective child centred service. Our Trust has a responsibility to provide safeguarding children supervision which is provided in addition to clinical supervision which it complements but does not replace. Safeguarding supervision has three main functions:

A management function to provide accountability to and involvement with the organisation. This involves overseeing the quality of practice through the monitoring of professional and organisational standards, for example, by ensuring that policies and procedures are adhered to.
The educational function is to focus on the professional development needs of the supervisee. In this aspect of supervision practitioners are helped to reflect on their work, deepen their understanding and encouraged to develop new skills.
The supportive function recognises the emotional impact of safeguarding work. This provides support for practitioners and explores strategies for coping and self-care.

Appendix 2 - Questions

Questions to think about when accessing supervision (Hawkins and Shohet):

1. What are the strength/weaknesses of my current supervision or support system(s)?
2. How do I know when I am stressed and how do I address this? Are my coping mechanisms short-term or longer term?
3. What specific needs do I have that need to be addressed in supervision?
4. Are there additional/other forms of supervision or staff support that I need to arrange or request? (refer to caring can)
5. What do I personally need to do to enable my supervision arrangements to improve?
6. Have I discussed how I feel about my current supervision with my supervisor? Have I given feedback? Am I concerned about how I will be judged? Have I checked this out with them? What is preventing me from having this kind of discussion?
7. Am I stuck in blaming others for what I might be able to change myself? What help do I need to move forward?
8. What defensive routines do I fall into using when stressed or uncertain?
9. Do I carry worries on behalf of other people? Am I trying to look after my supervisor?
10. Is it possible to have/develop a different relationship with my supervisor, or have a more equal relationship? Do I want the responsibility? What would be more appropriate?

Appendix 3 - Supervision Contract

Shropshire Community Health NHS Trust

	Name	Team
Supervisor		
Supervisee(s)		

Date of commencement of contract	
Frequency of sessions	
Proposed length of sessions	
Confidentiality Clause	All issues discussed will be in confidence, unless there is anything disclosed that is detrimental to service users, or breaches the Supervisees Professional Code of Practice
Record Keeping	A copy of the broad subject areas covered in the session will be kept by the Supervisee(s) and Supervisor. An action plan will be drawn up at the end of each session that will be reviewed at the next planned session
Supervision will be conducted in a professional manner. Information and data will be used to provide quality indicators and/or evaluate the structure/process/outcome of clinical supervision the confidentiality of individuals will be preserved unless it is within the confidentiality clause.	Signatures Supervisor _____ Supervisee(s) _____ _____ Date _____

A copy of this contract should be held by the Supervisor and renewed yearly or earlier if a new member joins the group

Appendix 4 - Three-way Agreement

Shropshire Community Health NHS Trust

Three-Way Clinical Supervision Agreement

Supervisee name: Team:

Supervisor name: Title & contact:

Line Manager:

Date of commencement:

The agreement is that (name supervisor) will meet with (name supervisee) to provide [name e.g. clinical supervision], beginning in (date).

The following issues are agreed as forming the basis of the contract:

1. **Confidentiality Clause:**

   All issues discussed will be in confidence, unless there is anything disclosed that is detrimental to service users, breaches the supervisees Professional Code of Conduct, or breaches Trust policy.

2. **Cases / areas covered:**

- Unidisciplinary cases (worked by supervisee alone)
- Aspects of jointly worked cases relevant to supervisee's practice
- Selected cases, chosen by supervisee
- Consultation sessions/practice
- Training deliver/development
- etc.
- etc.

3. **Model**

- The supervision will provide opportunities to explore impact of casework on personal / professional development.
- be reflective but broad-based with regard to therapeutic model.
- be case driven but include systemic / contextual / organisational issues where relevant

4. Frequency & Duration

- Frequency and duration of session (NB note where this meets UKCC or other requirements.)

5. Feedback / Boundaries

- Supervisor and supervisee will jointly provide a 6 / 12-month report back to line manager
- Supervisor and supervisee will meet annually with line manager to feedback, and to inform the PPD/appraisal process. This will attempt to identify areas where further development etc. is relevant.
- In the event that any of the 3 parties raises concerns, relating to supervision itself or clinical/professional practice, the expectation is that a 3-way meeting should occur.
- In the event that a co-worker should raise concerns relating to supervision of a case (or decisions arising from it), then if supervisee is case manager, they would take responsibility for case management but make efforts to establish collaborative understanding / planning. If supervisee is not the case manager then a note will be made on file reporting on differences of opinion, or the case should be discussed with line manager in the event of irresolvable differences.

6. Record Keeping

- Notes will be made by the supervisee in the relevant case file and/or EPR when supervision has occurred
- A log will be kept by the supervisee recording which cases have been discussed in supervision
- A record will be kept and maintained by supervisor outlining what was discussed and any actions agreed
- Joint notes may be made during the session summarising main areas discussed
- See supervision policy regarding storage and archiving/retention of records

7. Evaluation

Supervision will be conducted in a professional manner. Information and data may be used to provide quality indicators and/or evaluate the structure, process, and outcomes of supervision, using Trust templates. The confidentiality of individuals will be preserved unless within the confidentiality clause.

Signed:
Signed:
Signed:

Appendix 5 - Supervision Record & Action Plan

Shropshire Community Health NHS Trust

To be completed after each Supervision Session

Supervisor's Name	Supervisee Names(s)
Date of Session	Length of Session
Tick Topic Area(s) Discussed Incident Analysis □ Professional Working Relationships □ Evidence Based Practice □ Care Planning □ Resources □ Ethical Issues □ Standards/Procedures □ Personal Development □ Other □ Please Specify:	Discussion Points/Agreed Actions
Planned date of next session	

Appendix 6 - Supervision Evaluation Form (full version)

Shropshire Community Health NHS Trust

Your name..... Session date:……
Supervisor……..

Please rate today's' supervision session by placing a mark on the line nearest to the description that best fits your experience.

Trust / Rapport

I did not feel trust/rapport during the session to discuss sensitive or confidential issues	1 2 3 4 5 6 7 8 9 10	I felt we established excellent trust/rapport during the session to discuss sensitive or confidential issues
I did not feel supported or given the required guidance I needed	1 2 3 4 5 6 7 8 9 10	I felt well supported and/or given the guidance I needed

Impact - Improved skills

The session did not positively affect the way I deliver care or improve my skills	1 2 3 4 5 6 7 8 9 10	The session positively affected the way I deliver care or improve my skills

Value and importance

I did not feel the session was valuable or necessary to improve the quality of the care I give	1 2 3 4 5 6 7 8 9 10	I felt the session was valuable and necessary to improve the quality of the care I give

Time keeping and time available

The session was not attended on time and/or there was insufficient time	1 2 3 4 5 6 7 8 9 10	The session was attended on time and we had sufficient time for the work required

Personal issues

I did not feel personal issues were/would be supported	1 2 3 4 5 6 7 8 9 10	I did feel that personal issues were / would be supported

Reflection

I did not feel supported to reflect on my work sufficiently	1 2 3 4 5 6 7 8 9 10	I felt supported to engage in sufficient reflection about my work

Relationship

I did not feel heard, understood, and respected	1 2 3 4 5 6 7 8 9 10	I felt heard, understood, and respected

Goals and Topics

We did <u>not</u> work on or talk about what I wanted to work on or talk about	We worked on and talked about what I wanted to work on and talk about

1 2 3 4 5 6 7 8 9 10

Approach or method

The supervisors' approach is not a good fit for me	1 2 3 4 5 6 7 8 9 10	The Supervisors' approach is a good fit for me

Overall

Overall, today's session was not right for me	1 2 3 4 5 6 7 8 9 10	Overall, today's session was right for me

THANK YOU FOR YOUR HELP

Appendix 7 - Supervision Evaluation Form (short version)

Shropshire Community Health NHS Trust

Your name..... Session date: …

Supervisor…….

Please rate today's' supervision session by placing a mark on the line nearest to the description that best fits your experience.

Approach

This supervision session was not focused	1 2 3 4 5 6 7 8 9 10	This supervision session was focused

Relationship

My supervisor & I did not understand each other in this session	1 2 3 4 5 6 7 8 9 10	My supervisor & I understood each other in this session

Meeting my needs

This supervision session was not helpful to me	1 2 3 4 5 6 7 8 9 10	This supervision session was helpful to me

Wainwright, N A (2010)

Appendix 8 - Team Supervision Arrangements

NHS Shropshire Community Health NHS Trust

Period Covered: **Name of Team / Service:**

STAFF NAME	1:1 Management supervision	1:1 Clinical supervision	Peer/Group supervision	Schwartz Rounds	External Supervision	Professional Supervision	Huddles/ Debriefs	Coaching/ Mentoring	Restorative Supervision	Safeguarding Supervision

Appendix 9 - Supervision Agreement with Individual Staff

Shropshire Community Health NHS Trust

NAME: _____ **PERIOD:** _____

LINE MANAGER: _____ **DATE:** _____

Agreement reached regarding supervision requirements:

Type	Number to be attended (planned) Per annum	Frequency	Supervisor/manager	Contracted? Yes / No review date	Notes
1:1 Line management meetings					
1:1 clinical supervision					
Peer supervision group					
Schwartz rounds					
External supervision					
Professional supervision					
Appraisal (inc. 360)					
Other (specify)					
Annual Appraisal Objectives					

DATE	Attended / Cancelled	ACTIONS AGREED	

DATE	Attended / Cancelled	ACTIONS AGREED	