NHS
Leicestershire Partnership
NHS Trust

Supervision Policy

This policy outlines the expectations and standards for the supervision of staff and responsibilities for undertaking and recording.

Key Words:	Clinical supervision, one to one, managerial supervision, support, guidance, professional nurse advocate, mentorship, prescribing, safeguarding, management, appraisal, supervisor
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Ratified by:	People and Culture Committee
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Target audience:	All trust staff including bank, excluding medical trainees, volunteers and agency

Type of Policy	Clinical YES		Non Clinical YES
Which Relevant CQC Fundamental Standards?	Good Governance and Staffing		

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	February 2020	Clinical Supervision Policy changed to trust wide supervision policy
Version 2	June 2023	• Updated that this policy does not relate to medical trainees as they have separate education supervisors as part of training programme. • Removed reference to one to one to most commonly used term of managerial. • Removal of requirement for guidance documents changed to contact subject expert. • Inclusion of safeguarding supervision for adults as well as children as required by safeguarding supervision policy. • Updating recording on uLearn to meet new uLearn functionality, i.e. managers can record supervision events. • Including that staff are responsible for adhering to own professional body requirements. • Inclusion of health and wellbeing support as part of supervision • Inclusion of section on Professional Nurse Advocates and Restorative Supervision • Updated safeguarding references to align to new Safeguarding Supervision Procedure • Inclusion of supervision templates and routes to access training

Key individuals involved in developing and consulting on the document

Name	Designation
Alison O'Donnell	Head of Education Training and Development
Training Education and Development Group	

Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Strategic Workforce Group	People and Culture Committee

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

• Strategies, policies and services are free from discrimination.
• LPT complies with current equality legislation.
• Due regard is given to equality in decision making and subsequent processes.
• Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 3) of this policy.

Definitions that apply to this Policy

Supervision	Defined by CQC as an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team
Supervisor	A person who has requisite authority and knowledge to provide oversight, advice, guidance and support to supervisee. They should have received education and training on how to be a supervisor and the responsibilities of the role.
Clinical	CQC refer to it as supervision for all staff who care for people who use services, including registered professionals and support workers. Clinical supervision is about maintaining the professionalism of these staff groups in working with people who use services.
Safeguarding	Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. It's fundamental to high-quality health and social care. CQC (2022).
ULearn	LPT's electronic learning management system where all records of supervision activity must be recorded.
Supervision Co-ordinator	An individual who is approved to support the recording of all forms of supervision for an identified group of staff. They have a responsibility to collate the supervision records from their staff, provide assurance that the information is accurate and submit these records to Learning and Development on a monthly basis.

1. Purpose of the Policy

This policy applies to permanent (full and part time), temporary and bank staff (excluding, medical trainees, agency staff who are managed separately).

The supervision that the policy refers to and which staff are expected to receive is:

Managerial	Clinical	Safeguarding

All staff who have a contract to work within Leicestershire Partnership NHS Trust will have **managerial supervision**. Managerial supervision is carried out by a line manager and entails reviewing performance relevant to a person's job description, and agreed appraisal objectives and supports staff's health and wellbeing. This will be run independently of clinical supervision.

All staff who have a contract to work within Leicestershire Partnership NHS Trust who care for patients will have **clinical supervision** (which should include consideration of safeguarding issues). Some clinical staff require formal **safeguarding supervision** in addition to clinical supervision. This includes professionally registered and nonregistered staff, (permanent and bank). It is the line manager's responsibility to ensure that the correct supervision requirements are provided to staff.

Trainee medical staff and clinical psychologists who have training contracts with the Trust are exempt from this formal arrangement for managerial supervision as they have existing arrangements in place closely monitored by the clinical tutor/supervisor with issues fed back to line managers as necessary.

This policy is the overarching supervision policy for the organisation. For detailed information about the application of supervision and ensuring it is a quality experience please refer to the relevant specialties within the organisation e.g., the LPT Safeguarding Team.

Nothing contained within this policy is intended to diminish the importance of or the need for informal supervision, which is expected to happen in a variety of settings.

All staff should have access to, and take responsibility to access, appropriate support as the need arises, whether relating to urgent matters or routine clinical work.

2. Summary and Key Points

The aims of the policy are to:
- Provide clear definitions of the types of supervision to be provided.
- Highlight the importance and benefits of regular supervision.
- Provide clarity to all staff on the type(s) of supervision that is required for their role and their individual responsibilities/duties in relation to supervision systems.
- Highlight the method and importance of recording all supervision contacts.
- Provide a supportive framework for managers and staff to undertake supervision.
- Demonstrate the importance LPT places on health and wellbeing for all staff by supporting them with regular opportunities for supervision thereby reducing work related stress.

- Reinforce the importance of reflective learning in improving the quality of services on an on-going basis.
- Clearly identify supervision as an element of effective governance and performance management systems.

3. Introduction

Supervision is a structured conversation between individuals or groups with a focus on improvement. Leicestershire Partnership NHS Trust (LPT) places a high level of importance on the health and wellbeing of its employees and supervision is vital to this. Staff supervision plays a pivotal part in helping employees to achieve the organisation's strategy of Step up to Great. It enables staff to feel valued, inspired, supported and safe to make a difference.

Good quality supervision will support LPT in achieving its vision of "creating high quality, compassionate care and wellbeing for all" and embedding our values and behaviours in everything we do.

Supervision
"Is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team".
(Care Quality Commission)

Supervisors
Good supervisors can take you to incredible heights. They help you learn to fly, providing the wind beneath you, and providing a net when you fall. A shoulder is offered at just the right times, and assurance is given regarding your abilities.
(N White-Gibson)

How the supervision conversations take place can vary and need to be responsive to staff's way of working e.g. agile, flexible or home working. Therefore, alternatives to face to face meetings such as phone calls or internet based (e.g. videoconferencing) may be appropriate. However, for the interaction to be considered as supervision, all parties involved must approve it as such. It may also be appropriate for all 3 forms of supervision to take place at the same time. However, those involved must be clear, and agree when the conversation moves between each form of supervision as they have different purposes.

It is advisable to undertake managerial and/or clinical supervision upon commencement into role, or following return from significant periods of leave (e.g., maternity, long term sickness absence).

As this policy is inclusive of all LPT staff it should be read, if applicable, in conjunction with individual codes of conduct and specific guidance from the relevant professional body.

Important note – if considering internet-based methods then discuss with LHIS or Data Privacy Team to ensure the chosen system has appropriate security to enable confidential or patient related matters to be discussed.

4. Duties within the Organisation

The **Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

4.1 Director of Human Resources and Organisational Development:

- Is the responsible Director for the overall implementation of this policy

4.2 Medical Director

- Is responsible for ensuring that a structure exists to ensure all medical staff are in receipt of regular supervision and other support in accordance with relevant college and GMC (General Medical Council) guidelines (including managerial supervision).
- Medical supervision is included as part of annual appraisal conversations, job planning process and monthly peer group.

4.3 Heads of Service and Professional Leads are responsible for:

- Implementing and monitoring the effectiveness of the policy.
- Ensuring all staff within their Directorates comply with the policy and that professional standards are maintained. They must make certain that all staff are supported and released to undertake and record supervision.
- Ensuring action plans to address areas of non-compliance with this policy are fully implemented. They are responsible for dealing with areas that consistently non-comply with the requirements of this policy.
- Leading a supervision approach within services that focuses on quality conversations that are supportive of both supervisor and supervisee.

4.4 Line Managers and Team leaders are responsible:

- Ensuring that all staff have access to this policy – especially those without access to the Trust intranet, and that the policy has been read and understood by staff.
- Ensuring all staff (including themselves) access supervision, in accordance with the agreed guidance of their regulatory body and this policy.
- Ensuring all recommendations are addressed where issues of concern are identified via quality monitoring processes.
- Leadership support to ensure a supervision approach within services that focuses on quality conversations that are supportive of both supervisor and supervisee.
- Escalating issues to Human Resources where appropriate in line with HR protocol
- Ensuring that all services have local agreed procedures for supervision in their work area and all staff are aware of this.
- Ensuring that each new employee understands the value, reasons and benefits of regular supervision during their induction period.

Managers also need to ensure that they:

- Provide managerial supervision.
- Professional standards are adhered to and maintained during supervision.

- Anyone required to be a supervisor is competent and has had the necessary preparation for the role.
- Provide health and wellbeing support, advice, and guidance to trust resources to supervisors and supervisees.
- Each service area has a robust method for delivering, recording, and monitoring all supervisory activity.
- Each staff member has an appropriate supervision agreement in place which will be reported as part of the audit process.
- Record on uLearn completion of supervision sessions with supervisees/staff when staff are unable to do this within 2 working days.
- Monitor staff compliance with supervision through uLearn individual and team reports.
- Facilitate a culture of openness and approachability to support staff with diverse needs to express any concerns during supervision and develop an action plan and record in the chosen supervision template.
- Facilitate among staff an awareness of the equality, diversity and inclusion, local sources of support available for staff with protected characteristics, including EDI team, Staff Networks and the behaviours and conduct expected regarding supervision of staff.

4.5   Staff are responsible for:

- Engaging with the supervision process in the spirit of LPTs values by: demonstrating *integrity* through being open and transparent within supervisory conversations; building *trust* and *respect* between the supervisor and supervisee – following through on actions; showing *compassion* (during this supportive process)
- Adhering to own professional regulatory body requirements in addition to the trust policy, should they differ.
- Arranging and attending supervision sessions with supervisor as required by this policy.
- Ensuring they actively contribute and participate in the supervisory process.
- Preparing appropriately for the supervision, identifying personal development needs and areas to improve quality of service
- Co-producing an appropriate personal supervision agreement with their manager and other agreed supervisors.
- Reviewing and agreeing with manager the appropriate supervision required for their role to undertake (i.e. managerial plus clinical, or managerial plus clinical and safeguarding)
- Ensuring their supervision session is recorded on uLearn within 2 working days of completing supervision. **When it is not the member of staff who records the supervision on uLearn** - i**t remains the individual member of staff's responsibility to ensure their supervision records are accurate on uLearn**.
- Show their supervision record on uLearn to managers if requested and as a minimum as part of annual appraisal reviews.
- In the case of safeguarding supervision updating patient records.

5. Frequency of Supervision

There is no upper limit to how frequently staff receive supervision of any type. It is important that it is available to support staff as often as required. However, there is a minimum requirement expected by the Trust of once every 3 months for managerial and clinical supervision. Safeguarding supervision also has a minimum requirement of once every 3 months although some Directorates and services have identified additional requirements. Practitioners and managers should refer to the LPT Safeguarding Supervision Procedure for further information and guidance. This is the same for part-time and full-time staff. See Appendix 5.

Minimum number of supervision that bank staff are required to undertake and record each year is:

Bank Administration and Clerical	Bank Clinical staff caring for patients
Managerial Supervision Once per 3 months continuous working in same role	**Clinical Supervision** Once every 3 months (4 times per year)

6. Supervision Policy on a page

Type	Managerial Supervision	Clinical Supervision	Safeguarding Supervision	Complementary Supervision Modes
Recorded as	**Managerial on ULearn**	**Clinical Supervision on ULearn**	**Safeguarding Supervision on ULearn**	**Clinical Supervision on ULearn**
Minimum frequency	**once every 3 months (x4 per year)**	**once every 3 months (x4 per year)**	**once every 3 months (x4 per year)**	As required
Staff Group	All staff	All patient caring clinical staff - inc. Bank	All staff working in child facing roles	**Restorative Supervision**
Purpose	• Focus on supervisee well-being. • Review of performance and appraisal and link with professional/personal development plans or probation • Provide support, discuss concerns regarding role and workload • Management of outstanding incidents, risks or unassigned tasks on SystmOne etc. • Monitor mandatory training and compliance • Ensure competencies/role essential training/ delegated tasks are clearly recorded • Discuss relevant Trust Wide initiatives / changes. Share new ways of working • Discuss relevant SI's, outcomes, lessons to be learned / complaints procedure • Health and wellbeing support and direction to trust resources	• Focus on supervisee well-being • Focus on clinical practice, evidenced based practice linked to the clinical area / role / expertise and identifies risks • Reflective scenario based situational learning • Record all caseload supervision in patient notes • Update records as per Trust guidelines • Health and wellbeing support and direction to resources	• Focus on supervisee well-being • Discuss safeguarding cases • Access immediate advice, support and follow safeguarding procedures and processes • Clearly document safeguarding discussions in the clinical record in accordance with Trust policy and guidelines • Keep up to date with policy or procedure and identify its impact on practice and outcomes. • Update care plans and risk assessments in accordance with standing operational procedures and record in the clinical record.	For clinicians working with complex caseloads inc. psychological support **Non-Medical Prescribing Supervision** Non-medical staff who are trained to prescribe through V100/V150 and V300 **Professional Supervision / Professional Nurse Advocate** Staff aligned to a professional group to receive profession specific supervision. Discuss relevant SI's, outcomes, lessons to be learned / complaints procedure and lessons learned. **Preceptorship** To support the transition from student to registered clinician for the first 1-3 years post qualification
Method of contact	Face to face Verbal - Telephone MS Teams – secure *Not Team Meetings*	Face to face Verbal - Telephone MS Teams – secure Groups	Face to face ALS group– Remotely via telephone or MS Teams –	*Supervision is an opportunity to bring someone back to their own mind, to show them how good they can be (Nancy Kline)*
Duration	No limit – variable	No limit - variable	No limit - variable	

7. Managerial Supervision

Managerial supervision is an opportunity for the supervisee to have regular open and honest conversations with their line manager/supervisor **and is a compulsory requirement for all staff**. It is a private but not a confidential process. This means the records are the property of the organisation, not the individual.

Managerial supervision in LPT **must only be undertaken by a supervisor with authority and accountability for the supervisee**.

By definition it provides the opportunity for staff to:
- Be supported in their role giving due consideration to work life balance, any reasonable adjustments required due to a disability or protected characteristic
- Review their job role
- Set priorities/objectives ensuring that they are clear and understood
- Check skills and competencies are up to date and relevant to the role
- Check objective progression in conjunction with the overarching aims of the organisation (including during probation)
- Identify specific management/administrative tasks to be completed
- Review workload/caseload and management
- Reflect on any recent learning and consider new training opportunities
- Identify training and development needs
- Discuss career planning
- Identify and discuss new policies and /protocols and impact on role
- Plan/ monitor mandatory training
- Discuss, review and address identified improvements in relation to managerial / performance issues.

Managerial supervision can include:
- 6 month appraisal objective reviews
- Personal reviews as part of new starters 6 month probation.

Managerial Supervision is NOT:
- Annual appraisal
- Team meetings or time outs
- Service review meetings
- Impromptu or informal discussions that are not recorded.

8. Clinical Supervision

Clinical supervision is reflective scenario based situational learning and a collaborative dynamic process which can be conducted in a number of ways. **Staff with patient care responsibilities working in clinical areas are contracted to undertake clinical supervision.**

For some professional groups, e.g. psychologists or clinicians with additional specialist training e.g. cognitive behavioural therapy, there are particular supervision requirements not addressed in this policy. The Trust policy sets out minimum supervisory requirements and is not intended to replace such arrangements that go beyond these.

It is acknowledged that there may be staff working remotely from others in their own profession. In these cases, it is important that they are given the opportunity to receive

supervision from someone from the same profession if requested. This is sometimes referred to as professional supervision, and one of the forms clinical supervision can take.

Clinical Supervision is promoted as a method of ensuring safe and accountable practice for clinical staff within healthcare settings.

It also provides an opportunity for staff to:
- Reflect on and review their practice
- Discuss individual clinical cases in depth
- Review safeguarding concerns
- Change or modify their clinical practice and identify training and continuing development needs (CQC 2013).

All supervisors should have appropriate training to fulfil their role in a competent way.

Clinical supervision can occur between individuals from the same or different professional backgrounds and/or pay scale (i.e. peer supervision), provided the supervisor is appropriately experienced either in relation to professional training or clinical expertise.

It is jointly the responsibility of individuals and their line managers to ensure that they receive access to clinical supervision at the required frequency.

8.1 Models of Clinical Supervision

The literature on clinical supervision has expanded and a variety of models and approaches are provided for practitioners involved in providing and receiving supervision (refer to Clinical Supervision Guidance and Procedural Document).

The following are possible scenarios for clinical supervision:
- One to one with a supervisor from the same or different clinical setting or profession.
- Group with a supervisor from the same or different clinical setting or   profession.
- Network – similar to group supervision, but where those involved do not work together on a regular basis.
- Peer supervision - where no supervisor is identified and peers work together for mutual benefit.

Clinical Supervision is NOT:
- Personal appraisal
- Appraisal monitoring
- Personal therapy or counselling
- A route to making complaints
- An opportunity to raise or address poor performance
- Time to chat about general issues.

In all cases both supervisor and supervisee must be in agreement that their interaction/conversation was of a supervisory nature and relevant to clinical practice.

There may be occasions when managerial supervision and clinical supervision will occur at the same time, i.e. manager is also clinical supervisor. In this scenario it is advisable that both parties should identify and approve when the conversation moves between managerial and clinical supervision. Both managerial and clinical supervision can be

recorded as having occurred on the same day in this scenario.

When appropriate staff can utilise external specialist clinical supervisors. Where this happens the name only of the supervisor is recorded on uLearn.

9. Safeguarding Supervision

The Trust recognises that safeguarding children and adults is a difficult, complex and often stressful aspect of professional practice. The way in which that stress is recognised and managed can have a major impact both on the well-being of individual workers and, of equal importance, on the care they provide to any person identified as in need of protection. This includes the protection of health, well-being and human rights; thus, enabling that person to live free from harm, abuse or neglect. This applies to all people irrespective of age, situation or circumstances.

Safeguarding supervision is a formal process of professional support and learning which enables practitioners to demonstrate, maintain and enhance their safeguarding competence and to assume responsibility for their own practice. It provides a safe and supportive environment that acknowledges the emotional impact of this work.

LPT has an established 3 Option Safeguarding Supervision Model which includes Action Learning Sets (ALS groups) and 1-2-1 supervision. Guidance on the use of the model in clinical practice can be found in the LPT Safeguarding Supervision Procedure.

10. Complementary Supervision Models

There are many methodologies for the provision of quality supportive supervision. Those shared below are offered within the trust and can be recorded as clinical supervision but should not be the only mode of clinical supervision. Good practice is that there should be a combination of clinical and restorative supervision as individuals require.

10.1 Professional Nurse Advocate

The Professional Nurse Advocate (PNA) is well placed to facilitate support to colleagues within the services they work in and beyond through the delivery of restorative supervision.

The PNA is a practicing nurse, trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative supervision, in response to service demands and changing patient requirements.

It is best defined by the Advocating for Education, Quality and Improvement (A-EQUIP) Model utilised in practice, which includes
1. Restorative clinical supervision
2. Personal action for quality improvement
3. Education, development and monitoring
4. Evaluation and quality control.

10.2 Restorative Supervision

Restorative supervision contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult situations. When faced with complex workloads and decision making, professionals need to process feelings of anxiety, fear and stress to liberate their minds,

so they can focus on learning and development needs and move towards a more creative, solution-focused approach.

11. Recording Supervision

11.1 Recording supervision on trust wide system (uLearn)

If supervision is not recorded then it did not happen. To ensure the trust is enabled to provide staff with a supportive environment for supervision and can demonstrate that supervision is occurring as per expectations a central system for recording all activity is required.

It is the supervisee's (employee's) responsibility to ensure their uLearn supervision record is an accurate reflection of their supervision activity. This includes when the uLearn record is updated by someone other than the supervisee. Managers or supervisees can record supervision on uLearn.

ULearn is the central system where all supervision interactions must be recorded.

There are several options on uLearn for recording supervision interactions:

For further information on how to record supervision on uLearn please refer to the guidance documents within uLearn Help and Resources section.

11.2 Recording supervision locally (individually/teams)

All records must be held in accordance with data security policy and guidance. Although records of supervision are private, they can be requested as part of investigations including by Human Resources, Senior Managers and Governing Bodies i.e. NMC. Therefore, they must remain available.

Good Practice - An effective working agreement between all parties involved in the supervision will reduce ambiguity and provide a safe framework / process within which relationships can progress and flourish in an open transparent way.

In order to ensure effectiveness of and evaluate the process of supervision it is necessary to record some basic information relating to the process in terms of frequency and basic themes discussed.

The detail included is a matter of judgement but in general the record should be detailed enough so that the issue can be revisited, if necessary, at a later date and can still be

understood. A short summary of the discussion and the decisions or action points arising from it should be sufficient in most cases.

Identification of core themes brought to supervision and monitoring of these will ensure that common issues can be addressed most appropriately, for example through training initiatives, or in shaping trust policy and developing treatment or management approaches.

Records should clearly detail any decisions that have been made, the reasons for these, any agreed actions including who will take responsibility and the timescale for carrying out these actions

- **Managerial Supervision**

  A specific managerial supervision file should be maintained by the line manager so that the record can be reviewed as appropriate. The staff member involved in the supervision discussion should be given a copy of any supervision discussions. An example template is included in Appendix 7

  Records of supervision should be seen as transferable and should follow the member of staff in the event of transfer within the service or the Trust. In the event of a staff member leaving the Trust these records should be returned to the HR department as with personal file.

- **Clinical Supervision**

  Clinical supervision must be recorded to ensure that discussions and agreed actions can be referred back to by both parties as part of an ongoing process of monitoring, development and support for the supervisees practice. An example template is included in Appendix 6

  There is no stipulated time frame to keep clinical supervision records. Clinical supervision records are a personal record of development; therefore it is recommended that the records are kept in line with the standards of the individual's profession to allow for reflection if required at a later date.

  The supervisee can also use any evidence of learning and development from the clinical supervision records for their portfolio and annual appraisal.

  At the first meeting an agreement should be reached on who is responsible for writing the supervision record and both supervisor and supervisee should sign and retain a copy.

  Any decisions made as part of the clinical supervision process regarding a specific patient or service user's care must be recorded in their clinical record in line with the Record Keeping Policy

- **Safeguarding Supervision**

  Regular attendance at, and active participation in, safeguarding supervision is a requirement of all clinical staff, however the frequency and type of supervision may vary according to the setting. All safeguarding supervision must be recorded on uLearn and forms part of compliance with mandatory learning and development.

It is recognised that different types of supervision can occur within the same discussion episode. Where the line manager is also the supervisor and/or professional lead a single session may integrate clinical, managerial and/or safeguarding supervision. Where this is the case both the supervisee and the supervisor/facilitator should recognise during the session the change of agenda from one focus to another to ensure all are given appropriate time and necessary consideration.

12. Confidentiality

- **Managerial supervision**

Is a private but not a confidential process. This means that the records are the property of the organisation, not the individual. From time to time supervisors may need to discuss the content of supervision sessions with others, e.g. their own line managers or safeguarding leads. This should always be with the knowledge of the supervisee.

Access to supervision records should be controlled and all records should be locked away or stored securely ideally digitally. Other people may from time to time require access to supervision records.

These might include:
- Managers providing cover in the absence of the line manager
- Senior Managers (for quality assurance purposes)
- Investigating officers
- Inspectors (e.g. Inspections by regulatory bodies)
- Performance staff (e.g. for audit and quality assurance purposes).

- **Clinical Supervision and Safeguarding Supervision**

Records will be kept relating to the core themes of any session. However, the issues discussed between supervisor and supervisee are confidential, unless there are concerns regarding the content of the session, which relate to illegal activity, bad practice, unprofessional conduct or anything that compromises the safety or security of the patient, family members or friends or the Trust and its employees.

During such instances the supervisor will have an obligation to take these matters further; however, the supervisor would normally inform a supervisee of this intention. A clear understanding of confidentiality and it's limits is essential in all supervisory relationships and discussions.

13. Supervision for Supervisors

Being a supervisor is a skilled and demanding task, supervisors therefore need to ensure that they are in receipt of supervision themselves and that they:
- Receive appropriate and timely support
- Develop their skills as a supervisor by stipulating training need within the personal development plan
- Monitor the quality of their supervisory practice
- Take into account the wishes of the supervisee.

Supervision for supervisors may be achieved through their own supervision process, one

to one arrangement or through peer group support.

14. Reporting Supervision

Workforce Systems team will report supervision data on a monthly basis in a pre-determined format to the Directorates, who will review this and present outcomes within the Governance part of the operational meetings. Feedback will be disseminated to service lines via this route with actions identified and monitored. Risks/actions or good practices will be escalated via the reports (populated by the Heads of Service) to the Quality Forum for assurance.

Line managers can view staff supervision compliance at any time. uLearn holds up to date (live) staff records and line managers can view these for any of their staff who are below them on the organisational hierarchy i.e. direct and indirect reports.

15. Non-attendance

Non-attendance at supervision should be managed in the first instance by the individual's supervisor. Where supervision is persistently cancelled through sickness or team/ward issues, the supervisee/or supervisor must give details of this to their Line Manager who will make all reasonable adjustments to the supervisee's/supervisor's workload to ensure supervision occurs.

If supervision still does not happen the supervisee/supervisor is obliged to report this to the Line Manager – who must resolve the situation, through initially an informal process of managerial support and guidance then ultimately through trust performance/ disciplinary procedures.

16. Non-recording

The recording of supervision on uLearn is evidence that a supervision session occurred. It is the responsibility of the supervisee to ensure their individual supervision record on uLearn accurately reflects the supervision discussions.

The Trust places a high level of importance on the health and wellbeing of its employees. LPTs mission 'Step up to Great' and embedding our values and behaviours in everything we do equally apply to staff and patients/clients/service users. Therefore, support for further study and training, including funding may be withheld should evidence of supervision in accordance with this policy is not available within the requirements of quarterly reporting.

17. Training needs

There is a need for training identified within this policy. This training has been identified as Desirable

Training requirements associated with this Policy
- All staff should receive advice and guidance on how to have/provide meaningful supervision
  - Available from manager or clinical supervisor
- All clinical staff should complete the supervisee training and/or supervisor training as appropriate

- o Available as either internal (bookable via uLearn) or external course booked via study leave process
- All Safeguarding Supervisors should complete specific face to face training offered by the Children's Safeguarding Team
  - o Available as internal course bookable via uLearn run by Safeguarding Team.

18. Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
5. Heads of Service	Ensuring action plans to address areas of non-compliance with this policy are fully implemented. They are responsible for dealing with areas that consistently non-comply with the requirements of this policy.	Monthly workforce reports	Strategic Workforce Group

Directorate Workforce Groups | 4 times per year. |

19. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC – all staff must receive managerial supervision	85% of staff compliant
CQC – all staff who care for people must receive clinical supervision	85% of staff compliant (80% compliance for bank nursing staff)

20. References and Bibliography

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- Skills for Care (2007) Effective Supervision in Adult Social Care http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx
- The British Psychological Society. (2003) Policy Guidelines on Supervision in the Practice of Clinical Psychology. Leicester: DC.

Appendix 1 Training Requirements
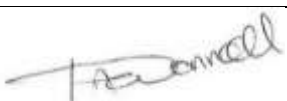
Training Needs Analysis

Training topic:	Supervisee and Supervisor training
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific YES - Personal development / Desirable
Directorate to which the training is applicable:	All Directorates including Enabling
Staff groups who require the training:	All Staff Groups including bank with the exception of medical staff
Regularity of Update requirement:	Once
Who is responsible for delivery of this training?	HR and OD Services
Have resources been identified?	Yes
Has a training plan been agreed?	No
Where will completion of this training be recorded?	ULearn
How is this training going to be monitored?	This can be monitored by managers during managerial supervision and appraisals.

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	Yes
Support and value its staff	Yes
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Supervision Policy
Date Screening commenced	July 2023
Directorate / Service carrying out the assessment	HR & OD
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison O'Donnell Head of Education Training and Development
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Outline expectations for 3 types on supervision. Introducing new expectations for managerial supervision. OBJECTIVES: Provide all staff will appropriate supervision for their roles.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No
Disability	No
Gender reassignment	No
Marriage & Civil Partnership	No
Pregnancy & Maternity	No
Race	No
Religion and Belief	No
Sex	No
Sexual Orientation	No
Other equality groups?	No

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. ✓

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Impacts on all staff equally and changes is about recording rather than the requirement to have supervision.			
Signed by reviewer/assessor	Alison O'Donnell	Date	4 August 2023
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	*T A O'Donnell*	Date	4 August 2023

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Supervision Policy	
Completed by:	**Alison O'Donnell**	
Job title	**Head of Education Training and Development**	**Date: 4 August 2023**

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	Yes	It is new to collect data on compliance with managerial supervision
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	Not individual information
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Yes	Performance/development measures as a result of outcome of supervision or non-compliance with supervision
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	May be shared if concerns identified during managerial supervision – will follow HR policies
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		

Data Privacy approval name:	S Ratcliffe
Date of approval	15/08/2023

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5 Table to Supervision Frequency

Staff Group	All administration & clerical staff	All patient caring clinical staff	All clinical staff working in child facing roles	All registered clinical staff working in child facing roles in Heath Visiting, School Nursing and CAMHS, or adult facing roles requiring safeguarding supervision.
Minimum **Supervision Sessions to be recorded**	**Managerial** Once every 3 months (4 times per year)	**Managerial** Once every 3 months (4 times per year)	**Managerial** Once every 3 months (4 times per year)	**Managerial** Once every 3 months (4 times per year)
		Clinical Supervision Once every 3 months (4 times per year)	**Clinical Supervision** Once every 3 months (4 times per year)	**Clinical Supervision** Once every 3 months (4 times per year)
			Safeguarding Supervision Once every 3 months (4 times per year)	**Safeguarding Supervision** Once every 3 months (4 times per year)
				1-2-1 Safeguarding Supervision Once every 6 months (2 times per year)
Minimum **Total**	4 sessions	8 sessions	8 sessions (safeguarding supervision can be considered clinical supervision but must be recorded separately)	10 sessions (safeguarding supervision can be considered clinical supervision but must be recorded separately)

Appendix 6 Managerial Supervision Example Template

Managerial Supervision Meetings

Staff: Manager: Date updated:

Achievements:					
Objective	**How will this be achieved / actions**	**Support required**	**Timescales:**	**Priority**	**Evidence Completed**

Personal Development:

Health and wellbeing:

General:

Clinical Supervision Agreement

Supervisee and Supervisor will agree to the following.

That we will meet .... as agreed by the service (this will differ for different services in the trust so must be agreed by the line manager)

✓ Sessions will be supported and recorded in line with trust policy.
✓ Privacy must be ensured with no interruptions.
✓ The session will enable the supervisee and supervisor to discuss, explore and reflect on Issues affecting practice, to support the development of personal and professional knowledge in order to sustain and develop high quality practice.
✓ The content of the clinical supervision session will include Reviewing and reflecting on clinical practice.
✓ Discussing current issues, concerns, and risk assessments
✓ Discussing issues related to professional development.
✓ Agreeing upon actions where identified and ensuring that the actions are completed.
✓ We will work together to develop clinical supervision and be open and honest on how we give feedback to each other.
✓ We will ensure we work in the boundaries of confidentiality in relation to clinical supervision and will not include anything that is illegal or contravenes the code of professional conduct or trust policy.
✓ We agree to commit to clinical supervision on the dates agreed. If the session is cancelled it will be the responsibility of the person who cancels to rearrange the session.
✓ If the supervisory partnership becomes ineffective or difficulties arise either supervisee or supervisor can, following discussion terminate the agreement. If this occurs the supervisee must seek support from their line manager to identify a new supervisor

As supervisee, I agree to:
✓ Be responsible for making effective use of my time, by preparing for the session and knowing my agenda.
✓ To identify and action any learning or development needs.
✓ To identify practice issues for discussion and be open to feedback regarding possible interventions and solutions
✓ To take responsibility for any actions or outcomes following the clinical supervision session

As supervisor, I agree to:
✓ Provide an environment that allows the supervisee to explore, clarify thinking and share experiences.
✓ Give clear feedback, offering support and guidance regarding the situations the supervisees talks about
✓ Provide advice, information and sign posting to allow the supervisee to reflect and develop their professional practice.

Always consider our Trust Values and Compassion in Practice (6c's)

Clinical Supervision Charter

Leicestershire Partnership NHS Trust is committed to providing all Nursing and Allied Healthcare practitioners with high quality support and an opportunity to discuss and reflect on their practice. This aims to promote best practice principles such as evidence based practice, shared learning, develop experience and assure competence.
While working within the services of Leicestershire Partnership NHS Trust:

➤ You have the right to regular clinical supervision with a supervisor with relevant experience and expertise, including specialist supervision in specific situations.

➤ You have the responsibility to ensure you have had the appropriate training and are competent to complete any interventions within your clinical area.

➤ You will have clinical supervision at a minimum of four times a year, one session per quarter, for a minimum of one hour as per trust policy. This will differ in your specific directorate / service so you must liaise with your line manager to ensure you meet the requirements for the service where you are employed.

➤ You have the right to talk to your line manager about your clinical supervision and it is the responsibility of your line manager to confirm your identified clinical supervisor with the relevant experience and expertise.

➤ You have the right to be involved in choosing your supervisor and to request a change of supervisor.

➤ You have the right to request that clinical supervision takes place in a quiet private area with no interruptions.

➤ You have the right to negotiate a contract between yourself and your supervisor.

➤ An accessible record of the date and time of clinical supervision sessions must be retained for audit purposes.

➤ You have the right to negotiate the recording of and access to other information as described in the confidentiality section of the clinical supervision policy.

➤ Both the supervisor and supervisee have the right and the responsibility to report any concerns about the quality and frequency of clinical supervision to the appropriate line manager.

Clinical Supervision

Ground rules and Recording for Clinical Supervision.

Why?
Establishing ground rules for all Clinical Supervision activity helps to promote the sharing of experiences, disseminates best practice, ensures participants feel safe, valued and establishes trust. Acknowledging these ground rules and keeping a copy on view enables all participants to remain mindful of the rules of clinical supervision and also aids the group dynamic to function to in a healthy manner.

We agree to
- Respect Confidentiality and abide by the principles
- Respect our colleagues and each other's opinions
- Listen and acknowledge each other effectively
- Constructively challenge
- Involve all in discussion and do-not dominate
- Allow others to own their experience
- Be responsible and consider own health & well-being and also participant/s
- Manage time effectively

Clinical Supervision Record

Date	Print	Signature

Brief description of issue discussed / complete activity log

Clinical Supervisor Signature
Date

Clinical Supervision

Clinical Supervision Activity Log – Template for recording 1-1 Supervision.

Name of Supervisee……………………………………… Date of Supervision……………………….. Start Time…………

Finish Time………….

Supervisor name and Signature……………………………………………………………………

Supervisee Signature……………………………………………………………………………………

Topic/Subject to be discussed	Outcomes or actions following supervision

Clinical Supervision

Clinical Supervision Activity log – Template for Recording a Group Session

Name of Group members	Designation	Date of Supervision	
		Start Time	
		Finish Time	
		Name of Supervisor	
		Signature of Supervisor	

Topic/Subject to be discussed	Outcome/Action following supervision

Remember you must log all the sessions individually on uLearn.

Clinical Supervision

Example of a Clinical Supervision Reflective Framework for 1-1 Supervision following an incident/risk

Name of supervisee………………………………. Date of Supervision…………………… Start Time………… Finish Time………………

Supervisor Name and Signature………………………………………………………………………………………

Supervisee Signature……………………………………………………………………………………………

What happened Description of event	What were your thoughts/feelings? Analysis sense of the situation	What else could you have done Conclusion what would you do if the situation arose again	What will you do now? Learning that has taken place and any actions required

Remember you must all log the sessions individually on uLearn.

Clinical Supervision

Clinical Supervision Reflective Framework for a Group Session following an incident/risk.

Name of Group members	Designation	Date of Supervision	
		Start Time	
		Finish Time	
		Name of Supervisor	
		Signature of Supervisor	

What happened Description of event	What were your thoughts/feelings? Analysis sense of the situation	What else could you have done Conclusion what would you do if the situation arose again	What will you do now? Learning that has taken place and any actions required

Remember you must all log the sessions individually on uLearn.

Clinical Supervision

Using the 6C's as a reflective Tool

Care
Description of the event

Compassion
Why is the event important to you, have you had support prior to the supervision

Communication
What discussions have you had already and what were the outcomes

Courage
How did you feel about raising the event

Commitment
How will the supervision change your practice

Competence
Actions taken following the supervision

Comments