Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services

Date: June 2017
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Author: Practice Education Lead for AHPs/Improvement & Development Manager
Review Date: June 2020

Name of document	Draft Support & Supervision Policy for Health & Social Care Staff?		
Registration Reference Number	HR POL 026	**New** ☐	**Review** ☒
Author	Practice Education Lead for Allied Health Professionals/Improvement & Development Manager		
Executive Lead	Director of Nursing, Midwifery and Allied Health Professionals Allied Health Professional Lead Chief Social Work Officer Director of Pharmacy		

Proposed groups to present document to:	
Area Partnership Forum	Joint Staff Forum
Staff Governance Committee	Joint Governance Committee

Date	Version	Group	Reason	Outcome
May 2015	2014	CHP Ops Team	Explore if an integrated supervision policy would merit further exploration.	Supported by CHP Ops Team
28th September 2015	1	Working Group	Explore in principal if the policy can support staff across the Health and Social Care Directorate.	In principal yes, but models would have to be expanded.
28th October 2015	2	Working Group	Providing clarity of scope via examples in the document. Additional information on reporting failure to attend in the policy.	Shared with the working group for further comment.
12th November 2015	3	Voluntary Action Shetland	To discuss if this policy document would support volunteer development.	In principle yes.
17th December 2015	4	Working Group	Finalise changes.	To go to CHP Operational Group.
20th January 2016	5	Feedback Denise Morgan and Mhairi Roberts.	Requested to have volunteers in a separate policy and this to remain policy for staff.	Submit to Executive Lead.
19th February 2016	6	Feedback from the Executive Lead.	See notes to changes made prior to asking if the Chief Social Work Officer and Allied Health Professional Lead support this document in principal prior to submission to Area Clinical Forum for appropriate Medical and Dental representatives to consider.	Prepare changes for Executive Lead prior to further consideration.

18th of October 2016	7	Joint Governance Committee	See notes to changes made.	Prepare for Clinical Governance Committee.
28th of November 2016	8	Clinical Care and Professional Governance Committee	Approved	Seek approval EJCC and Comment from the SIC HR and Legal Teams
7th of June 2017	9	Employee Joint Consultative Committee	Supported with no changes.	P&R for Approval
19th of June	10	P&R	Approved with no changes.	Implement the policy.

Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)

DATE	CHANGES MADE TO DOCUMENT
28th October 2015	Providing clarity of scope of supervision via examples in the document. Additional information on reporting failure to attend in the policy. Appendix 7 added but incomplete. Foreword from the Employee Director
12th November 2015	This document would now be more appropriate as a procedure rather than a policy as it will not be a requirement that all staff and volunteers referenced are required to undertake supervision. Follow-up meeting on the 18th of November amendments were made to the introduction to be clear that it is not obligatory for volunteers to undertake supervision. The title was changed to Support and Supervision and a model was added to highlight the benefits of supervision for volunteers.
17th December 2015	Include in scope of practice and reference list Staff Support and Supervision for Outcomes Based Working.

DATE	CHANGES MADE TO DOCUMENT
20th January 2016	Changed back to a policy and volunteers supervision to be included in review of volunteering policy (so volunteers not included in this policy?). Addition that not all departments may be able to achieve best practice statements with regard to supervision.
19th February 2016	Change to professional leads on cover

Explicit this policy is to meet organisational and governance standards specifically for General Nursing Council, Health and Care Professions Council and the Scottish Social Service Council.

Expectation all staff will use this in the body of the text.

Section 2.2
Change to professional lead rather than manger.

Add in professional assurance framework to text |
DATE	CHANGES MADE TO DOCUMENT
16th June 2016	Presented at Area Clinical Forum. Both medical and dental opted not to be part of the policy and follow-up required with pharmacy as no representatives were present.
27th July 2016	Discussed at Pharmacy Governance Group and agreed policy was applicable to pharmacy, references and links to pharmacy therefore made throughout document
18th of October 2016	Set out in the purpose that there is an expectation staff will participate in support and supervision to meet the requirements of their employee and governing body.
Highlight how the models although separate may cross cut.
Table outlining the requirements set by the regulatory bodies.
28th of February 2017	Changes advised by SIC HR team to include appropriate terminology.

Foreword by:

The Executive Leads

We would like to thank all the contributions made from individual staff, teams and committees during the development of this policy. It is an ambitious policy intended to support staff across Community Health and Social Care and in Children's Social Work services in discharging their professional responsibilities. NHS Shetland, Shetland Islands Council and the Integrated Joint Board would like to achieve a resource that supports the development of staff to enhance their roles and ultimately improve the care and support we deliver.

Table of Contents   **Page**

1 Introduction

This document sets out the purpose of support and supervision and highlights its importance in ensuring the best outcomes for all the children, young people and adults that we support. A range of documents are attached in the Appendices which are offered as optional tools to support best practice. Support and supervision has been described as a collaborative process between two or more people of the same or different backgrounds. There is an expectation that staff included in this policy will participate in support and supervision to meet the requirements set out by both appropriate professional and governance bodies. This process should encourage the development of skills and enhanced quality of care or support through the implementation of an evidence-based approach to maintain professional and governance standards in practice as outlined in the Clinical Governance and Care Framework. These standards are maintained through discussion around specific incidents or interventions using elements of reflection to inform discussion which will focus on learning and improvement.

Support and supervision can occur in a range of settings which enables individuals / groups to develop knowledge and competence. It empowers those to take the lead in identifying opportunities to reflect on their practice or area of work. It enhances patient / customer protection and the safety of care in complex situations.

Supervision involves regular discussions between two or more people, one of whom has a sufficiently extended level of skills, knowledge and abilities to support the development of the other(s). This does not necessarily mean that the supervisor will be of a higher grade than the supervisee.

Participants describe events / experiences, which are pertinent to them in their role e.g. debriefing following an adverse or learning event. They then reflect on their experiences, explore alternative approaches to similar situations should they arise again and then discuss what they have learnt and how they will apply this knowledge in practice.

Effective supervision has been highlighted in many critical incidents including the Mid Staffordshire NHS Foundation Trust. Further, the Quality Standards for Health and Social Care recommend that an effective system for supervision can enable organisations to meet clinical and social care governance standards.

The purpose of supervision is to:

- Evidence / develop / maintain knowledge and skills to deliver safe and effective care
- Provide professional support to meet appropriate standards
- Establish and develop the supervisee's key competencies
- Reduce risk.
- Support decision making
- Facilitate meeting standards set by regulatory bodies eg re-validation
- Support and encourage the development of volunteers if appropriate
- Focus on enhancing existing relationships and developing new ones

The aim of supervision is to enhance professional development and safe practice. It minimises risk to the service user and practitioner. The line management structure should facilitate supervision for all staff.

The benefits of supervision include:

- Promotion of evidence-based practice
- Increased analytical thinking
- Development of reflective skills
- Improved job satisfaction
- Compliance with government and statutory body agendas
- Improved performance
- Motivation and enthusiasm for all involved

2 Scope

There is an expectation that all professions across health and social care services will participate in support and supervision. The author does acknowledge that there are professions such as dental and medical who have opted not to be included in this policy as they have suitable alternatives available provided by their own professional and governing bodies. This policy aims to support all staff registered with the Nursing and Midwifery Council, General Pharmaceutical Council, Health and Care Professions Council and the Scottish Social Services Council undertaking this process effectively, ensuring they meet appropriate organisational and governance standards. It is recognised there are different models of supervision and these may overlap to support the individuals learning needs eg professional supervision may be identified as a method to support individual learning following management supervision. The models described in this policy include: clinical, professional, managerial and operational. It is acknowledged that alternatives endorsed by professional and/or regulatory bodies may be preferred by staff groups such as Midwives who have Statutory Supervision arrangements which are led through the Supervisors of Midwives. Table 1 outlines the support and supervision regulatory requirements for registrants included in this policy. Within this policy there are a range of optional tools staff can use to support them in meeting their professional requirements.

Table 1 Regulatory Requirement for Support and Supervision

Professional Group	Regulatory Body	Requirement	Frequency
Allied Health Professional	Health and Care Professions Council	Standards for continual professional development: Summary of practice history. A statement of how standards for CPD have been achieved. Evidence to support the statement.	Re-registration is bi-annually and frequency of support and supervision is deemed as necessary by the registrant
http://www.hpc-uk.org/assets/documents/10001314cpd_and_your_registration.pdf			
Nursing and Midwifery	Nursing and Midwifery Council	Professional revalidation requirements: Summary of practice history. Evidence of CPD including participatory and self directed learning Feedback on professional performance and written evidence of reflection on that	Revalidation is a 3 yearly cycle but evidence is gathered dynamically over the period and discussed at annual

		feedback and learning is required to meet Confirmers meeting to verify evidence and appraise performance and compile Personal Development Plan	appraisal
http://revalidation.nmc.org.uk/			
Pharmacy	General Pharmaceutical Council	Standards for continual professional development: Keep a record of CPD that is legible, either electronically online. Make a minimum of nine CPD entries per year which reflect the context and scope of your practice as a pharmacist or pharmacy technician. Keep a record of CPD that complies with the good practice criteria for CPD recording published in Plan and Record. Record how your CPD has contributed to the quality or development of your practice using our CPD framework.	Submit CPD record to GPhC on request. This can happen any time. Re-registration is annually with the GPhC for both Pharmacists and Pharmacy Technicians
https://www.pharmacyregulation.org/registration			
Social Work and Social Care	Scottish Social Services Council	The Code of Practice for Social Service Workers sets out clear standards of professional conduct and practice that social service workers must meet in everyday work. Everyone registered with SSSC has to meet post-registration training and learning (PRTL) requirements. Undertaking PRTL, writing about it and submitting it to SSSC makes sure registrants continue to be suitable for registration. The PRTL requirements for social workers and newly qualified social workers are different from other social service workers and the Record of Achievement also differs.	Social Workers are registered for three years and students do not renew their registration. For all other workers, registration lasts for five years. Everyone registered with SSSC is required to submit PRTL Record of Achievement when requested. Supervision provides an ideal opportunity to

			reflect on learning.
http://www.sssc.uk.com/registration/registrant-responsibilities/post-registration-training-and-learning			

There are a number of methods in which supervision can be undertaken such as 1:1, group sessions, development reviews, meetings, journal clubs and action learning sets. It is important that when designing and planning supervision that the method and model are agreed to meet the needs of the supervisor and supervisee. The underlying principles applied are reflected in outcomes focused practice as described in the NHS Staff Support and Supervision for Outcomes Based Working (2010). This models three key practice elements which are: focus on outcomes, reflective practice and developing solutions.

2.1 Clinical Supervision

The fundamental aim of clinical supervision often referred to as practice supervision is to promote best clinical practice through the process of reflection, discussion and review of all aspects of the clinical task and client/therapist relationship.

For the purpose of this policy clinical supervision is defined as 'supervision that relates to all clinical activity; the processes involved in case management, assessment, clinical reasoning, formulation, therapeutic intervention, decision making, consultation, consideration of legislative context and statutory functions, case evaluation/case review status and other wider and more systemic clinical activities.

Staff providing supervision will have sufficient knowledge and understanding of the specialist area to meet the appropriate regulatory body standards.

If no suitably qualified member of staff within the same specialism is available to provide clinical supervision within the organisation then it may be necessary to seek supervision from a suitably qualified professional from within the same specialism, outside the organisation. This will be particularly pertinent for those staff in extended/new roles and regional posts.

In instances where such suitable qualified staff are not available to provide supervision either within or external to the organisation, the staff member should seek competent supervision from another staff member or recognised and accredited professional, in agreement with his or her Professional Head of Service.

In keeping with the professional body guidelines and agreement with professional leads and managers, the individual can ensure supervisory requirements are met using a range of methods of which some examples are listed below:

- ❏ Attendance at Special Interest Groups
- ❏ Regional Forums
- ❏ Peer Support
- ❏ Peer Supervision
- ❏ Including the use of virtual technology eg video conferencing

2.2 Professional Supervision

All staff should have access to a professional lead and manager of the same profession for issues relating to the following:

- Scope of practice
- Continued Professional Development
- Their role as defined in their job description/profile
- Professional and Governing Guidelines
- Ethical obligations
- Other broader Professional issues

Within professional supervision, the supervisor will ensure that the Continuing Professional Development needs including post registration training and learning requirements set by the appropriate professional or governing body are met by:

- Supporting staff to develop their professional competence
- Enabling staff to meet their post qualifying and training requirements related to their ongoing registration and development
- Supporting staff to initiate fresh ways of working in response to changing needs
- Enabling staff to relate theory and research to practice
- Assessing training and development needs
- Developing knowledge and skills
- Supporting staff to reflect on their work and interaction with service users mindful of equality and human rights legislation
- Providing feedback on performance
- Discussing knowledge and skills gained in training events and identifying opportunities to integrate these into the supervisee's work

2.3 Managerial Supervision

Within managerial supervision (better known as a personal or joint development review), the supervisor ensures that the management function is met by ensuring that:

- Organisational/Professional policies and procedures are understood and adhered to
- An opportunity to provide the duty of care for staff ensuring that they are provided the appropriate support within the working environment
- The supervisee's workload is managed and priorities are set
- The quality of the supervisee's performance is measured
- Statutory and mandatory responsibilities are addressed
- Work is allocated according to the experience and skill of the practitioner and the team business plan in keeping with profession specific guidelines
- Case recording, including daily records meet Organisational/Professional standards
- Case files are audited as required
- Care plans are devised, implemented, reviewed and recorded on the case file
- Any advice/consultation on case work given outside formal supervision by the professional line manager or other manager should be recorded by the supervisee on the patient case file

❑ The needs and desirable outcomes of service users are understood; and that risks are identified and countered

2.4 Operational Supervision

Within Operational supervision, the supervisor ensures engagement by:

❑ Enhancing objectives, values and principles of the Board and Council
❑ Communicating effectively with staff about organisational changes and initiatives
❑ Briefing on financial position
❑ Representing staff needs to management
❑ Seeking procedure clarification
❑ Consulting with staff and feeding back to management on how organisational policies/practice are perceived
❑ Negotiating on differences which may arise between supervisors and other professionals, teams or service

2.5 Supervision is:

❑ A supportive and constructive process
❑ Enhancement of professional development, standards and competencies
❑ A process to help the individual to move forward professionally
❑ A process of empowerment for the supervisee
❑ A contract set between the supervisee and supervisor
❑ A confidential process within the limits of the contract
❑ A shared responsibility between supervisor and supervisee to adhere to all aspects of the Support and Supervision Policy
❑ Strengths based approach focused on the strengths and capabilities of individuals and teams

2.6 Supervision is not:

❑ A gripe session
❑ Personal counselling
❑ Primarily related to administrative issues

Effective supervision provides an opportunity for staff to share, listen, inspire, challenge and encourage one another. Its purpose is to support growth and development of the individual and their practice.

3 General Principles of Supervision

❑ Leadership and recognition from management is important not just to approve changes to policies and procedures but to actively engage and model meaningful supervision practice.
❑ It is the responsibility of the departmental/service manager to ensure the appropriate provision of supervision is available for staff.
❑ Linking supervision closely to governance standards, personal development and a focus on outcomes which links procedure into practice.

- All sessions are confidential between participants unless all parties have given prior permission to share (Appendix 3)
- All sessions must be documented and should occur at regular planned intervals. There are a number of resources available to support staff http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/facilitation-of-learning/supporting-learning.aspx
- http://www.sssc.uk.com/registration/employers-responsibilities/supporting-your-employees
- The key to effective supervision is regular sessions. Time is required for the individual to look in detail at his / her work in the context of their own perceptions of their performance.
- The implementation of formal supervision sessions does not exclude informal discussions from taking place. However, ad hoc meetings and conversations cannot be constituted as informal support and supervision without the completion of the appropriate documentation.
- Feedback is a critical component of supervision to ensure there is a two-way interaction between supervisor(s) and supervisee(s)
- Supervisor and supervisee need to ensure ground rules are set for supervision sessions, and that these are documented. These should include clear, practical boundaries for the supervision to develop – venue, frequency, duration and confidentiality.
- If training is required for a supervisor or supervisee this should be arranged through the NHS Shetland Staff Development Team or the SIC's Workforce Development Team via the personal development planning process.
- It is acknowledged that due to the differences in service provision across the professions that a flexible approach to supervision needs to be adopted. Single handed post holders may receive supervision from individuals externally through the arrangements in place for support and supervision via external networks.
- When access to the right supervisor is challenging due to location and/or resource virtual technology such as video conferencing can be utilised following the correct etiquette. This is provided in documentation developed by the Remote and Rural Education Alliance http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i729n1324173t/Videoconferencing%20Education%20Guide.pdf

4 Resources

There are internal resources available however account should be taken of the following:
- Although it's at the supervisor's discretion it is recognised as best practice to have no more than four supervisees at one time. For this policy it will be dependent on the model of supervision and method employed e.g. operational supervision in a group environment when compared to 1:1 clinical supervision model. Supervision arrangements will be agreed with the manager / lead professional.
- Supervisee and supervisor training may be required and this can be undertaken by accessing a range of internal and external resources.
- For SIC staff, Employee review & Development (ERD) training is available through i-Learn http://tracking.brightwave.co.uk/LNT/Shetland/Login.aspx?category_id=1003&programme_id=5882&course_id=47460
  Appraisal training delivered by the Staff Development Department
  Values based reflective practice http://www.knowledge.scot.nhs.uk/vbrp.aspx

Supervision: supporting learning environments
http://www.knowledge.scot.nhs.uk/ahppracticeeducationprojects.aspx

- ❑ All new staff will require an introduction to supervision as part of their induction/orientation.
- ❑ Time commitment is required from staff.
- ❑ This CPD activity should be agreed with the supervisee, supervisor and their line manager and documented appropriately.
- ❑ All supervisors can access advice and support from their own supervisor, Professional Advisor or Team Leader/Head of Department/Service.
- ❑ The Knowledge Network People Connect site enables staff to make connections with people, exchange information and share knowledge in specific topics of interest and expertise. This is particularly helpful for staff in single led services or individuals with specialist interests.https://www.peopleconnect.scot.nhs.uk/Account/Login?ReturnUrl=%2f Profile%2f
- ❑ Post Registration Career Development Framework resource has a variety of resources that can facilitate supervision and learning.

Toolkit for Support and Supervision

5 Recommended Procedure

The authors acknowledge this is an optional procedure and toolkit for staff, but would encourage them to participate in support in supervision using the principles and tools outlined in this policy.

5.1 Preparing for Supervision

- ❑ Following governing and professional body guidelines and in agreement with managerial and professional leads supervisory requirements can be met by applying the appropriate model for the individual practitioner through the agreement of a contract (Appendix 3).
- ❑ The supervisor will be someone with sufficient experience to meet the needs of the supervisee who ideally will have had training in supervision.
- ❑ Ideally manager and supervisor roles will be separate. However when there are occasions where this may not be feasible a clear distinction should be made between different roles. An example of this would be if management and clinical supervision were provided by the supervisee's line manager.
- ❑ Best practice suggests the maximum number of individuals that any one supervisor will be expected to supervise is four but that is at the discretion of the supervisor and as previously mentioned dependant on the profession, model and method employed.
- ❑ Prior to undertaking any supervision, consideration should be given to the environment in which it takes place. Ground rules are essential when contracting terms and conditions of supervision.
- ❑ Either member, i.e. supervisee or supervisor, can choose to conclude the contract and there is a process for doing this (see Appendix 4) (but a new/alternative contract must be put in place)
- ❑ For further information http://www.stepintoleadership.info/supervision.html is an informative resource

5.2 Frequency and duration

- This policy seeks to build upon current good practice in relation to the principles of supervision and recognises that there are currently existing models in place across Health and Social Care e.g. Flying Start www.flyingstart.scot.nhs.uk and Effective Practitioner http://www.effectivepractitioner.nes.scot.nhs.uk/Default.aspx
- It is requirement that staff will participate in supervision.
- The evidence base suggests that supervision sessions should occur on a regular basis. However, this may vary depending on the most appropriate model for the setting e.g. management supervision may take place in the form of a performance review with a mid-term review and clinical supervision may take place through more intensive sessions over a shorter period.
- Supervision may need to be provided more frequently for new staff and those starting in a new role and this should be explored through the induction process.

5.3 Confidentiality

Supervision is a confidential process with the following exceptions:
- When both parties agree that an issue can be shared outside of supervision
- If an issue requires attention out with the supervision relationship, then this will be discussed within the session between supervisee and supervisor e.g. this relates to child protection and vulnerable adult legislation.
- The supervisee reveals any practice that the supervisor considers to be unsafe or negligent, and the supervisee is unwilling to go through the appropriate organisational procedures to address it.

In the event of the circumstances outlined above, the supervisor will:
- Attempt to support the supervisee to deal with the issue themselves through the agreed appropriate channels. Follow up with individual to ensure appropriate action is taken within an agreed time scale.
- If the supervisee is unwilling to address the issue him/herself, the supervisor will advise the supervisee of their professional duty to reveal the information to the appropriate individual or authority prior to taking action themselves.
- Failure to attend should be raised with the appropriate line manager *(within the Council this will usually be the supervisor)*

External bodies such as the Care Inspectorate may request evidence on inspection that provides reassurance that supervision is undertaken with staff in services for which they carry out a regulatory function.

6 Responsibilities – Supervisee and Supervisor

Responsibilities include:

6.1 Supervisor and Supervisee:
- Preparing for supervision (Appendix 5)
- Sharing responsibility for ensuring that regular supervision occurs
- Ensuring that the outcomes of supervision are met
- Contributing to a mutually respectful supervision relationship
- Modelling good values, professional behaviour and boundaries
- Identification and discussion/agreement of learning needs

6.2 Supervisee

- ❑ Identifying practice issues with which they need help and bringing them to supervision
- ❑ Applying appropriate knowledge and skills learned during supervision sessions in practice
- ❑ Becoming more aware of organisational and national requirements and their implications for the duties and task they are responsible for.
- ❑ Being open to others' feedback

6.3 Supervisor

- ❑ Ensuring their supervisory skills are developed
- ❑ Support the supervisee to explore and clarify thinking and feelings that underlie their practice
- ❑ Sharing information, experience and skill appropriately
- ❑ Giving clear feedback and constructive criticism
- ❑ Challenging practice
- ❑ Guiding, rather than leading development
- ❑ Being aware of the organisational contracts under which the supervisee operates
- ❑ Assisting the supervisee to develop their roles

6.4 Line Manager Dependant on the model

- ❑ Line Managers can support supervision by facilitating attendance at training, allocating time for supervision sessions, and reviewing effectiveness through informal discussions and performance reviews.

7 Evaluation of Clinical Supervision

An optional audit tool (Appendix 6) has been developed to support individual, teams and departments/services to review the impact and effectiveness of supervision in their area.

8 References:

1. "A Guide to Implementing Clinical Supervision" CPD37, The Chartered Society of Physiotherapy, 2005

2. "Supervision – Allied Health Professionals" THPY GRP-03, Capital and Coast District Health Board, New Zealand, 2007

3. "Occupational Therapy: Supervision Resource Package", Community Health Partnership's and Royal Edinburgh & Associated Hospitals, 2007.

4. Bishop V (ed), 2007, Essentials of Nursing Management: Clinical Supervision in Practice, Palgrave, McMillan, Hampshire.

5. Fletcher S, 2008, Supervision Needs of Nurses Working in the Community, International Journal of Palliative Nursing, No 14 (4) pp 196-200.

6. West AW, (2006), Reducing Patient Mortality in Hospitals: The Role of Human Resource Management, Journal of Organisational Behaviour, No 27, pp 983-1002.

7. NHS Mid Staffordshire NHS Foundation Trust Public Enquiry (2013).

8. Institute for Research and Innovation in Social Service (2015).

9. Leading Change in Supervision, messages from practice. Regional Supervision Policy for Allied Health Professionals, Working for a Healthier People. Department of Health, Social Services and Public Safety, Northern Ireland (2014).

10. Remote and Rural Education Alliance: Videoconferencing Education Guide (2010).

11. Support and Supervision, Flexible Learning for the Citizens Advice Bureau Service (2012).

12. Health and Social Care Integration, Public Bodies, (Joint Working) (Scotland) Act (2014). Clinical and Care Governance Framework.

13. Staff Support and Supervision for Outcomes Based Working. Joint Improvement Team and North Lanarkshire Council, (2010).

Supervision record

Supervisee: **Supervisor:**   **Date:**

TOPIC/DISCUSSION	ACTION	WHEN BY	WHO BY	DONE Completed?

Supervision attendance record

Date	Time	If cancelled – why, by whom and new date

Name of supervisor……………………………………………………

Name of supervisee……………………………………………………

Supervision Contract

Name of Supervisee:

Name of Supervisor:

Date: Review Date:

Purpose and type of Supervision

Include model, method and means of communication.

Frequency:
Staff are recommended to participate in a minimum of one hour of supervision every 6 weeks, although this is negotiable to meet the individual's needs.
Please specify frequency _____

Environment:
The supervisor and supervisee will work to ensure a safe environment. It is important to agree the method as well e.g. 1:1 or group.

Emergency Contact:
The supervisee or supervisor can request an "urgent" supervision session where necessary. Each will, where possible, be accessible and available.

Content:
The supervisee is responsible for bringing material from his/her work and any issues that arise from it, to supervision. The supervisor will work to assist the supervisee to attain and maintain the professional, ethical and safety standards that are set by the profession. Personal Development Plans may also be part of supervision sessions.

Supervision Records:
A record of material brought to supervision and an action or review plan is to be kept. This record remains the property of the supervisee and supervisor. Should this record be used for re-validation purposes it will be anonymised.

Review of Progress:
There will be ongoing review of predetermined supervisory outcomes. After 3 months, there will be an informal evaluation of the supervision relationship by both parties involved and thereafter an annual review.

Responsibility and Accountability:
The supervisor is responsible for the advice and information they give in supervision but not for the response taken by the supervisee to the advice/information. The supervisee is responsible for their own practice.

Confidentiality:

Supervision is a confidential process with the following exceptions:
- ❑ When both parties agree that an issue can be shared outside of supervision
- ❑ If an issue requires attention out with the supervision relationship, then this will be discussed within the session between supervisee and supervisor e.g. this relates to child protection and vulnerable adult legislation.
- ❑ The supervisee reveals any practice that the supervisor considers to be unsafe or negligent, and the supervisee is unwilling to go through the appropriate organisational procedures to deal with it.

In the event of the circumstances outlined above, the supervisor will:
- ❑ Attempt to support the supervisee to deal with the issue themselves through the agreed appropriate channels. Follow up with individual to ensure appropriate action is taken within an agreed time scale.
- ❑ If the supervisee is unwilling to deal with the issue him/herself, the supervisor will advise the supervisee of their professional duty to reveal the information to the appropriate individual or authority prior to taking action themselves.

Signatures

Supervisee: _____

Supervisor: _____

Date: _____

Procedure for change of supervisor/ supervisee

Purpose

The relationship between the supervisor and supervisee is the core of the supervisory process.
It is acknowledged that at times it may be appropriate to change supervisor or supervisee.

Procedure

- Discuss the issue with the supervisor/supervisee

- Once the need for change has been discussed and agreed upon, the person initiating the change should approach the supervisee's professional lead / manager.

Before supervision – preparation for supervisee

1. Review previous supervision record

2. Reflect on tasks and any specific areas requested (these may be issues or where things have gone well) since the last supervision session –
   ❑ Who/what are you concerned about?
   ❑ What are the issues?
   ❑ What has worked particularly well and why?
   ❑ Are there any situations or events that have evoked a strong response in you?
   ❑ Are you aware of any areas in your clinical/professional knowledge that you wish to explore?

3. Write down your issues/needs of supervision as specifically as you can. What do you want to achieve?

4. What do you need to bring (files, etc)

5. Prioritise

Appendix 6

Support and Supervision Audit

To ensure that high quality support and supervision takes place, we would appreciate it if you could answer the following questions. Please tick the most appropriate box for each question. All questionnaires are anonymous .

General

Q1   Work Area

Supervision Package

Q2   Are you familiar with the Support and Supervision Policy?
☐ Yes (*please GO TO Q3*)   ☐ No (*please GO TO Q4*)

Q3 a) Do you understand the content of Support and Supervision Policy?
yes ☐   ☐ no

b) Does the Support and Supervision Policy contain all the information you need?
yes ☐   ☐ no

c) Do you find the Support and Supervision Policy helpful?
yes ☐   ☐ no

Training

Q4 a) Do you have any learning needs specific to support and supervision?

yes ☐   ☐ no

b) If 'yes', please provide further details in the space provided below? *(Please tick all that apply)*

Sessions

Q5 How often are your support and supervision sessions usually held? every ☐ weeks

Q6 On the whole, are you satisfied with how often your support and supervision sessions are held?

☐ no, held too often   ☐ yes, right amount   ☐ no, not held often enough

Q7 Which of the environmental aspects are usually adhered to during your support and supervision session?
(Please tick all that apply)

☐ free from disturbance   ☐ quiet   ☐ private

Confidentiality

Q8 Did you agree confidentiality ground rules?   yes ☐ ☐ no

Q9 Do you think your support and supervision sessions are confidential?   yes ☐ ☐ no

Contract

Q10 a) Were supervision ground rules adhered to?   yes ☐ ☐ no

If 'no', please explain why not in the space provided below:

Q11 a) Do you make a record of your supervision sessions?   yes ☐ ☐ no

If yes, who makes it and what method is used?

Q12 As a supervisee, do you feel you are able to talk openly and honestly to your supervisor?

yes ☐ ☐ no

Please comment in the space provided below

Quality

Q13 How useful did you find your support and supervision?
☐ very useful   ☐ neither   ☐ not useful

Q14 Did your support and supervision cover the following areas? *(Please tick all that apply)*

☐ support   ☐ professional responsibilities   ☐ career developments

☐ challenges   ☐ management of self   ☐ reflection on practice

☐ performance   ☐ regular feedback   ☐ development of skills

Q15 Please provide an example, with evidence from your practice, that has had a direct impact on care as a result of your involvement with supervision.

Q16 Do you have any other comments regarding support and supervision?

Appendix 7

Supervision and Governance

Supervision can be used to support a number of professionals to evidence a range of activities and outcomes to support their own personal development   needs and the legislative requirement of their professional and governing bodies.

- **Health and Care Professionals Council:** The Health and Care Professions Council define CPD as 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice. A random sample of registrants are required to undertake an audit process to evidence their CPD portfolio bi-annually. http://www.hpcuk.org/assets/documents/10003B70Yourguidetoourstandardsof continuingprofessionaldevelopment.pdf

- **Nursing and Midwifery:** The Nursing and Midwifery Council (UKCC) (1996) published a position statement stating "clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It fits well in the clinical framework, whilst helping to ensure better and improving nursing practice. Further guidance from the NMC can be found here: http://www.supervisionandcoaching.com/pdf/page2/CS%20Advice%20Nursin g%20Midwifery%20Council%20(UK)(2006).pdf

  An excellent resource to support clinical supervision in health and social care published in 2013 can be found here: https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_0 0_supporting_information-effective_clinical_supervision_for_publication.pdf

- **Pharmacists and Pharmacy Technicians are registered through the General Pharmaceutical Council**: encourage member to undertake continuing professional development and this may be called for review. The standards for continuing professional development are outlined here:

  https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20c ontinuing%20professional%20development%20s.pdf

- **General Medical Council:** Advises members to make sure that the people they manage have appropriate supervision, whether through close personal supervision (for junior doctors, for example) or through a managed system with clear reporting structures.

  http://www.gmc-uk.org/static/documents/content/LandM_guidance.pdf

- **Health Care Support Worker (HCSW) Standards**: The HCSW workbook has been designed for all new healthcare support workers who need to meet

the HCSW Induction Standards. HCSWs can use it to negotiate and confirm the amount of supervision they feel they require in relation to any work task.

- **Scottish Social Service Council:** State that social workers and social care staff are responsible for meeting their own post registration training requirements and employers are expected to support them with their continuing professional development. The Council endorse supervision and staff development schemes as key in supporting workers achieve their learning needs.

  http://www.sssc.uk.com/registration/employersresponsibilities/supporting-your-employees

- **Health and Social Care Integration**, Public Bodies, (Joint Working) (Scotland) Act (2014). Clinical and Care Governance Framework has been developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities.

  http://www.gov.scot/Resource/0046/00465077.pdf

- **The General Pharmaceutical Council**: **(**GPhC**)** encourage continual development and learning along with a mandatory requirement that pharmacists and pharmacy technicians record their CPD that will be called for review. The standards for continuing professional development are outlined here:

  https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20continuing%20professional%20development%20s.pdf