

CLINICAL & PROFESSIONAL SUPERVISION POLICY

(replacing 033/Workforce)

POLICY NUMBER	051/Workforce
POLICY VERSION	1
RATIFYING COMMITTEE	HR Policy Review Group
DATE RATIFIED	December 2010
NEXT REVIEW DATE	December 2011
POLICY SPONSOR	Strategic Director of Therapies
POLICY AUTHOR	APPT Supervision Lead

EXECUTIVE SUMMARY:

This policy provides the overarching framework for the Trust Wide governance of clinical and professional supervision. It covers Clinical and Professional Supervision arrangements provided within and by the Trust, outlining the key principles as well as the procedure of how supervision takes place.

This policy also sets out a requirement for the development of supplementary Profession specific policies standards and guidance to articulate the governance of supervisory practice within each professional group and to provide complementary guidance covering the supervision of specialist forms of clinical/psychological practice.

Profession specific policies standards and guidance will be required to comply with the overarching framework set by this policy.

This policy must be read in conjunction with the Performance Management Policy which covers Management supervision & Appraisal

If you require this document in another format such as large print, audio or other community language please contact the Governance Support Team on 01903 845735 or email HSCG@sussexpartnership.nhs.uk

Did you print this document yourself?

Please be advised that the Trust discourages the printing and retention of hard copies of policies and can guarantee that the policy on the Trust website is the most up-to-date version.

As a contingency a full set of up-to-date Trust policies are held by the Governance Support Team based at Trust HQ, Swandean

CONTENTS

	PAGE
1.0 Introduction	3
1.1 Overview	3
1.2 Purpose of policy	4
1.3 Definitions	4
1.4 Scope of policy	7
1.5 Principles	8
2.0 Policy Statement	9
2.1 Policy Requirements	
3.0 Duties	11
4.0 Procedure	14
5.0 Development, consultation and ratification	16
6.0 Equality Impact Assessment	16
7.0 Monitoring Compliance	16
8.0 Dissemination and Implementation of policy	18
9.0 Document Control including Archive Arrangements	18
10.0 Cross reference	18
11.0 Appendices	18

1.0 Introduction

1.1. Overview

It is important to recognise that clinical, professional and management supervision, together with appraisal and risk management procedures, form an overall 'supervision system' within the Trust which is key to effective clinical and professional governance. This Policy covers Clinical and Professional Supervision whilst management supervision and appraisal are presently covered within the Performance Management Policy.

The 'supervision system' provides a mechanism for ensuring clinical, professional and organisational accountability. Consequently it has a vital role to play in enabling the delivery of safe supportive care across the Trust and in enhancing clinical outcomes for service users.

The 'supervision system' underpins the Trust's commitment to the development and maintenance of a highly skilled and motivated workforce. An effective combination of clinical, professional and management supervision provides staff with regular opportunity for supported learning and enables practitioners to maintain quality of care and positive management of risk in complex clinical practice.

Supervision has a pivotal role to play in facilitating an alignment between individual, professional and service objectives within the organisation. Clinical professional and management supervision link with the appraisal process to maintain the connection between organisational strategic priorities, service & team objectives and individual practice.

The Trust recognises that supervision is a complex professional activity which in itself needs to be supported by robust governance within all professional groups. Supervision of supervision is therefore a requirement and supervision governance needs to be underpinned by adequate training and support for both supervisors and supervisees. The development of effective working partnerships in supervision is a shared responsibility and all practitioners need the skills to be able to utilise supervision and take responsibility for enhancing the quality of their own practice.

The delivery of effective clinical, professional and management supervision as parts of an integrated 'supervision system' requires a high level of communication between managers, professional leads, supervisors and practitioners as well as a commitment at all levels within the organisation to a culture of empowerment and collaboration.

1.2 Purpose of Policy

This policy aims to set out the Trust's requirements and procedures for the provision of Clinical and Professional Supervision in the context of an overall integrated supervision system. It outlines key roles and responsibilities in relation to the implementation of these requirements.

The policy sets out the requirement for the development of supplementary Policies Standards and Guidelines governing clinical and professional supervision within each professional group which must include arrangements for the supervision of trainees. It aims to specify the roles and responsibilities of Professional Leads in relation to these requirements.

The policy cannot be considered in isolation and must be read in conjunction with other policies which cover other elements of the supervision system - in particular this policy must be read in conjunction with the Performance Management Policy which covers Management Supervision and Appraisal.

1.3 Definitions

1.31 The Supervision System

Clinical, Professional and Management supervision are all elements within an overall supervision system that also includes Appraisal and procedures for the management of risk. As a whole the supervisory system provides a balance of opportunities for exercising 3 key supervisory functions - Monitoring, Learning & Development & Support

Monitoring: Monitoring of individual practice to ensure that it is safe, effective and in accordance with professional, statutory and organisational requirements and priorities including all risk and safeguarding requirements.

Learning & Development: Regular structured opportunity for practitioners to engage in facilitated reflection on their practice. Supervision encourages individuals to assume responsibility for developing and maintaining their skills and competence including their self assessment analytic and reflective skills.

Support: Recognising the demanding and sometimes distressing nature of working in health and social care and providing guidance in developing and maintaining effective strategies for managing the emotional and psychological impact of the work.

1.32 Clinical Supervision

Within the context of overall supervision system the emphasis of clinical supervision is the opportunity for detailed reflection on clinical practice. .

The Trust recognises that the appropriate form of clinical supervision for individual practitioners will vary according to their professional background, qualifications and experience, their service context and the nature of their current role within the team.

Clinical supervision may be provided one to one or in a group. It is usually provided face to face but can also take place via the telephone. It may be provided by supervisors drawn from within or outside the professional group of the practitioner.

1.33 Professional Supervision

Professional supervision has the additional aim of ensuring that practitioners are meeting the specific regulatory requirements and standards of their profession. It also aims to facilitate professional development and to enable practitioners to maximise their contribution to teams by developing their professional skills within the context of their role and service requirements

In cases where the clinical supervisor is from the same professional group as the supervisee, clinical and professional supervision may be combined within the same meeting. However, care must be taken to distinguish between the two forms of supervision and to record them separately.

In cases where the clinical supervisor is from outside the practitioner's professional group Professional Supervision must be provided separately by the relevant Clinical/Professional Lead or an appropriate senior practitioner nominated by the Professional Lead

1.34 Management Supervision

Management supervision centres on the performance issues for an employee within the context of the service in which they work. It ensures that all employees are suitably supported and equipped to carry out their role effectively and safely. Procedures governing management supervision are covered separately by the Performance Management Policy.

It may be appropriate for the line manager to act as clinical or professional supervisor for a member of staff. In such cases care needs to be taken to ensure a clear demarcation between the forms of supervision and to ensure that they are recorded separately. It is worth noting that combining

management and clinical supervision in the same relationship can place additional demands on both parties and may require a higher level of supervisory skill, knowledge & awareness.

1.35 Consultation

The terms supervision and consultation are subject to wide variations in meaning and interpretation across and within professional groups.

For the purposes of this policy consultation is defined as the practice of seeking structured clinical or professional input from experienced or specialist colleagues.

Structured consultation arrangements are regarded as legitimate forms of clinical supervision and may be counted as part of a supervision package.

1.36 Supervision Packages

Flexible co-ordinated supervision packages are a way of ensuring that clinical and professional supervision is tailored to meet the requirements of individual practitioners at the same time as taking into account the particular demands and constraints of the team and service context within which they work.

A broad range of clinical supervision arrangements can form part of a supervision package. Examples include:

- One to one or group supervision for a specialist form of clinical practice e.g. a specialist psychological therapy or an occupational therapy assessment /intervention
- Supervision groups to support practitioners in a particular service context e.g. reflective practice groups for nurses in acute services.
- Supervision focussing on a particular learning & development need
- Supervision focussing on a particular aspect of nursing practice e.g. supervision of a therapeutic intervention or another type of nursing intervention
- Supervision focussing on caseload management
- Peer consultation
- Telephone supervision or consultation

1.37 Clinical Supervisor

Clinical supervisors will usually hold a more senior position or be recognised as having the expertise and experience appropriate to the role.

Clinical supervisors are expected to meet core standards and competency requirements specified by the Trust and to have access to appropriate training and support in providing supervision

1.38 **Primary Clinical Supervisor**

The Primary Clinical Supervisor is responsible for co-ordinating the clinical supervision package. They may provide some or all of the supervision themselves as well as co-ordinating supervision provided by others. The Primary Clinical Supervisor is a senior practitioner with appropriate supervision expertise. In some cases it may be appropriate for the line manager to nominate themselves as primary clinical supervisor.

It is important to note that the term 'primary' is used only in relation to co-ordination and does not imply that the primary clinical supervisor is the main or most important supervision provider - in some cases it will be appropriate for their direct contribution to the supervision provision to be secondary to that of others..

Where the Primary Clinical Supervisor is not the same individual as the line manager they will hold responsibility for liaising with the line manager and relevant professional leads.

1.39 **Supervision Agreement**

The supervision agreement is the written contract which sets out the terms of the supervisory arrangement between supervisor and supervisee(s) in the service and organisational context. It specifies the agreed boundaries & focus of the supervision and the responsibilities of each party as well as practical arrangements such as time place and frequency. A standard supervision agreement is attached at Appendix 3

1.4 **Scope of policy**

This policy sets out the Trust's requirements and procedures for the provision of Clinical and Professional Supervision across all care groups and areas within the Trust.

This policy does not cover requirements and procedures for the provision of management supervision. Management Supervision is covered by the Performance Management Policy.

The policy and procedure apply and should be available to all employees of Sussex Partnership Foundation NHS Trust who work directly with service users in clinical roles. *(In addition and subject to negotiation, it may apply to employees seconded from local authorities, employees working in partnership with the local authority in integrated teams and to circumstances where Trust employees provide supervision to external agencies)*

1.5 Principles

1.51 An Integrated Supervision System

The integrated system of supervision should include an appropriate balance of learning & development, monitoring & support for individual practitioners. Within this system clinical professional and management supervision are of equal importance.

1.52 Requirement for Clinical Supervision

The provision of routinely scheduled structured clinical supervision time is a basic requirement for all employees working with service users in a clinical role. Attendance by staff at clinical supervision is also a basic minimum requirement.

1.53 Active Collaboration

Supervision is most effective as a collaborative process in which individual practitioners actively engage and take responsibility for enhancing their own practice. Effective supervision requires Managers and Professional leads to collaborate in ensuring that a positive learning culture is embedded in teams and that supervision time is valued prioritised and protected.

1.54 Co-ordination & Communication

Clear lines of communication between clinical, professional and management supervision are essential to ensure they are effectively integrated with the appraisal process and organisational processes for the management of clinical risk.

1.55 Professional Standards & Governance

For effective implementation of this policy there needs to be effective governance of supervision within each profession and adequate training and support for members of the professional group providing supervision within and/or on behalf of the Trust.

1.56 Flexible Supervision Packages

Co-ordinated flexible supervision packages make it possible to provide a range of supervision options to support clinical staff in delivering high quality care and to facilitate their active engagement in the process of continuously improving their clinical skills. Supervision can be targeted to support identified workforce development needs and tailored to meet individual requirements within the context of organisational and team priorities and constraints. The

particular emphasis given to various types of supervision may vary, for example reflective practice groups are often regarded as an important form of clinical supervision for inpatient staff.

1.57 Supervision of Supervision

It is a basic principle that all employees providing clinical supervision should receive supervision for this activity. It is expected that within each professional group systems will be developed for registering senior supervisors who are identified as qualified to provide supervision of supervision and for ensuring that they are appropriately supported in undertaking the role.

1.58 Access to Supervision Training

Across all disciplines the supervisor role requires the development of a core set of generic supervision skills & competencies. In addition all practitioners need the skills to be able to effectively utilise supervision. To achieve effective implementation of this policy all staff must be able to access appropriate training in clinical supervision.

1.59 Focus on Outcomes

All supervision should be subject to routine audit and evaluation and there is a responsibility to identify the impact of clinical and professional supervision in a range of key areas including enhancement of clinical practice and outcomes for service users, practitioner learning, motivation and well being , risk management , team culture & development and organisational communication.

2. Policy Statement

The Trust is committed to supporting flexible integrated approaches to clinical and professional supervision which can achieve maximum value for the service user, the practitioner, the team and the organisation. The Trust is equally committed to achieving the highest possible standards in clinical and professional supervision and promoting a positive learning culture across all care groups and areas of the Trust.

Commitment to effective implementation of this policy will be evidenced through effective training and support for supervisors, strong lead and example by Professional Leads and senior managers in setting and delivering standards, the integration of clear objectives for supervision at all levels and a strong commitment to continuous monitoring of supervision practice.

2.1 Policy Requirements

2.11 The policy requires that all staff who work directly with service users in a clinical role are assigned a Primary Clinical Supervisor to co-ordinate a package of

clinical supervision which enables them to receive regular structured opportunity for reflection on their clinical practice in a supportive environment.

- 2.12 It is recommended that supervision packages include an element of one to one supervision. Group supervision, peer supervision, reflective practice groups, consultation and telephone supervision are other examples of forms of supervision which could be included in a supervision package. Supervision packages must be agreed in writing and authorised by the line manager. A review of the supervision package must be conducted annually as part of the appraisal process
- 2.13 As a basic minimum the supervision package must provide a total of no less than 1 hour per month planned clinical supervision [pro rata for staff who work less than full time equivalent]. The specified length of individual supervision sessions may vary in accordance with locally agreed arrangements. Managers are required to monitor the amount and frequency provided to individual practitioners to ensure compliance with this policy [see 7. Managers are also required to monitor attendance at supervision which is a basic requirement.
- 2.14 The type, amount and frequency of clinical and professional supervision that is included in a supervision package should be based on a detailed assessment of individual circumstance and should adequately reflect professional role, experience, clinical complexity, level of risk and individual learning & support needs.
- 2.15 Profession specific or regulatory standards in relation to the amount and frequency of clinical or professional supervision required should also be adhered to.
- 2.16 A standard form of written supervision agreement is a requirement for all forms of supervision. This includes peer supervision and consultation arrangements. Individual Supervision Agreements should be reviewed annually.
- 2.17 Supervisors are expected to provide regular structured opportunities for feedback from their supervisees and to engage in collaborative evaluation of the process and outcomes of supervision.
- 2.18 It is an expectation that practitioners will actively engage in the process of supervision and give open and honest accounts of their work. Managers and Professional Leads are expected to actively support this process by ensuring that performance management approaches are combined with empowering and enabling supervisory relationships.
- 2.19 It is a requirement that staff in supervisory roles receive appropriate supervision of their supervisory practice. Professional Leads are required to establish a

system for registering senior supervisors as qualified to provide supervision of supervision.

- 2.20 Staff must be able to access appropriate supervision training and support. Assessment of individual supervision training and support needs must be undertaken as part of the annual appraisal process. All staff providing clinical supervision must have access to essential training in supervision as detailed in the Trust Essential Training Policy.

3.0 Duties

3.1 Policy Sponsor: Executive/Strategic Director Lead for Learning & Development

- 3.12 It will be the responsibility of the sponsor of this policy document to ensure that it is kept up to date with any changes to legislation, national or local policy.
- 3.13 The Policy sponsor will be responsible for liaising with other Executive Directors to ensure that recommendations from supervision audits and monitoring are actioned appropriately.
- 3.14 In conjunction with the policy sponsor the Head of Learning & Development will take responsibility for ensuring that the advice guidance and training required for the effective implementation of this policy is available and updated as required

3.2 Executive/Strategic Directors

It is the duty of Directors to ensure that this policy is fully and effectively implemented within their Directorates

3.3 Professional Leads

- 3.31 It is the duty of Professional Leads to ensure that this policy is fully and effectively implemented within their professional group
- 3.32 Professional Leads are responsible for overseeing the development and publication of supplementary profession specific policies standards and guidance required under the terms of this policy.
- 3.33 Professional Leads are responsible for the governance of supervision and supervisory practice within their professional group

3.4 Line Managers

- 3.41 It is the responsibility of line managers to ensure that all employees in their team have a designated Primary Clinical Supervisor and a formally agreed package of clinical and professional supervision. The line manager may elect to designate themselves as Primary Clinical Supervisor.
- 3.42 Line managers are responsible for monitoring supervision practice including amount and frequency of supervision provided, written supervision agreements, session records and attendance. Line managers are responsible for ensuring the accuracy of information reported for monitoring and audit purposes.
- 3.43 Line managers are responsible for liaising with the Primary Clinical Supervisor and relevant Professional Lead to ensure that a review of clinical and supervision is included in the annual appraisal. This should include supervision performance objectives and identification of learning & development needs for all staff, supervisors and supervisees.
- 3.44 It is the responsibility of line managers to ensure that staff within their team are able to access the level of training and guidance in clinical supervision appropriate to their role and stage of professional development.
- 3.45 It is the responsibility of line managers to ensure that employees within their teams are made aware of this policy and their responsibilities under its terms
- 3.46 It is the responsibility of line managers to actively support the implementation of this policy within their team by promoting a positive supervision culture in which supervision is valued, prioritised and protected.

3.5 Clinical Supervisors

- 3.51 It is the duty of clinical supervisors to draw up a written supervision agreement with each person they supervise and to ensure that supervision records are kept in accordance with procedures outlined in this policy
- 3.52 When supervising qualified staff clinical supervisors are accountable for the competence of the supervision they provide and for ensuring that risk and safeguarding issues are actively monitored within supervision. The practitioner will be accountable for their clinical practice.
- 3.53 When supervising pre qualified practitioners clinical supervisors will hold responsibility for the clinical work in accordance with their profession specific guidelines for the supervision of trainee practitioners
- 3.54 In all cases clinical supervisors are responsible for ensuring that they provide

supervision within the limits of their own knowledge and competence. Where they lack specialist knowledge or skill they will liaise with the Primary Clinical Supervisor to ensure that the employee can access advice and support from others with the appropriate knowledge and skills, as necessary

3.55 In cases where a peer supervision arrangement is included as part of a supervision package all parties taking part in the supervision must take responsibility for their contribution to the clinical supervision process ensuring that they meet the standards and expectations specified by the Trust and their professional group.

3.56 Clinical Supervisors are responsible for recording and monitoring attendance at supervision and for informing the Line Manager of any concerns about attendance. N.B Attendance is a requirement for all clinical supervision including reflective practice groups which may previously not have been formally recognised as part of a package of clinical supervision.

3.6 Primary Clinical Supervisors

3.61 Primary Clinical Supervisors are responsible for drawing up supervision packages in consultation with the practitioner and relevant professional lead , to be agreed and signed by the line manager

3.62 The Primary Clinical Supervisor will liaise with the line manager, professional lead and practitioner to ensure that clinical supervision is appropriately linked with management supervision, appraisal and risk and safeguarding procedures.

3.63 The Primary Clinical Supervisor will co-ordinate the supervision package and ensure it is reviewed

3.7 Clinical Staff

3.71 It is the duty of all clinical staff to familiarise themselves with this policy and to act in accordance with it. All staff are expected to collaborate in the process of ensuring effective implementation of this policy.

3.72 All staff are expected to actively prepare for and participate in supervision following through on actions as agreed, to give full and open account of their practice, and to take responsibility for their own learning and development.

4.0 Procedure

4.1 Identification of Primary Clinical Supervisor

- 4.11 The line manager will identify a suitable Primary Clinical Supervisor in consultation with the practitioner and relevant professional lead(s). The manager should satisfy themselves that the supervisor will be suitable, taking into account their role and relevant expertise. Where appropriate the Line Manager or Professional may take the role of Primary Clinical Supervisor.
- 4.12 In the case of the most senior professionals within the Trust it may be considered appropriate for the member of staff to co-ordinate their own supervision arrangements. In this case the line manager can be named as the Primary Clinical Supervisor and the member of staff will take full responsibility for their own arrangements for clinical and professional supervision, ensuring that they meet all appropriate requirements. The line manager must be kept fully informed.

4.2 Supervision Package

In consultation with the practitioner, relevant professional lead(s) and line manager, the Primary Clinical Supervisor will draw up a package of clinical and professional supervision. This will usually include a core element of one to one clinical supervision which may be supplemented by other forms of supervision as appropriate. The supervision package must be agreed in writing and authorised by the line manager. The supervision package can be renegotiated at any time as required, but as a minimum it must be reviewed as part of the annual appraisal process

4.3 Supervision Agreement

All forms of supervision covered by this policy must have a standard written agreement between participants [Appendix 3]. This must be completed by the supervisor and signed by all parties. The supervision agreement should be reviewed annually.

4.4 Supervision Agenda

The supervisor is responsible for the supervision agenda which should be structured with a degree of flexibility allowing both parties to raise matters of importance to them across the three main supervision domains – Monitoring, Learning & Development & Support. A review of risk and safeguarding issues must be routinely included.

4.5 Supervision Records

- 4.51 The recording of supervision sessions is the responsibility of the supervisor. A record of each session must be kept using the Supervision Record Form at Appendix 1. This must be agreed and signed by the supervisee. Supervisors should ensure that supervision records are securely held and made available for audit purposes.
- 4.52 The detail included in the supervision record is a matter of judgement for the supervisor. In general the record should be detailed enough so that if necessary the issue can be revisited at a later date and understood. Decisions and actions agreed in supervision must be recorded with clear timescales and responsibilities.
- 4.53 The identity of service users discussed in supervision should be written on the supervision record form in numeric form only. Any significant actions or decisions relating to a service user which are discussed and recorded in supervision must also be recorded in their individual Health and Social Care Record. This ensures that the service user is able to request access to any recorded information that is relevant to their care from their Health and Social Care Record, without needing to access any Supervision Records, in accordance with the Data Protection Act. Additionally, under the Act, any personal information held on an individual must be accurate, adequate, relevant, not excessive, available to the subject, and kept no longer than is necessary

4.5 Third Party Communication

An element of third party communication is necessary to facilitate safety accountability and integration as part of the overall supervision system. However mutual trust is an essential component of the supervisory relationship and supervisors are expected to ensure that any communication to third parties about discussions which have taken place within supervision is carefully considered and respectful of personal privacy. Appropriate care should be taken to negotiate the form and manner of communication particularly where it involves matters of a personally sensitive nature.

4.6 Management of Risk

Qualified practitioners are accountable for their own clinical practice and are expected to take responsibility for managing risk and safeguarding issues in accordance with relevant policies, procedures and protocols. Supervisors are accountable for the supervision they provide and for ensuring that risk is actively monitored within supervision. In circumstances where information received in clinical or professional supervision represents a potential threat to service user safety or involves disclosure of unacceptable practice or an issue of capability,

the supervisor must ensure that the line manager and relevant professional lead are promptly and appropriately informed.

4.7 Conflict

Any conflict in a supervisory relationship should be dealt with by the supervisor and supervisee in supervision. If this does not resolve the matter, the supervisor may invite the line manager or professional lead to mediate. Beyond this either party has recourse to Trust internal conflict resolution methods including the Grievance Policy, if necessary.

4.8 Professional Policies Standards & Guidelines

Professional Leads are responsible for ensuring the development and implementation of supplementary policies and standards for the governance of clinical and professional supervision within the professional group. This will include arrangements for the supervision of trainees, supervision of specialist forms of clinical practice and governance of all forms of supervisory practice conducted by members of the professional group within and on behalf of the Trust. Supplementary profession specific policies will be developed and subject to formal ratification will be attached to this policy as Appendices by the next review date (July 2011).

5.0 Development, consultation and ratification

This policy has been reviewed in consultation with Executive/Strategic Directors, Health & Social Care Governance Leads, Professional Leads, senior members of Integrated Governance Teams, the Head of Learning & Development and staff side with final ratification from the HR Policy Review Group in accordance with the Trust policy for the Development & Management of Procedural Documents

6.0 Equality Impact Assessment

An initial Equality Impact Assessment was done which recorded that this policy will have a neutral impact and therefore a further full impact assessment was not necessary.

7.0 Monitoring Compliance

Monitoring of the effectiveness of this policy and its implementation will be carried out by the following methods:

7.1 A Primary Clinical Supervisor and an annually reviewed Supervision Package for all staff working directly with service users

Monitoring of these requirements will be undertaken through the annual appraisal process and half yearly review. Items covering these requirements will be included on the trust wide quality assurance audit of the appraisal process.

**7.2 Minimum 1 Hour per month Clinical Supervision
Written Supervision Agreements for all types of supervision arrangements**

Routine monitoring of compliance will be undertaken by Line Managers.

Professional Leads are required to carry out annual audits of clinical & professional supervision to include monitoring of compliance with these this requirements.

7.3 Supervision Outcomes & Evaluation & Professional Supervision Standards

Monitoring of the requirement to provide structured opportunities for feedback and evaluation in supervision and monitoring of the quality and outcomes of supervision in accordance with section 2.18 of this policy will also be included in annual audits undertaken by Professional Leads.

Professional Leads are required to conduct annual audits of supervisory practice within their professional group to ensure that it meets profession specific standards and to identify training & support to enable individual supervisors to develop and maintain required supervision competencies. These audits will be included within the annual reports of professional activity submitted to the HR Executive Group.

Professional Leads will take action to address any identified failure to comply with the requirements of this policy under 7.1, 7.2 and 7.3. Professional Leads will report action taken as part of Annual Reports to HR Executive Group and Quality Committee.

7.4 Supervision Training

The Head of Learning & Development will routinely monitor access to supervision training and oversee evaluation of the appropriateness and quality of training provided. The Head of Learning & Development will take any required remedial action.

7.5 Supervision Records

Professional Leads will conduct annual audits to include examination of supervision files and records.

The Policy sponsor will be responsible for liaising with other Executive Directors to ensure that recommendations from supervision audits and monitoring are actioned appropriately. Routine reports will be submitted to the HR Executive Group and Quality Committee.

7.6 Supervision Records

Professional Leads will conduct annual audits to include examination of supervision files and records.

7.7 The Policy sponsor will be responsible for liaising with other Executive Directors to ensure that recommendations from supervision audits and monitoring are actioned appropriately. Annual reports will be submitted to the HR Executive Group and Quality Committee.

7.8 As part of the policy review the policy sponsor and author will ensure, through consultation, the correct roles and responsibilities for the staff and forums/committees are identified within the document.

8.0 Dissemination and Implementation of policy

The policy will be published on the Trust website and publication announced to all staff via the communications e bulletin. Targeted marketing will be undertaken on launch of the policy and training will be made available to support the implementation of this policy. The policy will also be disseminated via leadership and team briefings

9.0 Document Control including Archive Arrangements

This policy will be managed in accordance with the Organisation-wide Policy for the Development & Management of Procedural documents.

10.0 Cross reference

This policy is to be read in conjunction with the following policies:

- Performance Management Policy
- Induction Policy
- Essential Training Policy
- Risk Management Policy
- Profession Specific Supervision Standards & Guidelines ratified in accordance with the terms of this policy

11.0 Appendices

- Appendix 1 Supervision Record Form
- Appendix 2 Supervision Timetable

- Appendix 3 Individual Supervision Agreement
- Appendix 4 Supervision Package

Appendix 1

Supervision Record Form Part 2

Practitioner name:

Supervisor name:

Date

Summary of Agreed Action. *N.B All Risk/Safeguarding issues must have action recorded here. Summarise the action to be taken/by whom/by when*

Summary of agreed points for learning/reflection

Service User ID Numbers

Date: of next meeting

Practitioner

Signature:

Date:

Both parties should retain a signed copy. The supervisor is responsible for ensuring that the supervision record is securely stored and made available for audit purposes

Appendix 1

Supervision Record Form- Continuation Sheet

Practitioner name:

Supervisor name:

Date

Appendix 3

Supervision Agreement: Part One

Practitioner Name:

Supervisor Name:

Primary Clinical Supervisor (if different from above)

Line Manager

Professional Lead

For Employees External to the Trust

Employer Name:

Liaison Manager :

Specify Type of Supervision

Specify Area(s) of Clinical and/or Professional Practice to be covered in the supervision

Specific Aims/Objectives & Methods

Session Duration

Frequency

Venue

Appendix 3

Supervision Agreement: Part Two

Practitioner Name:

Supervisor Name:

Specific Accountability/Responsibilities: Supervisor Supervisee & Other where applicable

NB Unless otherwise stated the supervisor is accountable for the supervision and the practitioner is accountable for their clinical practice. When supervising pre qualified practitioners supervisors will hold greater responsibility for the clinical work in accordance with their profession specific guidelines for the supervision of trainee practitioners.

Out of session contact /Third Party Communication /Disagreements & Conflict/ Additional arrangements for supervision of external supervisees (where applicable)

Arrangements for Feedback Evaluation & Review

Date of Agreement:

Next Review Date:

Signed:

Appendix 4

Clinical & Professional Supervision Package

Practitioner

Line Manager:

Professional Lead

Primary Clinical Supervisor

Details of Supervision Package.

Specify the type(s) of supervision included e.g one to one, reflective practice group, peer consultation, etc, amount and frequency and the supervisor(s)

Total amount of clinical supervision per month

Line Manager Signature

Review Date

Appendix 5

Supervision of Supervision Record

Supervisor(s)

Supervisor of Supervision

Date

Summary of Agreed Action & points for learning/reflection.

Session Notes

Use Continuation sheet if necessary

Date: of next meeting

Supervisor Signature(s):

Supervisor of Supervision Signature