

Supervision Policy

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| 2.0 | October 2011 | Peter Sheils and Diane Hull | Final | Scheduled three year update and review with the following amendments:   * Inclusion of purpose, duties and definitions * Clear distinction between Management and Professional/Clinical Supervision * Principles of effective supervision * Reference to other forms of supervision * Documentation relating to supervision |
| 3.0 | March 2016 | Lorraine Sunduza and Henry Iwunze | Final | Minimum supervisions per year for staff who receive joint clinical/professional supervision. |
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**Executive Summary**

* All staff should receive professional and managerial Supervision
* Clinical and/or registered staff should receive Professional and Clinical supervision
* All supervisors should be trained in supervision and comply with the requirements prescribed according to the professional group they belong to
* Training will be available through the ELFT learning academy and/or from professional education leads.
* Confidential records relating to an individual’s Management, Professional and Clinical Supervision are required.
* Managers are required to monitor the occurrence of supervision and supervision training attendance and address issues of low compliance with supervision standards and training requirements
* In scope of this policy are all substantive staff.  Supervision for Bank, Agency, Honorary and Medical staff are covered in separate policies.
* Supervision should comply with the regulatory standards of the professional group that the individual belongs to.

**1** **Introduction**

1.1 The core principle of this supervision policy is to ensure that the people for whom we provide a service are well served. In addition, the whole supervision process should ensure that staff are valued and developed as individuals and professionals.

1.2 The purpose of supervision is to provide support, clarity, and growth opportunities to staff to ensure that they can undertake their work in a safe, effective, competent and professional manner, delivering the requirements of their profession, their service and always aligned with the values of the trust.

All supervision, regardless of type will have at its core three elements that the individual and their supervisor will discuss together.

1. Wellbeing: This is at the heart of ELFT’s supervision approach, and the supervisor should ensure the individual feels able to discuss issues and concerns that are affecting them.
2. Contribution: To support the individual to progress with their work and their learning. They will discuss actions and objectives with their supervisor.
3. Personal Development: Linked to the Trust strategic aim to develop and grow its workforce, supervision will be a space where staff discuss the learning needs, they have, and for the job they have today and consider with their supervisor the development goals for roles they may like to undertake in the future.

1.3 Effective supervision plays a key role in supporting the workforce at delivering high-quality care and support. It further supports good working relationships, helps address any issues and celebrate achievements, and gives the opportunity to discuss learning and development. It provides a management monitoring mechanism to ensure that the organisation's resources are used efficiently and effectively. It also ensures that practice is at the required standard for working with the most vulnerable members of the community.

This will include:

* + **Quality assurance** (adherence to clinical, professional and regulatory practice standards and delivery of evidence based, safe, high quality care)
  + **Professional development** (skills and knowledge development including preceptorship and CPD)
  + **Capability and Fitness for Practice** (including clarity around role, responsibilities and accountability).

1.4 This policy takes account of the fact that Trust services are delivered by multi-professional and integrated teams with managers often having different professional backgrounds to many of the staff for whom they are accountable. For this reason, the policy distinguishes between Management, Professional and Clinical Supervision.

1.5 There are different types of supervision including Management Supervision which all staff will receive and Clinical/Professional Supervision that staff involved in clinical work will receive in addition to Management Supervision.

1.6 In scope of this policy are all substantive staff.  Supervision for Bank, Agency, Honorary and

Medical staff are covered in separate policies.

**2** **Purpose**

The purpose of this policy is to provide a framework of core principles and minimum standards to ensure high quality managerial, professional and clinical supervision are provided for all staff within ELFT, consistently. It will further ensure accurate recording and reporting around supervision by individual, team and directorate. It applies to all substantive employees and other key non-employed staff who manage and supervise EFLT employees.

**3** **Duties**

**Responsibilities Matrix**

|  |  |
| --- | --- |
| Line Manager | * Ensuring that all staff working for them have supervision appropriate for their role. * Ensure that supervision is completed within the minimum time limits where managerial and professional will happen as at least every 6 weeks and Trialog must be included in at least every third managerial supervision. * Ensure that the system is completed and signed off after each supervision. * They will further need to maintain records which can provide evidence of compliance with these standards as well as maintaining records relating to their staff members’ compliance with supervision training requirements. * Undertake training to ensure that they are delivering supervision in line with ELFT Managerial supervision requirements and when appropriate, the requirements of a professional/regulatory body * Managers and supervisors to work with their supervisee and make sure that they address any concerns, support the delivery of any actions, and help the individual to do any personal development actions that they have agreed * This may include delegating both forms of supervision to other suitably qualified and experienced staff within their departments. |
| Professional / Clinical Supervisor | * Complete training in line with requirements of their relevant professional/regulatory body * Undertake supervision with allocated supervisees within the minimum frequency i.e. where managerial and professional will happen as at least every 6 weeks and Trialog must be included in at least every third managerial supervision. * Complete any action agreed * Managers and supervisors to work with their supervisee and make sure that they address any concerns, support the delivery of any actions, and help the individual to do any personal development actions that they have agreed. * This may include delegating both forms of supervision to other suitably qualified and experienced staff within their departments. |
| Directorate Management Teams | * Ensure that all staff within their directorate/department complete supervision within the agreed time limits for their professional group. * Ensure that line managers, supervisees and supervisors are allowed suitable protected time to complete supervision |
| Professional Leads | * Ensure that the professional, clinical and managerial supervision that is completed by members of their professional family is done so in line with the requirements of their professional/regulatory body. * Work with appropriate professional education leads and the People Development to ensure that training is available for supervisors and supervisees as required. * Where appropriate, deliver profession specific supervision training for supervisors and supervisees. * Create guidelines, rules, and processes to support supervision that is specific to the professional family. * Where supervision is conducted outside of the central processed held within the ELFT Learning Academy, keep appropriate records and reporting to support trust reporting requirements * Where any gaps in provision of profession specific supervision are identified, professional leads or directors should work with line managers and DMTs to explore access to alternative provision to meet the identified need. * Practice / clinical supervision, which aims to support learning and develop competency related to a specific clinical task. * Professional supervision, which is largely focused on identifying professional learning and development needs and CPD. |
| Data Warehouse and Analysis team | * Provide reporting and date via PowerBI to teams, Directorate Management Teams (DMTs), Corporate teams, management teams and professional leads on the compliance and completion of all types of supervision |
| The Trust Board | * Ensure the Trust’s organisational structure supports the implementation of this policy and that appropriate training is in place based upon the standards and underlying principles contained within it and that these meet the training requirements * To ensure that this policy is reviewed on a regular basis and that there is a robust system for the monitoring of compliance with the standards contained within. |

3.2.1    Managers

Managers are required to monitor the occurrence of Management and Professional/Clinical Supervision to ensure that both are happening in line with the minimum standards where both Managerial and professional will happen as at least every 6 weeks and Trialog must be included in at least every third managerial supervision. They will further need to maintain records which can provide evidence of compliance with these standards as well as maintaining records relating to their staff members’ compliance with supervision training requirements. Managers and supervisors to work with their supervisee and make sure that they address any concerns, support the delivery of any actions, and help the individual to do any personal development actions that they have agreed. Managers should ensure that the supervision is completed inside the correct frequency to ensure compliance.

3.2.2

Managers need to ensure that clinical and registered staff undertake suitable clinical/professional

supervision with their appropriate professional group. This is of particular importance where the

manager is from a different professional group to that of their staff. Managers should ensure that

staff with supervisory duties are suitably trained in line with the requirements of their profession. It may also be appropriate for clinical supervision to be delivered by an experienced clinician from a different profession.

If supervision is cancelled the manager/supervisor should ensure that it is re-arranged as soon as

possible, rather than waiting for the next supervision date.

3.3 Staff

Have a responsibility to request and attend regular Management and where appropriate Clinical/ Professional Supervision to improve their working practices and develop an awareness of strengths and areas for development. Staff should advise their manager if they are unable to access supervision and should attend supervision training, if they carry out supervision of other staff.

If supervision is cancelled by the staff member, this should be re-arranged as soon as possible, rather than waiting for the next supervision date.

**4 Definitions**

**Clinical and/or registered:** clinical staff and registered members of a recognised professional/regulatory bodies (e.g.NMC) which require them to undertake professional and clinical supervision as part of their practice.

**Non-clinical:** non-clinical staff who are not members of a recognised professional body (e.g.NMC) which require them to undertake professional/clinical supervision as part of their practice.

4.1Managerial Supervision

This is focussed on an individual's overall workload, functioning within the team and    maintaining clarity about role, responsibilities and accountability. It is a collaborative      process and takes place with the line manager or delegated management supervisor. It is      task-oriented, with a formal, service-led agenda. It is a planned process ensuring tasks are carried out to a satisfactory, safe standard in line with organisational objectives, and may include issues relating to professional development. It takes place in conjunction with the Trust’s formal performance appraisal.

Included as part of managerial supervision there will be an approach called Trialog which will be completed by the individual and then the line manager every third supervision session. This approach allows the staff member to describe their feelings across a range of different areas connected to their work and highlight to the manager where they would like to focus the supervision conversation. They then discuss this through a structured approach and agree actions and follow up.

4.2       Clinical and Professional Supervision

     This is focussed on the working relationship between the clinician and professional and individual service users and their carers/ family. It is an opportunity to systematically reflect          on and understand the needs of the service user and carer and consider the practitioner's         interventions and responses in the work.

Professional supervision is concerning issues regarding the individual’s specific profession such as professional standards, registration, code of ethics, etc. Also continuing professional development (CPD) in profession specific-related areas.

Clinical supervision looks into the skills and knowledge needed to do the work competently, confidently and safely, management of particular cases, service-user-related matters. Identifying solutions to problems, improving practice and increasing practice-related understanding and knowledge.

4.3       Informal Supervision

           This happens on a day to day basis in response to urgent and routine work and is about providing guidance and advice on an ad hoc basis. Informal supervision provides   immediate advice and guidance within the work setting by senior colleagues and/or peers and support for individuals carrying out their routine work. It is also necessary for senior staff on duty to fulfil their responsibility for responding to issues of concern in relation to safety and quality. Informal supervision does not have to be recorded.

**5** **Principles of Effective Supervision**

The following principles are considered necessary to promote effective supervision and apply to all forms of supervision:

* An honest working relationship, where there is mutual trust and respect for the individual
* Effective two-way communication
* Maintaining motivation
* A two-way process for enabling and empowering staff
* Promoting equality and diversity through anti-discriminatory practice
* Establishing ground rules about non-discriminatory language and behaviour
* Developing staff competencies by open and honest feedback on performance and practice
* Enabling staff to have learning opportunities to improve performance
* Enabling staff to develop professional autonomy and ownership of their work

Specific details for the requirements of managerial supervision and the professional and clinical supervision requirements for each of the different group can be found in the supervision guidance document.

**6** **Supervision of Medical Staff**

6.1 Requirements for the supervision of medical staff are covered in a separate policy.

**7** **Other forms of supervision**

7.1 In addition to formal Management, Professional and Clinical Supervision which is available to staff and which this policy is primarily concerned with, there are other ways in which staff receive support, discuss and seek advice on their work and new ideas and methods of working which include:

* Peer discussions
* Team meetings
* Group supervision
* Specialist advice or consultation

7.2 These are valuable and helpful ways in which staff can broaden their knowledge and expertise; however they must never be a substitute for formal, individual supervision sessions. The team/line manager always remains accountable for the work of their staff and important that sensitive decisions and actions should not be taken without their knowledge, agreement and following relevant procedures.

**8** **Confidentiality**

8.1 Supervision should be seen as a confidential process between the practitioner and their supervisor. All discussions will be treated as confidential but on a need-to-know basis. A record of the supervision will be recorded via the ELA (ELFT Learning Academy) platform. Please see Appendix xxx section xxx of supervision guidance for more information.

8.2 There are circumstances, however, where it will be necessary for supervisors to discuss information gained from supervision with senior managers and/or senior clinicians/professionals. Similarly, supervision records may be released for the purpose of monitoring the quality of supervision or used as documentation in disciplinary or legal proceedings.

8.3 Any major concerns relating to the supervisee’s practice or performance identified as

a result of supervision should be discussed with the supervisee, before the supervisor

reports these to their line manager.

8.4 The supervisee may keep a record of supervision as part of their continuous

professional development portfolio. Any record should avoid personal identification of service users or third parties, as service users may be able to apply for access to such records under the Data Protection Act. Any clinical information and decisions should be recorded in relevant clinical file.

8.5 Confidentiality under supervision does not exclude the supervisor or supervisee from

their responsibilities under their respective professional Codes of Conduct and current

relevant legislation.

**9** **Supervision Standards**

The content and duration of supervision may vary according to the job and the needs of individual staff. The Trust has set minimum supervision standards which relate to Management, Professional and Clinical Supervision:

* Management, Clinical and Professional supervisors have been trained in supervision
* Both Managerial and Clinical and Professional Supervision will have written supervision contracts agreed by both parties, and reviewed on a regular basis. The contract will include expectations, goals, boundaries, rights and responsibilities, methods of recording and confidentiality.

* Ensure that supervision is completed within the minimum time limits where managerial and professional will happen as at least every 6 weeks and Trialog must be included in at least every third managerial supervision.
* Clinical and Professional Supervision should take place at least every six weeks as a minimum. Clinical and Professional Supervision may be provided in a group. Where supervisors are unable to meet the standards required, they must inform their line manager.
* It is a requirement that the line manager and Clinical and Professional supervisor meet initially to review the workload, ongoing training needs and Performance Appraisal/ Knowledge and Skill Framework Development Reviews of the supervisee.
* All supervision arrangements will be agreed with the immediate line manager and reviewed on a regular basis.
* Where appropriate, the supervisor should support the supervisee in raising concerns using available Trust policies including the Whistle Blowing Policy.
* Management Supervision will be provided by the immediate line manager and will only be sought outside of this framework with the agreement of the line manager.
* Where there is a dispute over the supervision record – this should not be signed and mediation should be sought by the supervisor.

**10 Training**

Line managers will need to maintain records which can provide evidence of compliance with these standards as well as maintaining records relating to their staff members’ compliance with supervision training requirements.

They will need to undertake training to ensure that they are delivering supervision in line with ELFT Managerial supervision requirements and when appropriate, the requirements of a professional/regulatory body

**11**  **Monitoring and review**

11.1 Supervision will be monitored and reported at meetings and boards across the Trust to provide assurance on actions to achieve required quality and compliance with requirements of this policy and Trust Targets. These committees and meetings are described below:

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| Committee / Meeting | Frequency | Element to be reviewed | Responsible for report | Note (not for policy) |
| Directorate Management Teams / Functional Leadership Teams | Monthly | * Completion Rates * Local action plans to improve completion and quality levels | DMT Leads / Functional Directors | This needs to be on DMT agendas like other people issues are |
| Operations Committee | Bi-Monthly | * Completion Rates * Local action plans and risk areas | DMT Leads | Edwin would need to agree this, and who would collage a report of operational activity |
| Service Delivery Board | Quarterly | * Trust wide completion rates * Risks and Issues * Trust wide actions | Chief People Officer / Chief Operating Officer / Chief Nurse / Chief Medical Officer | It’s possible one paper can cover SDB, QAC and P&CC    Each of the execs listed have a responsibility to deliver. |
| Quality Assurance Committee | Quarterly | * Trust wide completion rates * Risks and Issues * Trust wide actions | Chief People Officer / Chief Operating Officer / Chief Nurse / Chief Medical Officer | It’s possible one paper can cover SDB, QAC and P&CC    Each of the execs listed have a responsibility to deliver. |
| People & Culture Committee | Quarterly | * Trust wide completion rates * Risks and Issues * Trust wide actions | Chief People Officer / Chief Operating Officer / Chief Nurse / Chief Medical Officer | It’s possible one paper can cover SDB, QAC and P&CC    Each of the execs listed have a responsibility to deliver. |
| Trust Board | Quarterly | * Trust wide completion rates * Risks and Issues * Trust wide actions | Chief People Officer / Chief Operating Officer / Chief Nurse / Chief Medical Officer | It’s possible one paper can cover SDB, QAC and P&CC    Each of the execs listed have a responsibility to deliver. |