Policy:
NP 019 Clinical/Professional Supervision and Reflective Practice

Summary of policy
This policy sets out the requirements for clinical / managerial supervision within the Trust.

Clinical supervision is a professional requirement for healthcare professionals, to help their continuing professional development and performance in the delivery of high quality care.

It aims to provide a comprehensive framework which is appropriate for staff supervision and ensures the delivery of a competent, safe and high quality service.

Target audience
All SHSC staff

Keywords
Clinical / Professional Supervision, Reflective Practice, Revalidation, Continuing Professional Development & Appraisal / Professional Development Review (PDR)

Storage
Version 2 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (February 2016). Any copies of the previous policy held separately should be destroyed and replaced with this version.
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<td>30</td>
</tr>
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</table>
## Version Control and Amendment Log (Example)

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Type of Change</th>
<th>Date</th>
<th>Description of change(s)</th>
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</thead>
<tbody>
<tr>
<td>2.0</td>
<td>New draft policy created</td>
<td>04/2019</td>
<td>New policy commissioned by EDG on approval of a Case for Need.</td>
</tr>
<tr>
<td>2.0</td>
<td>Approval and issue</td>
<td>04/2019</td>
<td>Amendments made during consultation, prior to ratification.</td>
</tr>
<tr>
<td>2.0</td>
<td>Review / approve / issue</td>
<td>11/2018</td>
<td>Early review undertaken to update the policy to in order to comply with new regulatory requirements.</td>
</tr>
<tr>
<td>2.1</td>
<td>Review on expiry of policy</td>
<td>05/2019</td>
<td>Committee structure updated</td>
</tr>
<tr>
<td>3.0</td>
<td>Review / approval / issue</td>
<td>TBC</td>
<td>Full review completed as per schedule</td>
</tr>
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</table>
Directors, Deputy Directors & Managers establish the arrangements for Clinical / Professional Supervision within their Corporate Directorate for Clinical Staff and Clinical Care Networks: Crisis & Emergency Care; & Scheduled & Planned Care.

The arrangements are monitored and reviewed.

Any training needs for Clinical / Professional Supervision are identified by Directors, Deputy’s & Managers with the Education, Training and Development (ETD) Department. Appropriate education, training & development requirements for supervision arrangements are put in place.

Clinical / Professional / Managers / Supervisors confirm arrangements for staff supervision & hold a record of supervision arrangements.

Clinical / Professional Supervision occurs and is recorded electronically (including PDR documentation / & revalidation).

Managers / Supervisors provide data to Directors / Deputies / Administrators to enable uptake monitoring and any required Improvements to the process.
1 Introduction

The vision of the Trust is to improve the health, wellbeing, mental health and social inclusion of the people of Sheffield. The vision will be realized, in large part by the quality and standard of care delivered by staff.

Clinical / Professional Supervision & Reflective Practice (from here on in referred to as “supervision”) is an essential element in ensuring staff are well managed, well led, well supported and effectively engaged to deliver safe, high quality care.

Supervision contributes to having a competent, capable, skilled, caring and compassionate workforce. A workforce able to deliver care in line with evidence based practice and recovery principles and who can effectively assess & treat, care and support individual service users and help to improve their outcomes and quality of life.

It represents the Trust’s commitment to providing a clinically productive and operationally efficient working environment. It is essential that all staff have access to high quality & effective supervision by the most appropriate means. Supervision, especially in the early years of practice, is widely accepted as being important for professional development, retention and to ensure the best possible care for service users.

2 Scope

This policy relates to health care professions (except Medics) & clinical support staff working in the Trust.

3 Purpose

This policy sets out:

- The requirements for Supervision to take place / be provided as per the attached ‘Supporting Information and Guidance: Supporting Effective Clinical Supervision’ (Care Quality Commission 2013) and definitions (appendix G).
- Reasons for and principles of supervision.
- Responsibilities for supervision.
- A degree of flexibility for Directors / services to undertake supervision (as defined in this policy and supporting information) in a way which best meets their staff and service needs.
- The process by which those accountable for supervision can demonstrate that it is being undertaken and highlight any areas of concern.

4 Definitions

Refer to the attached document, ‘Supporting Information and Guidance: Supporting Effective Clinical Supervision’ (Care Quality Commission 2013) which states:

“Skills for Care (2007) define ‘supervision’ as, ‘an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team’.
In some professions and occupations, alternative titles may be used, such as ‘peer supervision’, ‘developmental supervision’, ‘reflective supervision’ or just ‘supervision’, but generally clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice”.

4.1 Clinical Supervision:

Clinical Supervision is undertaken to enable reflection on clinical practice guided by a skilled supervisor, who is often (although not always) more experienced than the supervisee and may be from the same / or a different profession.

4.2 Professional Supervision

Is also practice-focused and is with an individual from the same professional group involving the opportunity to reflect upon, develop and monitor those aspects of the role that are profession-specific including learning and development, application of theoretical frameworks, skills and knowledge; value base; commitment to and capacity for ongoing development; self-appraisal; direct observation of practice training; shadowing; and Continuing Professional Development (CPD).

For some professions standards are also specified nationally. Such standards should be made known to all relevant professions, supervisors and supervisees.

For the purpose of this policy it is important that staff have access to high quality effective clinical and / or professional supervision and reflective practice to enable them to fulfill their role to the best of their ability and for registered health care professionals to practice safely & in line with requirements of the Trust, regulatory & professional bodies.

4.3 Reflective Practice

Reflective practice is a process by which practitioners are assisted to reflect on their practice and their professional &/or patient relationships. It aims to help develop a greater awareness / understanding of and insight into the emotional labour involved in caring and to better deal with the stresses that are inherent in their caring role. It is a means by which staff may be supported to develop greater confidence & competence by providing the opportunity to discuss and reflect upon work/practice in a supportive and challenging environment. Reflective learning is an essential part of professional responsibility and accountability and may be accessed via 1:1 supervision and / or group sessions.

4.4 Safeguarding Adult and Children Supervision

Practitioners involved in complex safeguarding adult or children cases, including Domestic Violence and Abuse, must discuss these with their supervisor.
Where required the supervisor may direct the practitioner to the SHSC Safeguarding Team for more focused safeguarding supervision in order to support the practitioner during their involvement in the specific safeguarding case. The aim is to help a practitioner develop greater knowledge, confidence, competence and responsibility for their own safeguarding practice whilst ensuring service user protection and safety of care in complex safeguarding / clinical situations.

N.B. Management Supervision

Where a member of staff meets with their line manager, this will often cover day to day activities and/or other matters relating to their work / employment / team working for which the line manager is responsible / accountable. It may relate to matters of team/ service and / or individual, performance, contribution, leave, sickness, work life balance, etc.

Where management supervision has an impact for clinical / professional supervision or vice versa i.e. something is relevant to both clinical /professional and management supervision, the requirement is to make sure that the matters are considered appropriately and in good time and there is appropriate liaison between different supervisors/managers. The supervisee has a responsibility to ensure that any relevant matters are brought up for consideration at the appropriate time and with the appropriate clinical / professional or managerial supervisor.

5 Detail of the Policy

5.1 Reasons for / Purpose of Supervision:

Supervision has three main interrelated functions:

1. A normative or monitoring function related to ensuring safe and effective practice by the member of staff and the protection of service users and others from harm.
2. A formative function related to the educative process of developing skills, knowledge, confidence, competence and capability.
3. A restorative function that seeks to manage any negative effects on the member of staff resulting from their work.

5.2 Principles of Supervision

To principles to support and sustain effective supervision in practice are:

- A culture where supervision is valued by staff, supervisors, managers, directors and commissioners.

- Supervision occurs regularly and is of a high quality.

- Attention is paid to the quality of the supervisory relationship and conversations – being mindful of different styles, constraints or conflicts in the supervisory relationship.

- Where appropriate Supervision trees are used to indicate the different elements of supervision and to identify whether one or more persons provides clinical and or /
professional and / or managerial supervision. To be agreed according to the service needs and background / skills of the available supervisors/managers.

- Where supervision arrangements are undertaken by different supervisors, effective communication between the respective supervisors is established and when appropriate, feedback is incorporated e.g. within the annual appraisal or Personal / Professional Development Review (PDR).

- Where required external expertise for supervision is utilised e.g. for reasons of specialty, modality, group supervision and / or team dynamics.

- Where the Trust provides supervision to external agencies, the arrangements will reflect both the requirements of the external agency and the Trust’s principles for supervision.

- Supervisors have (setting or profession specific) appropriate training.

- Types of Continuing Professional Development (CPD) are recognised/acknowledged as a form of supervision where they support learning & reflective practice e.g. Schwartz Rounds, Microsystem Quality Improvement Programmes, Coaching and Listening into Action

5.2 Ways in which Supervision is Conducted / Experienced:

Formal Supervision discussion may include: clinical / practice standards; case-work, interventions and actions; safeguarding; decision-making and professional judgments; clinical outcomes and evaluation; clarification of boundaries and team working; confidentiality concerns; personal & emotional impact of practice; debriefing; emotional blocks; and contribution to multi-agency / professional working.

In addition supervision, reflective practice and personal and professional development and learning may also be received / occur in Informal and / or Group / Peer settings such as:

- Daily Safety Huddles
- Clinical Multidisciplinary Meetings (which are service user /client /patient focused)
- Clinical Handovers
- Clinical Formulation Meetings / Discussions
- Care Planning / Patient Care Meetings / Discussions.
- Clinical Team Meetings.
- Learning Lesson Reviews / Sessions / Events
- Discussions with Professional Colleagues / other disciplines.
- Group Supervision (for team dynamics and / or patient care)
- Peer Supervision.
- Complex Case Reviews.
- Post Incident Reviews

All staff (supervisees and supervisors, teams and services) are required to keep and maintain a record of both formal & informal supervision in accordance with the requirements of this policy and the health care professions professional bodies and their respective codes of professional practice.
6 Duties

The Trust has a responsibility to support supervision through the development and implementation of this policy.

6.1 The Board
Has responsibility for ensuring an appropriate & deliverable Clinical & Professional Supervision & Reflective Practice Policy is in place. Board will engender an organizational culture which is supportive of / requires effective supervision in practice.

6.2 Executive Directors
Are responsible for ensuring there is an effective system of Clinical & Professional Supervision & Reflective Practice across all clinical & corporate services.

6.3 Executive Director of Nursing and Professions
Is responsible for the production of an effective & deliverable Clinical & Professional Supervision & Reflective Practice Policy and ensuring the sub executive level Director of Operations, Clinical Director, Directors of Professions, Deputy Chief Nurse & Deputy director of Nursing (Operations) have arrangements in place to effectively implement the policy, monitor supervision uptake, review its use in practice and contribute to any required review of the Policy.

6.4 Director of Operations, Clinical Director, Directors of Professions, Deputy Chief Nurse and Deputy Director of Nursing (Operations).

Are responsible for ensuring there are suitable arrangements for the implementation and delivery of Clinical & Professional Supervision & Reflective Practice. Ensuring there are effective & deliverable supervisory arrangements for Nurses, Psychological Practitioners, Allied Health Professionals (AHPs) professional assistants & Health Care Support Workers.

6.5 Associate Directors and Associate Clinical Directors
Are responsible for:
  i. Overseeing the delivery of Clinical & Professional Supervision & Reflective Practice in every ward / team / service, across their respective Care Network and
  ii. Receiving monthly uptake reports and addressing any low uptake rates.

6.6 Care Network Deputy Directors and Senior Operational Managers.

Have responsibility for monitoring supervision uptake and reporting to their Directors. This includes knowing: there are supervision trees in place where required; that times allocated for supervision are in place; records are kept of the supervision; there are mechanisms in place to obtain feedback re supervision: there sources of data available which are used to inform supervision.

6.7 Ward & Team Managers
Have the responsibility for ensuring that clinical/professional supervision arrangements are set up, supported and monitored and provide evidence to demonstrate this. The various forms of supervision should be clearly differentiated. They should also check that appropriate records of the supervision have been kept.
6.8 Supervisors
Have responsibility for setting up the appropriate formal supervision sessions, preparing and participating in the supervision and being suitably confident, capable & experienced to undertake the supervisor role.

Maintain effective supervisory records & record uptake.

Rearrange with the supervisee any cancelled / postponed sessions.

Ensure any concerns arising from the supervision are taken forward appropriately.

6.9 Supervisees
Have a (professional) responsibility to ask for and participate in supervision and ensure they are adequately prepared to make the most of supervision by being prepared for 1:1 formal supervision and engaging proactively in informal 1:1 and group/peer supervision as outlined in section 5.2

Are required to complete their own Supervision Passport (see Appendix D)

6.10 The Bank Service / Manager
Is responsible for co-ordinating and making sure Registered Nurses (RNs) and any other Health Care Professions who do not work substantively for the Trust (i.e. they work via the bank only) receive regular individual and / or group supervision and are suitably competent, capable & fit to practice in Trust Clinical services.

Is required to keep a record of supervision and provide monthly evidence of Bank RN supervision uptake rates to the Director of Operations and Clinical Director and the Deputy Chief Nurse & Deputy Director of Nursing (Operations).

7 Procedure
It is for Directors & managers to assess and monitor the extent to which the supervision arrangements which they have put in place continue to be appropriate and reflect learning and best practice.

Often supervision is delivered by one person, however on occasions additional supervisors may be required e.g. if a worker requires supervision for a specific intervention or function, e.g. Family Work, Cognitive Behavioural Therapy, Safeguarding, Approved Mental Health Professional (AMHP) work, Group Supervision or where there are professional requirements that the supervision be conducted by a specified person who is different from the clinical supervisor / line manager.

Supervisors will usually be in more senior positions than the supervisee (vertical supervision). This does not preclude the supervisors from being, as appropriate, on the same band / grade / experience (peer supervision) or lower grade / band / experience (reverse supervision / mentoring).

Whatever the arrangement agreed each member of staff will have an allocated supervisor and where appropriate (i.e. complex/multiple supervisory arrangements are required) there will be supervision trees which illustrate the lines of supervisory relationships for each worker. Supervision arrangements may vary between professions / teams and care networks / directorates depending on the available professional skill mix.
7. 1 Supervisory Responsibilities

These will be specified in the appropriate job description and appropriate time allocated for the carrying out of these duties. Supervisors will have access to training and / or support to develop their supervisory skills and confidence.

Frequency and Duration

Each Year:

Registered Professionals are expected to attend a minimum of 4 x 1 hour one to one supervision sessions supported by an annual PDR (of approximately 2 hours duration).

Profession specific regulatory body’s set out requirements for maintaining professional registration and revalidation, covering requirements in respect of Continuing Professional Development & Reflective Practice / Supervision.

For Registered Nurses the Nursing and Midwifery Council (NMC) requirements per Year are as follows:

- 11 – 12 hours of Continuing Professional Development (CPD) of which at least 6 – 7 hours must be Participatory Learning.
- Obtaining 1 - 2 pieces of Practice Related Feedback (written or verbal) & demonstrating how this is used to reflect on practice.
- Reflection & Reflective Discussion: 1 – 2 Written Accounts

Newly qualified staff (Preceptors) or staff new in post should have individual supervision more frequently depending on the identified need. Additional support may be agreed by the supervisor on an individual needs basis and could include mentoring / shadowing or ‘buddying’ with another staff member.

Governance

Ward, Community Team, Corporate Clinical Team and Care network governance processes will reflect robust supervision arrangements and keep these under review.

Any shortfalls in supervisory practice should be RAG rated and reported in the Risk Register.

Confidentiality

The supervisory relationship will be based upon an assumption of confidentiality however where patient and / or staff health, safety and well-being may be compromised that confidentiality may be overridden by a need to act in the best interests of an individual and / or others.

Supervision Contract and Records

A supervision contract should be considered by both parties specifying the responsibilities of the supervisor and the supervisee at the commencement of supervision. A template is attached at Appendices A and B.
Notes of supervision will be made and kept by the supervisor, stored securely (electronically wherever possible) to ensure maintenance of confidentiality (e.g. case discussions could be kept on Insight on a supervision form). Supervision records can be uploaded on to the e-form as indicated.

**Supervision Passport**

All clinical staff are required to complete a clinical supervision passport which will enable staff to record the type and source of supervision received which will be kept at work bases. This is to help capture all types of supervision; it does not replace the electronic form, which will remain the responsibility of the supervisor to complete.

A template is attached at Appendix D this will be provided in an A6 size postcard. This information will be required for audit and monitoring purposes. In some situations the contract may be to a group rather than an individual where this reflects the nature of the supervision arrangements.

**Supervision and Appraisal (Personal / Professional Development Review - PDR)**

All individuals will have their supervision arrangements reviewed within the appraisal process. This will cover line management and clinical / professional issues. This will include, where applicable, feedback from other supervisors.

**Number of Supervisees per Supervisor**

This needs to be a workable /deliverable number per staff member and will depend on the role and duties of the individuals concerned.

However where supervision arrangements are overly burdensome due to a high number of supervisees this should be raised with the appropriate line managers / Directors and addressed.

**Resolving disputes about supervision**

Any disputes about supervision that cannot be resolved between the supervisor and supervisee should be brought to the attention of the appropriate manager for consideration of the most appropriate means of resolving any issues. This may require the assistance of HR and/or mediation. See also the Policy on Resolving Disputes between Practitioners.

8 **Development, consultation and approval**

The policy was developed with the collaboration of the Deputy Chief Nurse, Deputy Director of Nursing for Operations, Clinical Director for Operations and Transformation, Associate Clinical Director and the Associate Directors for the Care networks.

The authors consulted with the E-rostering team to ensure that supervision and reflective practice hours were included in the headroom to support staff to undertake supervision and reflective practice to aid the revalidation process.

Line/operational management supervision has been removed and reference is made to management supervision

Safeguarding supervision and reflective practice have been added to the policy.
Supervision hours have been amended to 4 one to one sessions per annum and reflective practice and participatory learning hours have been introduced to support the revalidation process.

Supervision passport has been introduced to enable staff to record supervision throughout their working day. An A6 size card will be provided which will remain on the ward/team base for easy access and recording purposes. Once the policy is ratified these will be ordered via the communications department.

Appendix A, list of managers and professions has been removed and placed in the contact details of this policy.

The policy will be reviewed in consultation with the Care Networks.

Consultation date will be December 2021, six months prior to the review date of May 2022 to ensure the policy is reviewed and completed in a timely manner.
9 Audit, monitoring and review

Care Networks & Corporate Directorates with Clinical Staff and Professions need to identify their priorities for supervision development and implementation and are responsible for monitoring uptake and quality of supervision.

All Directors (Clinical and Professional) have a responsibility to ensure supervision takes place and is recorded.

Managers are expected to monitor that their staff are receiving appropriate supervision and keep records showing that monitoring has occurred.

### Monitoring Compliance Template

<table>
<thead>
<tr>
<th>Minimum Requirement</th>
<th>Process for Monitoring</th>
<th>Responsible Individual/group/committee</th>
<th>Frequency of Monitoring</th>
<th>Review of Results process (e.g. who does this?)</th>
<th>Responsible Individual/group/committee for action plan development</th>
<th>Responsible Individual/group/committee for action plan monitoring and implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Quality, standards and frequency of clinical/professional supervision/reflective practice.</td>
<td>Audit/review</td>
<td>Associate Clinical Director Deputy Chief Nurse IMST</td>
<td>monthly</td>
<td>Clinical Services Senior Performance &amp; Governance Meeting</td>
<td>Associate Clinical Director Deputy Chief Nurse</td>
<td>Associate Clinical Director Deputy Chief Nurse</td>
</tr>
</tbody>
</table>

Policy to be reviewed in May 2022.
10 Implementation plan

- The policy follows a review of the previous policy and has significant amendments which provide a framework for implementation within Professions / Care Networks.

<table>
<thead>
<tr>
<th>Action / Task</th>
<th>Responsible Person</th>
<th>Deadline</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upload new policy onto intranet and remove old</td>
<td>Deputy Chief Nurse</td>
<td>Asap after ratification</td>
<td></td>
</tr>
<tr>
<td>version</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff to be made aware of policy and have plans in</td>
<td>Directors and Senior Operational Managers</td>
<td>Asap after ratification</td>
<td></td>
</tr>
<tr>
<td>place to ensure full implementation, monitoring,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training and reporting.</td>
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<td></td>
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</tr>
</tbody>
</table>

11. Dissemination, storage and archiving

The policy will be made available on the Trust Intranet. It will also be disseminated through the Directorate/ Professional Leads. All previous versions of the policy will be removed from the website and team / unit managers will be asked to remove any paper copies. Previous versions will be archived.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date on website (intranet and internet)</th>
<th>Date of “all SHSC staff” email</th>
<th>Any other promotion/ dissemination (include dates)</th>
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<tbody>
<tr>
<td>1.0</td>
<td>2016</td>
<td>2016</td>
<td>Care Networks</td>
</tr>
<tr>
<td>2.0</td>
<td></td>
<td></td>
<td>Care Networks</td>
</tr>
</tbody>
</table>
12 **Training and other resource implications**
Training and experience are considered essential for those delivering clinical supervision and all staff are supported to attend appropriate training programmes in clinical supervision. A flexible approach towards the development of the appropriate and effective supervision skills should be adopted in conjunction with the Education, Training and Development Team and be reflected in the Trust’s Needs analysis.

13 **Links to other policies, standards (associated documents)**
- E-rostering policy
- Personal Development Review (PDR) Policies.
- Learning and Development policy

14 **Contact details**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Chief Nurse</td>
<td>Brenda Rhule</td>
<td></td>
<td><a href="mailto:Brenda.rhule@shsc.nhs.uk">Brenda.rhule@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Deputy Director of Nursing Operations</td>
<td>Anthony Bainbridge</td>
<td></td>
<td><a href="mailto:Anthony.bainbridge@shsc.nhs.uk">Anthony.bainbridge@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Assistant Clinical Director</td>
<td>Chris Wood</td>
<td></td>
<td><a href="mailto:Christopher.wood@shsc.nhs.uk">Christopher.wood@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Clinical Director</td>
<td>Peter Bowie</td>
<td></td>
<td><a href="mailto:Peter.bowie@shsc.nhs.uk">Peter.bowie@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Associate Director</td>
<td>Debbie Horne</td>
<td></td>
<td><a href="mailto:Deborah.horne@shsc.nhs.uk">Deborah.horne@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Associate Director</td>
<td>Richard Bulmer</td>
<td></td>
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</tbody>
</table>

15 **References.**

Care Quality Commission (2013) *Supporting Information and Guidance: Supporting Effective Clinical Supervision.*

Lancashire Care NHS Foundation Trust (2016) *Supervision Passport for Clinical Staff.*

Nursing and Midwifery Council (2019) *Revalidation, How to revalidate for renewing your registration.*
### Appendix A – Template for Clinical/Professional Supervision Contract Guidelines

**Supervision Contract:**

Please complete below following discussion and agreement between supervisor and supervisee

#### Between:

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisee:</td>
<td></td>
</tr>
</tbody>
</table>

1. Frequency

2. Length of session

3. Venue

4. Scope (e.g. Operational Line Management / Professional / Clinical)

5. Links to other forms of Supervision

6. Details of other Supervision

7. Arrangements requiring cover

8. Confidentiality (confirm the arrangements to apply)

9. Evidence of sessions (see template sheet attached)

10. Organisation if cancelled

11. Date of Review for this contract

Signed – Supervisee

Signed – Supervisor

Signed – Line Manager
Appendix B

Template Record of Clinical/Professional Supervision

This is the minimum requirement for record keeping and this document must be available for audit purposes which will examine the uptake of this type of supervision.

Directorates and teams may require additional guidance and recording requirements, and the supervisee should keep these forms.

<table>
<thead>
<tr>
<th>Name of Supervisor</th>
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</tr>
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<tbody>
<tr>
<td>Name of Supervisee</td>
<td></td>
</tr>
<tr>
<td>Role of Supervisee</td>
<td></td>
</tr>
<tr>
<td>Work Area of Supervisee</td>
<td></td>
</tr>
<tr>
<td>Topics discussed</td>
<td>Actions</td>
</tr>
<tr>
<td></td>
<td></td>
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Supervisor Signature

Supervisee Signature

Date
Supervision Passport
For Clinical Staff
Introduction

Every member of the clinical team is encouraged to undertake one to one clinical supervision with their clinical supervisor each month. This is a perfect opportunity to create a close bond with a colleague, to raise awareness of issues relating to clinical practice, to be supported in delivery of care and to reflect upon your role in the working environment.

At the Trust we endeavor to offer ‘protected time’ to clinical staff to allow for reflection on their practice.

Registered nurses: Your Supervision passport can help with your revalidation with the NMC. (Other professions will have similar requirements). Please ensure your 1:1 supervision is recorded on the electronic supervision form, detailing the content of your 1:1 Supervision. You may also complete a Reflective Account template and utilise this as part of your re-validation evidence.

All staff: Please ensure your supervisor adds your supervision to the Trust Supervision Database.
Keep your supervision passport with you on the ward.

Following a supervision session, refer to the code below and enter the type of supervision (formal or informal) you received and the source (group; 1:1; team meetings, learning lessons etc.) in the appropriate boxes.

State whether the supervision was:

› **Managerial** – delivered by your direct line manager in relation to performance on ward or,

› **Clinical** – formal clinical supervision or any of the ad-hoc supervisions that relate to the clinical issues and practice.

Please ensure your supervisor signs your passport.

› Your ward manager is monitoring supervision uptake monthly.

› Please ensure you have supervision regularly throughout the year. This includes 1:1 formal, clinical supervision.
## Type and source of clinical supervision

<table>
<thead>
<tr>
<th>Type</th>
<th>Code Description</th>
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<tbody>
<tr>
<td><strong>In</strong></td>
<td>Informal clinical supervision</td>
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<tr>
<td><strong>F</strong></td>
<td>Formal clinical supervision</td>
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<tr>
<td><strong>R</strong></td>
<td>Reflective practice for revalidation</td>
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<tr>
<th>Source</th>
<th>Code Description</th>
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<tr>
<td><strong>CP</strong></td>
<td>Care planning / patient care</td>
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<td><strong>H</strong></td>
<td>Handovers/ward round</td>
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<tr>
<td><strong>TM</strong></td>
<td>Team meetings</td>
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<tr>
<td><strong>LL</strong></td>
<td>Learning lessons / post incident review.</td>
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<tr>
<td><strong>DC</strong></td>
<td>Discussions with colleagues / other</td>
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Disciplines

| **1:1**       | One to one supervision             |

<p>| <strong>G</strong>         | Group supervision                   |</p>
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<tr>
<th>Date</th>
<th>Duration</th>
<th>Managerial or Clinical</th>
<th>Type</th>
<th>Source</th>
<th>Supervisor Initial</th>
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Clinical/Professional Supervision and Reflective Practice version 2 2019
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<th>Duration</th>
<th>Managerial or Clinical</th>
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Total duration:
Further information

If lost, please return to:
Sheffield Health & Social Care NHS FT Chief Nurse Office, Room 215
Tower Block, Fulwood House,
Old Fulwood Road
Sheffield
S10 3TH
Tel. 0114 271 6713

Talk to us:
Concerns, complaints, ideas
» Talk to your Line Manager
» Talk to your Ward Manager
» Talk to your Clinical Supervisor

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**Appendix D**

**Supplementary Section A – Stage One Equality Impact Assessment**


**Stage 1 – Complete draft policy**

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If NO – No further action required – please sign and date the following statement. If YES – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at [http://www.shsc.nhs.uk/about-us/equality-human-rights](http://www.shsc.nhs.uk/about-us/equality-human-rights)

<table>
<thead>
<tr>
<th>Group</th>
<th>Does any aspect of this policy actually or potentially discriminate against this group?</th>
<th>Can equality of opportunity for this group be improved through this policy or changes to this policy?</th>
<th>Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>No</td>
<td>It enables concerns to be identified in a more systematic basis.</td>
<td>N/A</td>
</tr>
<tr>
<td>DISABILITY</td>
<td>No</td>
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<tr>
<td>GENDER REASSIGNMENT</td>
<td>No</td>
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<td>PREGNANCY AND MATERNITY</td>
<td>No</td>
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<tr>
<td>RACE</td>
<td>No</td>
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<tr>
<td>RELIGION OR BELIEF</td>
<td>No</td>
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<td>SEX</td>
<td>No</td>
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<tr>
<td>SEXUAL ORIENTATION</td>
<td>No</td>
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**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)  
Rhule 30.04.2019
Appendix E

Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site [http://www.sct.nhs.uk/humanrights-273.asp](http://www.sct.nhs.uk/humanrights-273.asp) (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?
   - Yes, No further action needed.
   - No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?
   - No, no further action needed.
   - Yes, go to question 3.

3. Complete the table below to provide details of the actions required.

<table>
<thead>
<tr>
<th>Action required</th>
<th>By what date</th>
<th>Responsible Person</th>
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<tbody>
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Appendix F  Human Rights Act assessment checklist

1. Safeguarding Children
   1.1 To assist staff to safeguard the welfare of children who they come into contact with as part of their work.
   1.2 Children who staff come into contact with as part of their work.

2. Will the policy/decision engage anyone’s Convention rights?
   Yes
   No

3. Will the policy/decision result in the restriction of a right?
   Yes
   No

4. Is the right an absolute right?
   Yes
   No

5. Is the right a limited right?
   Yes
   No

6. Will the right be limited only to the extent set out in the relevant Article of the Convention?
   Yes
   No

Flowchart exit

- There is no need to continue with this checklist. However
  - Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
  - Legal advice may still be necessary – if in any doubt, contact your lawyer

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. And you should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Policy/decision is not likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.
Registration under the Health and Social Care Act 2008

Supporting information and guidance:
Supporting effective clinical supervision

July 2013
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2. What is clinical supervision? 4
3. Who should receive clinical supervision? 5
4. What are the benefits of clinical supervision for staff? 5
5. What are the benefits for people who use services and carers? 5
6. What are the benefits for service providers? 5
7. What are the roles and duties of the registered manager and nominated individual in relation to clinical supervision? 6
8. What does an effective system of clinical supervision look like? 7
9. What models of clinical supervision are there? 7
10. What training and development should supervisors have? 8
11. What is the recommended frequency and duration of clinical supervision? 8
12. What should the content of clinical supervision include? 9
13. What is the role of the supervisor and supervisee? 9
14. Should there be a supervision contract in place? 10

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Summary

CQC has produced this supporting information and guidance in response to recommendations from the Winterbourne View Serious Case Review and in line with the commitments that we made in the Winterbourne View Review Concordat: Programme of Action.

It sets out what effective clinical supervision should look like, and is of particular relevance within care settings for people with a learning disability. However, it has broader application to registered providers, registered managers and staff across ALL care sectors and settings. The supporting information and guidance is designed to be used by legally responsible registered providers, registered managers and the staff they supervise, in relation to regulatory requirements.

We use the Guidance about compliance: Essential standards of quality and safety and the Judgement framework when carrying out compliance and enforcement activity. This supporting information and guidance does not introduce additional guidance about complying with regulatory requirements.

There is further information about Winterbourne View in the report of the Serious Case Review and in the Department of Health’s Winterbourne View Review: Concordat: A Programme of Action.

Background

1. What are the aims of supervision?

There are several types of supervision – the three most commonly referred to are: clinical, managerial and professional supervision. The terms used in this area may sometimes overlap and in practical terms, it may sometimes be difficult to separate them from each other.

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:

- Review their performance.
- Set priorities/objectives in line with the organisation’s objectives and service needs.
- Identify training and continuing development needs.
Clinical supervision provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing development needs.

Professional supervision is often interchangeable with clinical supervision. This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with the opportunity to:

- Review professional standards.
- Keep up to date with developments in their profession.
- Identify professional training and continuing development needs.
- Ensure that they are working within professional codes of conduct and boundaries.

We use the term ‘clinical supervision’ in this supporting guidance to refer to the supervision for all staff who care for people who use services, including registered professionals and support workers. Clinical supervision is about maintaining the professionalism of these staff groups in working with people who use services.

2. What is clinical supervision?

Skills for Care (2007) define ‘supervision’ as “an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team”.

http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx

In some professions and occupations, alternative titles may be used, such as ‘peer supervision’, ‘developmental supervision’, ‘reflective supervision’ or just ‘supervision’, but generally clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.
3. Who should receive clinical supervision?

Clinical supervision is often primarily aimed at registered professionals (for example, nurses, doctors, social workers and allied health professionals).

In services for people with a learning disability or autism, the staff who care for the people using the services should have access to appropriate forms of support, including clinical supervision. This applies to all staff, including those who are not professionally registered.

4. What are the benefits of clinical supervision for staff?

Clinical supervision has a number of benefits for staff:

- It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.

- It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.

- It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).

5. What are the benefits for people who use services and carers?

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

6. What are the benefits for service providers?

Clinical supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services.
Clinical supervision has been associated with higher levels of job satisfaction, improved retention, reduced turnover and staff effectiveness. Effective clinical supervision may increase employees’ perceptions of organisational support and improve their commitment to an organisation’s vision and goals. It is one way for a provider to fulfil their duty of care to staff.

Importantly, clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability.

See the briefing on Effective supervision in social work and social care from the Social Care Institute of Excellence.

and the Royal College of Nursing’s Clinical supervision in the workplace.

A focus on the relationships between the registered provider or manager, people who use services, their families and staff has been identified as one feature of services that demonstrate good practice in caring for people with a learning disability and challenging behaviour or mental health needs. As part of this, emotional support and supervision have been identified as important components.


Clinical supervision is considered to be an essential part of good professional practice by a range of different professional bodies. It can contribute to meeting any continuing professional development requirements set by a professional body or a regulator, and can therefore help ensure that staff remain registered and able to work (if applicable).

7. What are the roles and duties of the registered manager and nominated individual in relation to clinical supervision?

The registered provider or manager must have suitable arrangements in place to ensure that people employed for the purposes of carrying out the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people who use services safely and to an appropriate standard. An effective system of clinical supervision is one way of ensuring this. See Regulation 23 (Outcome 14) in the Guidance about compliance: Essential standards of quality and safety.
A nominated individual is someone who has responsibility for supervising the management of the regulated activity where the legal entity of the registered provider is an organisation (an individual or a partnership do not need a nominated individual). They must be an employed director, manager or secretary of the organisation. Supervising the management of the regulated activity includes clinical supervision arrangements.

8. What does an effective system of clinical supervision look like?

All staff who care for people with a learning disability or autism should have access to clinical supervision, which is normally separate from managerial supervision.

Registered providers or managers should ensure that there is a clear up-to-date policy that describes the arrangements for supervision, including clinical supervision, and how this is implemented and delivered.

The registered provider or manager’s approach to clinical supervision might vary depending on a number of factors, including the needs of the people they provide services to and their carers; how their service is delivered; and the different staff groups involved. The following sections provide some information about areas that registered managers and providers should think about in developing their approach to clinical supervision.

Skills for Care published *Providing effective supervision* (2007), which sets out what a supervision policy might include.

9. What models of clinical supervision are there?

There are a number of different models of clinical supervision.

Different models or ways of delivering clinical supervision could include the following:

- One-to-one supervision between a supervisor and supervisee.
- Group supervision in which two or more practitioners discuss their work with a supervisor.
- Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor.
- A combination of the above.
The appropriate model of clinical supervision may vary depending on a number of factors, including the experience of the supervisee, the weight of their workload and their professional background. Professional bodies most frequently refer to one-to-one supervision or group supervision.

10. What training and development should supervisors have?

Supervisors should be adequately trained, experienced and supported to perform their role.

They may not always come from the same professional background as the supervisee, although this is strongly advised.

Importantly, the supervisor should have the skills, qualifications, experience and knowledge of the area of practice required to undertake their role effectively. They should also be supported through having their own clinical supervision.

Supervision is a mandatory requirement of the Level 5 Management of Adult Services and Management of Adult Management Services qualification, and is identified as a key task in Skills for Care’s Manager induction standards.

www.skillsforcare.org.uk/mis/

See the learning unit ‘Develop professional supervision practice in health and social care or children and young people’s work settings’.

11. What is the recommended frequency and duration of clinical supervision?

Clinical supervision should take place regularly. The frequency and duration of clinical supervision should be adequate to ensure safe and competent care for people who use services.

The most appropriate supervision arrangements for a member of staff are determined by a number of factors, including their experience, the type of work they carry out and their individual needs (Skills for Care, 2007).

http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx

A range of professional bodies provide guidance about what they consider to be an appropriate frequency and duration for different groups. Providers, registered managers and staff should refer to the appropriate professional body for advice on frequency.
12. What should the content of clinical supervision include?

Good clinical supervision relies on trust and therefore (within some limits, see below) a supervisee has a right to expect the content of the session to remain confidential. The content of a supervision session will be agreed between the supervisor and supervisee.

If concerns are identified in the course of supervision about a staff member’s conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the staff member’s line manager. This should be clearly set out in any policy on clinical supervision and in supervision contracts.

13. What is the role of the supervisor and supervisee?

Effective clinical supervision relies on a good working relationship between supervisors and supervisees, whose responsibilities are set out below.

Supervisees should:

- Prepare for supervision sessions, which include identifying issues from their practice for discussion with their supervisor.
- Take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.

Supervisors should:

- Adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs.
- Ensure a supervision contract is place so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.
- Keep a record of supervision sessions, reviewing any action plans.
- Act appropriately to share information where there are serious concerns about the conduct, competence or health of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to their own supervision.
14. Should there be a supervision contract in place?

A number of professional bodies identify that it is good practice to put in place a written agreement or contract between supervisor and supervisee at the outset of supervision sessions. Clear records should also be kept of supervision sessions.

Skills for Care (2007) have published examples of supervision agreements, agendas and records.

http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx
Additional references for further information

British Association for Music Therapy Clinical Supervision, Information and guidance for the profession (2008).

http://badth.org.uk/code

http://www.basw.co.uk/resource/?id=1335


The Care Quality Commission
http://www.cqc.org.uk/


Department of Health, Services for people with learning disabilities and challenging behaviour or mental health needs (2007).


Health and Care Professions Council, Continuing professional development and your registration (2011).
http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf

National Leadership Academy for Social Care resources including:
Support programmes for Registered Managers including advice around supervision and other management issues
https://www.nsasocialcare.co.uk/registered_managers/new

Leadership Qualities Framework which includes guidance on appropriate behaviours and can be used as a reference document in supervision and appraisal
https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework

Nursing and Midwifery Council, Clinical supervision for registered nurses (2008).
http://www.queenmarysroehampton.nhs.uk/working/supervision/Supervision%20Documents/Advice%20sheet%20for%20registered%20nurses.pdf


http://www.rcpsych.ac.uk/pdf/PS02_%202010.pdf
http://www.rcslt.org/speech_and_language_therapy/standards/professional_standards_cq3


http://www.scie.org.uk/publications-guides/guide50/

There are also two SCTV films that act as case studies:

SCTV: http://www.scie.org.uk/socialcaretv/topic.asp?t=supervision

1. Supervision: supporting staff to provide good care (Supported Living Setting)
2. Enhancing staff development through supervision (residential setting)

http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx

Skills for Care (2011). Implementing the ‘autism skills and knowledge list’ through staff training and development.
http://www.skillsforcare.org.uk/developing_skills/autism/autism_skills_and_knowledge_list.aspx

Skills for Care (2012). Manager induction standards.
http://www.skillsforcare.org.uk/mis/

Skills for Care and Skills for Health (2011). Autism skills and knowledge list, for workers in generic social care and health service
http://www.skillsforcare.org.uk/developing_skills/autism/autism_skills_and_knowledge_list.aspx


Skills for Care and Skills for Health (2012). National minimum training standards for healthcare support workers and adult social workers in England
http://www.skillsforcare.org.uk/codeofconductandtrainingstandards/
http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10171/3511605/ARTICLE-TEMPLATE

South Gloucestershire Safeguarding Adults Board (2012). Winterbourne View Hospital. A serious case review. 