Policy:

NP 019 Supervision Policy

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Document Type	Policy
Document Version Number	4
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Summary of Policy

The policy provides a framework for supervision and outlines roles and responsibilities for supervision within the organisation for all staff.

It sets clear standards and requirements in relation to supervision practice and highlights the value of developing skills and competencies that maintain good practice standards, with the aim of promoting learning to improve the quality of care and safe practice for the benefit of service users.

Target audience	All SHSC staff

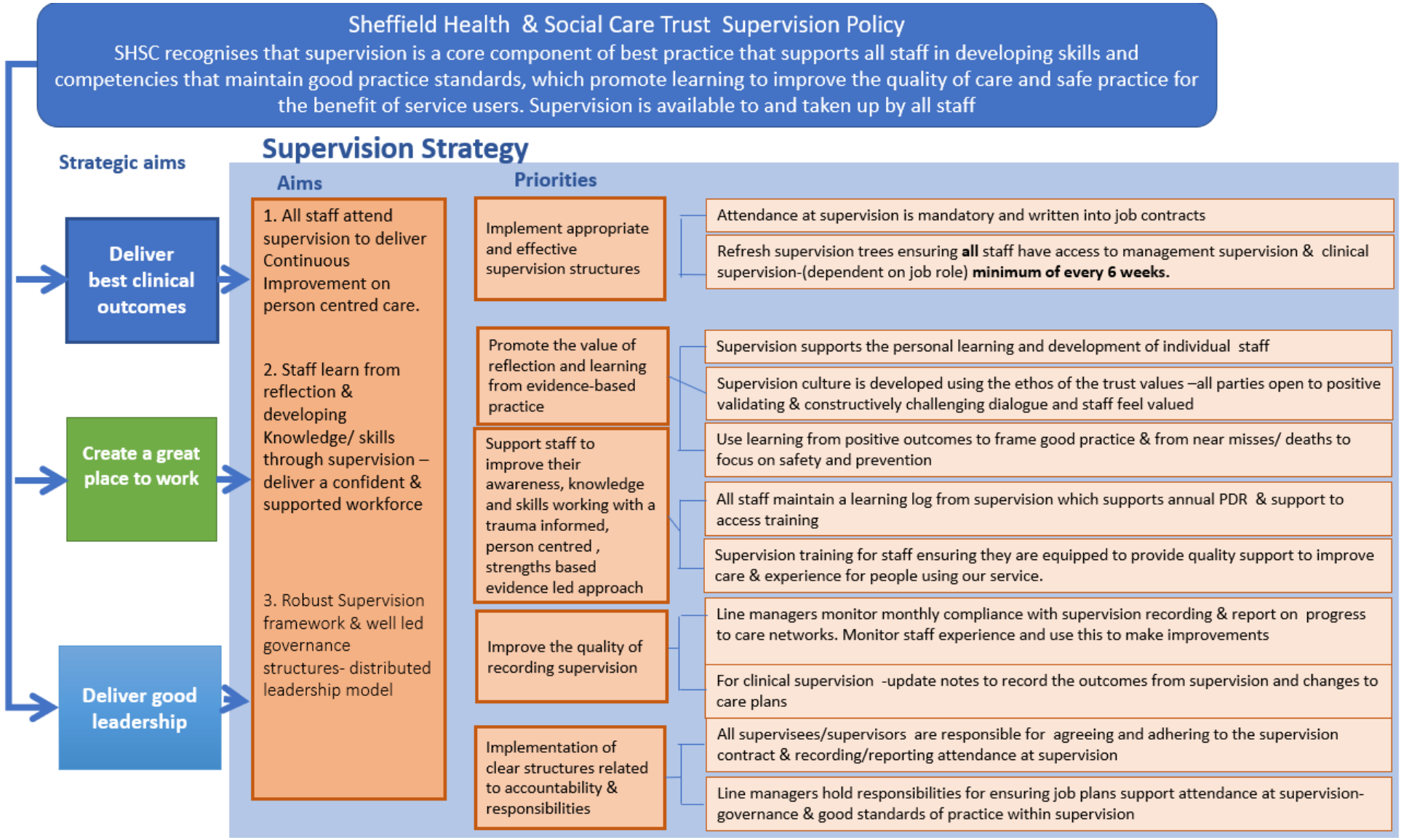
Keywords	Management /Clinical / Professional Supervision, Revalidation, Continuing Professional Development & Appraisal / Professional Development Review (PDR)

Storage
Version 4 of this policy is stored and available through the SHSC Jarvis page on the internet. This version of the policy supersedes the previous version (May 2023). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Contents

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	May 2016	New policy commissioned by EDG on approval of a Case for Need.
1.0	Approval and issue	May 2016	Amendments made during consultation, prior to ratification and approval
2.0	Review on expiry of policy	May 2019	Review undertaken to update the policy and approve re schedule
3.0	Review / approve / issue	May 2020	Early review undertaken to comply with new regulatory requirements
4.0	Review on expiry of policy	June 2023	Full review undertaken with consultation prior to ratification and approval.


Sheffield Health & Social Care Trust Supervision Policy
SHSC recognises that supervision is a core component of best practice that supports all staff in developing skills and competencies that maintain good practice standards, which promote learning to improve the quality of care and safe practice for the benefit of service users. Supervision is available to and taken up by all staff
Supervision Strategy
Strategic aims
Aims
Priorities
Deliver best clinical outcomes
Create a great place to work
Deliver good leadership
1. All staff attend supervision to deliver Continuous Improvement on person centred care.
2. Staff learn from reflection & developing Knowledge/ skills through supervision – deliver a confident & supported workforce
3. Robust Supervision framework & well led governance structures- distributed leadership model
Implement appropriate and effective supervision structures
Attendance at supervision is mandatory and written into job contracts
Refresh supervision trees ensuring all staff have access to management supervision & clinical supervision-(dependent on job role) minimum of every 6 weeks.
Promote the value of reflection and learning from evidence-based practice
Supervision supports the personal learning and development of individual staff
Supervision culture is developed using the ethos of the trust values –all parties open to positive validating & constructively challenging dialogue and staff feel valued
Use learning from positive outcomes to frame good practice & from near misses/ deaths to focus on safety and prevention
Support staff to improve their awareness, knowledge and skills working with a trauma informed, person centred , strengths based evidence led approach
All staff maintain a learning log from supervision which supports annual PDR & support to access training
Supervision training for staff ensuring they are equipped to provide quality support to improve care & experience for people using our service.
Improve the quality of recording supervision
Line managers monitor monthly compliance with supervision recording & report on progress to care networks. Monitor staff experience and use this to make improvements
For clinical supervision -update notes to record the outcomes from supervision and changes to care plans
Implementation of clear structures related to accountability & responsibilities
All supervisees/supervisors are responsible for agreeing and adhering to the supervision contract & recording/reporting attendance at supervision
Line managers hold responsibilities for ensuring job plans support attendance at supervision-governance & good standards of practice within supervision

1 Introduction

Supervision is a core component of best practice that supports all staff learning. It enables a culture of psychological safety so that staff can develop skills and competencies that maintain high quality, safe care for our service users their families/carers and supports staff wellbeing.

Sheffield Health and Social Care Foundation Trust (referred to as Trust) is committed to supporting staff to be the best that they can be. To provide this, it is important that every member of staff has:

- A clear understanding of their role and how they contribute to high quality, safe patient care within the team they work in and the organisation.
- Mutually agreed objectives / work priorities and staff who have the capability capacity, competence, and confidence necessary to carry these out effectively.
- Staff have support from their manager to have regular supervision line management and where appropriate clinical supervision with an annual performance development review (PDR) that focuses upon achievement of their objectives / work priorities engaging in open and honest conversations. (See PDR policy)
- An up-to-date Job Description and Person Specification which is reviewed at a minimum annually, within the PDR and changes made dependant on the review.
- Support to access necessary development to fulfil the parameters of their job description and to achieve their objectives / work priorities
- Access to wellbeing initiatives to support staff in maintaining their own wellbeing whilst performing in their role.

We recognise that people who work for the Trust bring their individual contribution that goes beyond how they fulfil the parameters of the job description: how staff engage with their teams and the organisation help to shape plans and support quality improvement, providing the culturally appropriate conditions, frameworks and resource for effective supervision to take place is key to enabling staff to achieve their full potential and deliver a good service.

There is a wealth of evidence that consistent supervision contributes directly to improved outcomes of the service and good quality care (West and Borril, 2003) improves job satisfaction, staff morale, psychological safety and reduced staff absence (A. Edmondson 2016). The CQC outlines the benefits and necessity for staff to receive supervision to support them in maintaining good standards of care, continuous learning, creating opportunities for staff reflection to maintain skills and to fore fill their job role (https://www.cqc.org.uk/guidance-providers/regulations).

Therefore, **all people employed by the Trust are required to attend management supervision and an appraisal. Clinical Practitioners are also required to attend clinical supervision.**

2 Scope

This policy identifies the minimum standards, which are expected to carry out regular and meaningful supervision. It incorporates management, clinical, safeguarding, and reflective practice supervision into one policy and seeks to be inclusive for the entire workforce (both professionally registered clinical and non- registered staff and corporate staff).

3 Purpose

3.1 This Policy has been formulated to ensure Trust staff have a clear understanding of their own and the Trust's responsibility in relation to Supervision. At staff's request there is a newly codesigned Supervision Guidance Booklet for Staff, Managers and Clinical Supervisors. (See Appendix A)

3.2 It is the policy of Trust, that all staff will receive management supervision, and that clinical staff also receive appropriate clinical, safeguarding, and professional supervision in line with this policy and respective professional body guidance. This policy should be read alongside relevant professional guidance. For example:

The Health and Care Professions Council (HCPC) https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/

The British Psychological Society - BPS - https://explore.bps.org.uk/content/report-guideline/bpsrep.2014.inf224

British Association for Behavioural and Cognitive Psychotherapies https://babcp.com/Supervision-Guidance

British Association for Counselling and Psychotherapy (bacp.co.uk) https://www.bacp.co.uk/membership/supervision/

The Nursing & Midwifery Council - The Nursing and Midwifery Council (nmc.org.uk) https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

General Medical Council GMC https://www.gmc-uk.org/-/media/documents/dc11637---quick-guide-to-gmc-medical-supervision_pdf-78467132.pdf

General/Pharmaceutical/Council https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/training-placement/designated-supervisors

NMC NMP Standards for prescribers https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/

Professional nurse advocate- https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/

IAPT Manual- NHS Talking Therapies https://www.england.nhs.uk/wp-content/uploads/2018/06/the-nhs-talking-therapies-manual-v6.pdf

3.3 Local Authority staff managed within the Trust should receive supervision in accordance with the Local Authorities' own supervision policies and the national professional guidelines. A position statement from social work professional lead can be found in (Appendix B).

3.4 The policy provides a framework for ensuring that the support and development needs of staff are identified and met to enable them to deliver high quality services efficiently and effectively.

4 Definitions of Supervision and Terms Used

It is important to be aware of the differences between different kinds of supervision needed to support staff in their roles. We recognise that for clinical staff this will mean a mix matrix of supervision in line with this policy and professional and regulatory bodies.

Supervision type	Definition	Supervisor
Caseload Supervision	Supporting clinical staff to review their caseload and clinical record documentation	Clinical Lead/Senior Clinician
Clinical Supervision **Reflective Practice**	Clinical supervision facilitates the delivery of consistently high standards of care by enabling the practitioner to reflect on practice, clarify goals, identify appropriate clinical interventions & evaluate their effectiveness. Further knowledge or skills development needs may also be identified. a process by which practitioners are assisted to reflect on their practice and their professional &/or patient relationships	Clinical Supervisors should have appropriate qualifications, skills and experience. Peer clinical supervision is conducted by clinicians with similar levels of expertise and experience These group sessions are supervised by psychological practitioners
Management supervision	The managerial and quality control aspect of professional practice	Manager/Line Manager
Safeguarding Supervision	Clinical supervision which relates specifically to safeguarding issues. This should be integrated with clinical supervision unless additional support is required	Clinical Supervisor. Additional support/advice available from member of safeguarding team (SAPP Team) or CYPS safeguarding supervisors
Non-medical prescribing	Supervision which supports their prescribing practice.	see **Non-Medical Prescribing Policy**
Professional Nurse Advocate	Support staff through group and one-to-one in restorative supervision. The approach aims to improve clinical effectiveness, reduce sickness/absence and developing stronger relationships	Clinical supervisors will have additional training as a PNA
Professional supervision	Provides opportunity to review professional standards, keep up to date with developments in the profession, identify professional training and continuing development needs, and to ensure that the clinician is working within professional codes of conduct and boundaries.	Another more senior (or where appropriate peer) member of the same profession or group

4.1 Management Supervision

All staff should meet with their allocated manager on regular basis to focus on any concerns related to their job role: achievements of objectives/ work priorities in line with the staff's individual development needs, agreement of personal development plans and staff wellbeing. The supervision conversation should consider any new work priorities and any changes in the role. It is expected that these meetings take place in a private setting and run in line with the trust values, where engagement in respectful, open, and honest conversations take place.

We recommend the use of two models of supervision as described below, but others from a robust evidence base can be selected. Inskipp and Proctor (1993) describe three key functions of line management supervision:

- Educative: exploring learning, education, and the development of skills. Reflecting on what you have learned from experience.
- Supportive: discussing things that affect your emotional and personal wellbeing
- Professional: safe practice, maintaining and developing standards and following policies and procedures. It helps supervisees to work within organisational objectives and meet the standards that are needed.

Supervision needs to have a balance of all three – although on occasions a particular session might focus more on one type than the others (e.g., where the supervisee wishes to discuss a stressful or difficult situation). Topics should be agreed between supervisor and supervisee. Van Ooijen (2000) This gives a structure for the session with a sequence of stages.

Van Ooijen (2000) Contract Set Ground Rules

- Contract – setting the scene, initial agreement about ground rules and boundaries, discuss what might be in the contract (example in section 3). This contract needs periodic review to ensure its meeting the supervisees needs and may lead to changes in the contract.
- Focus – Establish the issues that are important to the supervisee, clarify and consider how to approach. May need to prioritise. (Who brings issues – supervisee or supervisor?)

- Space - This stage is at the heart of the supervision process. This is where reflection and challenge and learning takes place.
- Bridge – towards the end of the session – a bridge back into work. Consolidation, information giving and action planning
- Review – for the benefit of supervisor and supervisee – conclusions can improve future sessions

4.2 Clinical Supervision

This term is used to refer to the supervision for all staff who directly care for people who use services, including registered professionals, support workers and those staff that work on the bank contract in clinical roles. This is regular, protected time for facilitated in-depth reflection on complex issues influencing clinical practice. It aims to enable the supervisees to achieve, sustain and creatively develop a high quality of practice. It contributes significantly to reduce emotional exhaustion among clinical staff. It can help to support individual performance against expectations of the role and progress personal development plans.

The three main functions of Clinical Supervision are:

- **Formative** (encouraging reflection on practice; feedback, to develop clinical skills; to share and utilise knowledge
- **Restorative** (time to discuss clinical difficulties; to express feelings; to provide a supportive structure that is seen as distinct from managerial input
- **Normative** (to express, explore and accept constructive criticism; to promote mutual respect between participants; to provide support in relation to the demands of the job, including managerial, service and quality issues, such as monitoring practice in relation to Trust and professional standards, quality of care issues and safeguarding issues)

All staff directly involved in the clinical care of service users/carers must receive clinical supervision and participate in reflective practice. This can be via 1:1, group or peer supervision. Clinical supervision involves a verbal presentation by the clinician of any aspect of or related to her/his clinical work, with the opportunity for feedback from the clinical supervisor and/or supervision group. Feedback is sensitive, yet constructively challenging, enabling the clinician to develop insight into both her/him and service users/carers with whom they are working, with the ultimate objective of becoming a more capable, confident and an effective practitioner.

Clinical supervision is an essential tool in the development of good working practice. It promotes therapeutic proficiency, encourages a high standard of caring, and supports the maintenance of clinician well-being through containment and support, ideally enabling the clinician to feel valued, motivated and satisfied with their work.

Clinical supervision may also incorporate many forms of supplementary specialist supervision including, e.g., EMDR, Family Work, Cognitive Behavioural Therapy, Approved Mental Health Professional (AMHP) work. Other opportunities for peer review of clinical practice (for example Consultant Doctor's CPD Groups or Case Presentations) also qualify as clinical supervision.

Line managers are responsible for ensuring a suitable clinical supervisor or group supervision is identified for each staff member. Choice of clinical supervisor/group supervisor for staff should depend on the match between the supervisor's competencies

and the supervisory needs of the individual/ or group, rather than being based solely on professional background.

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 enhance coping 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.

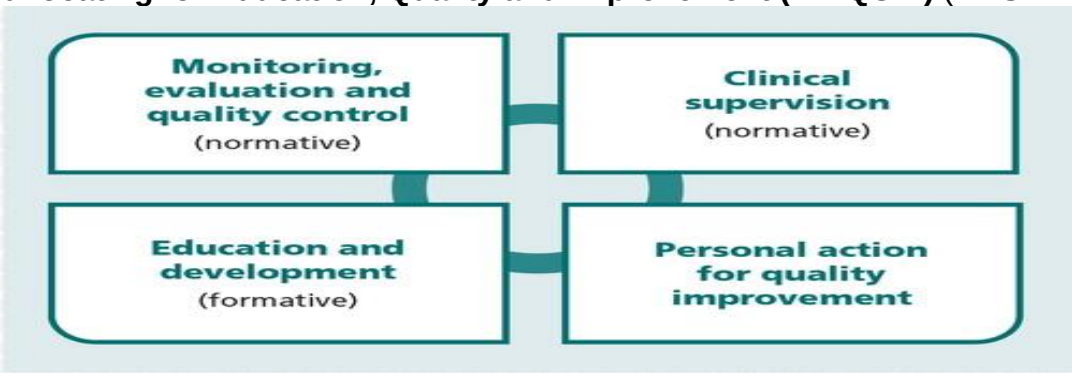
4.4 Safeguarding Adult and Children Supervision

Practitioners involved in complex safeguarding adult or children's cases, including Domestic Violence and Abuse, must discuss these with their supervisor. Where required the supervisor may direct the practitioner to the Trusts 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

4.5 Professional Nurse Advocate

The Professional Nurse Advocate (PNA) training programme was introduced by NHS England in 2021 to ensure that nursing staff are receiving the support they need in manage challenging situations. PNA's utilise the A-EQUIP model for supervision and quality improvement (NHS England 2021 outlined below). The aim of this approach is to support staff to understand the challenges they face and identifying quality improvement initiatives throughout group and one-to-one restorative supervision. The approach also aims to improve clinical effectiveness, reduce sickness/absence and developing stronger relationships (Wallbank 2012).

Advocating for Education, Quality and Improvement (A-EQUIP) (NHSEI 2021)



In line with national guidelines SHSC aims to train and have in place 1 PNA to be available for every 20 nurses by 2025 (NHSEI 2021). In terms of Accessing PNA Supervision, any member of SHSC can request PNA support via email – pna@shsc.nhs.uk or via an online form - https://forms.office.com/e/GG9S0SGbNE. Following the receipt of a referral, a PNA will be allocated to the individual/group via the PNA Project Lead. An appropriate time/venue will be arranged to complete the RCS session. Appendix C gives more information.

4.6 Non-Medical Prescribing Supervision

Non-Medical Prescribers (NMPs) must have in place arrangements for supervision which supports their prescribing practice. NMPs should meet regularly with their Supervising Practitioner (SP) to discuss prescribing practice. Supervision sessions will be documented and signed by both the NMP and SP as a true account of the discussion (see **Non-Medical Prescribing Policy**).

4.7 Professional Supervision

Professional supervision is provided by another more senior (or where appropriate peer) member of the same profession or group to 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 and to ensure that they are working within professional codes of conduct and boundaries.

4.8 Unplanned Ad Hoc Supervision

In addition to planned supervision, we recognise the value of unplanned and ad hoc supervision, which can take place within informal settings such as:

- Daily Safety Huddles
- Clinical Multidisciplinary Meetings (which are service user 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 their respective codes of professional practice.

4.9 Medical Staff

Consultant Psychiatrists, Specialists and Associate Specialists

In the line with the requirements of the RCPsych, Consultant Psychiatrists, Specialists and Associate Specialists are expected to be a member of a peer-supervision group. The peer group provides: a supportive and reflective space to monitor healthy practice: a forum for practice development: a supervisory space for discussions around quality improvement activities and case-based discussions. All Consultants, Specialists and Associate Specialists are required to attend a Peer Group on regular basis, currently at least 4 times a year.

The peer group also provides approval sign off on CPD end-of-year before submission to the RCPsych as part of the statutory process for revalidation by the GMC and the formal trust appraisal process.

4.10 Specialty Doctors

Doctors in this category are required to have a monthly supervision with their clinical supervisor. They are subject to the same requirements as consultants in relation to CPD requirements, Peer Groups, annual appraisals and revalidation.

4.11 International Medical Fellows (IMF)

Doctors in this category may benefit from weekly supervision to support the transition, cultural/ practice development and adjustments to working in the UK. Once established in the post, supervision would be reduced to monthly with the allocated clinical supervisor, acknowledging the significant experience and expertise that this group of Doctors bring to SHSC

4.12 Trainees

Training and supervision of doctors in training are overseen locally by Health Education England, Yorkshire and Humber (HEE Y&H) through the Postgraduate Dean and their support structure. All junior doctors have a named clinical supervisor who is responsible for providing day-to-day clinical supervision and weekly one hour of educational supervision. Supervisors are only approved for the role if their job plans include one hour for weekly supervision.

4.13 Clinical Fellows (CF) and Widening Access to Specialty Training Doctors (WAST)

Trainees are required to attend weekly supervision with their clinical supervisor

5 Duties and Responsibilities

The Trust has a responsibility to support supervision through the development and implementation of this policy. All Supervision sessions will be conducted in accordance with Trust values and professional standards. All Parties should be open and committed to constructive dialogue in order to develop personal and professional skills (**See Relationship Policy**).

5.1 Supervisees- All Staff

Have a responsibility to ask for and participate in supervision, ensuring they are adequately prepared to make the most of supervision session. Being prepared for formal supervision in 1:1, Group or Peer supervision and engaging proactively in informal supervision.

Clinical staff are required to complete their own Supervision Passport or other records of learning through supervision in line with the registration and professional bodies.

5.2 Supervisors

Supervisors must have the appropriate skills and experience to ensure that supervision is a meaningful process. For Clinical supervisors this must ensure promotion of effective clinical practice and reflect appropriate accountability arrangements. Supervisors hold responsibilities for recording supervision, managing the contract, rearranging with the supervisee any cancelled / postponed sessions and upholding standards outlined in this policy.

If the supervisor has concerns about the supervisee's fitness to practice or general performance, they have a duty to discuss this with the supervisee, and if necessary, with the supervisee's manager.

5.3 Team, Ward and Senior Operational managers Responsibilities

Have responsibility for monitoring supervision uptake and reporting to team and directorate governance meetings monthly. *Where staff have not received supervision within that monthly period, it is the managers responsibility to ensure that this is followed up with individual staff members* and assured that supervision is arranged within a two-week period.

Managers are responsible for reviewing that all in the table below is taking place:

- Ensure supervision trees in place
- Time is allocated for staff supervision
- Records are kept & audit cycle of compliance
- Data used to inform & improve supervision
- Mechanisms in place to obtain feedback regarding supervision experience
- Manager has a responsibility to communicate the value of supervision

5.4 Directorate Leadership Teams and Corporate Directors

Are responsible for:

- Overseeing the delivery Supervision in every ward/team/service, across their respective Directorate or service areas and
- Receiving monthly uptake reports and addressing any low uptake rates.
- Follow the audit cycle of improvements.
- Ensuring that a culture develops around the value and priority of supervision.

5.5 Director of Operations, Clinical Director, Directors of Professions, Director of Nursing and Corporate Directors

Are responsible for ensuring there are suitable arrangements for the implementation and delivery of Management, Clinical & Professional Supervision & Reflective Practice and that supervision is seen as a priority for all staff. Ensuring there are effective & deliverable supervisory arrangements for all staff. With mechanisms in place to follow an audit cycle of compliance and data is used to inform review and improve supervision.

5.6 Executive Directors

Are responsible for ensuring there is an effective system of Line management, Clinical & Professional Supervision across all clinical & corporate services. They should ensure that all relevant members of staff are implementing the policy and a culture is created whereby supervision is seen as a priority for all staff.

5.7 The Board

Has responsibility for ensuring an appropriate & deliverable Line Management & Clinical & Professional Supervision Policy is in place. Board will engender an organisational culture which is supportive of / requires effective supervision in practice.

6. Principles Process/ Procedure

6.1 Principles: Management and Clinical Supervision

Supervision of staff should be based on the following principles:

- All staff have a right to regular formal supervision.
- Supervision is a two-way process
- Supervision meetings should be agreed in advance and held in a suitable private room free from interruptions.
- It is the supervisor's responsibility to ensure that supervision takes place.
- It is the supervisor's responsibility to ensure the content of each session is recorded electronically.
- It is the responsibility of the supervisee to engage with the process including attendance, preparation, and participation.
- All supervisory activity should be carried out in line with the Trust/Local Authority Equal Opportunities policy.
- Line managers are required to provide staff with protected time to receive supervision.

Feedback in supervision needs to be sensitive, yet constructively challenging, enabling staff to develop insight into new ways of managing demands, with the ultimate objective of becoming a more capable, confident, and effective member of staff.

6.2 Process and Procedure – Management Supervision

Management supervision will be undertaken by the individual's immediate line manager or delegated management supervisor. The delegated management supervisor should be at an appropriate grade and possess the skills and experience required to supervise others effectively. A supervision contract should be agreed and signed by both outlining the frequency and length of meetings, record keeping and other practical details. (See Appendix D for a sample contract.)

6.3 Frequency of Supervision

The *minimum* standard is once every 6 weeks. For some staff this will only be in the form of management supervision, for others it may be a combination of this and clinical/professional supervision.

In addition to line management supervision, all registered clinical staff have a duty to ensure that clinical supervision is in place and formally recorded as part of the respective professional body registration and clinical practice guidance, e.g. Nursing & Midwifery Council (NMC), Royal College of Psychiatry (RCPsych) the Health Care Professions Council (HCPC), other professional bodies regulating the psychological therapies (e.g. UKCP, BABCP, BACP, BPS).

Individual practitioners/members of staff are responsible for ensuring that their own professional standards for supervision are met in conjunction with their line manager. Supervision is recorded as required in accordance with the Trust policy and documented so that this can be audited within the clinical teams and evidenced if required by the various professional body.

6.4 Staff Development

There is a duty for the line manager to:

- Ensure all employees receive an annual Appraisal and agree a Personal Development Plan (See PDR Policy)
- Communicate the organisation's expectations in relation to staff training, as identified in the training needs analysis
- Support employees to continue to learn and apply learning to work practice
- Assess and document evidence of competence
- Support employees to prepare for qualifications, awards and other forms of professional development.

6.5 Staff Wellbeing

There is a duty for the line manager to:

- Give constructive feedback on work performance, give praise for good work and plan ways to improve performance
- Facilitate opportunity for the employee to openly discuss concerns and anxieties about their work/workloads.
- Facilitate the good health and well-being of employees i.e. identify stress levels, physical health
- Ensure equality issues are taken into consideration

(Please see the Supervision Guideline Booklet Appendix A, for further information on practical suggestions for incorporating Wellbeing conversations into Supervision).

6.6 Record Keeping for Management Supervision

A log of individual management supervision sessions should be kept by the supervisor and electronically logged using the Trusts supervision record form. This should be recorded by the management supervisor at each session and be made available as evidence of management supervision at the staff members Annual Appraisal.

The record may be used to identify personal objectives, goals, and suggestions for issues to be covered at future meetings. The record should not contain identifiable service user information. (See Appendix E).

6.7 Management Supervision of Seconded Staff, Students, Trainees and Volunteers.

Line management supervision of staff seconded from other organisations to work in the Trust should be in accordance with the policies and standards of their employers. However, the Trust are responsible for providing line management supervision for their seconded work.

Supervision of students and Trainees on placement within the Trust must comply with Professional Body/Higher Education Institution guidance in relation to the specific student/trainee type.

7 Delivery of Clinical Supervision

Clinical Supervision may be delivered and received via the following agreed methods:

1. One to One Supervision: this type of clinical supervision usually takes place between two members of the same group with the supervisor usually being senior to the supervisee.
2. Peer Group Supervision: peer group supervision usually takes place within a small group setting of the same staff group, within the same specialty, equal experience and sharing supervision tasks equally.
3. Multidisciplinary Group Supervision: this model of clinical supervision is a non-hierarchical relationship and takes place between a facilitator/supervisor and a group. The facilitator / supervisor does not have a line management relationship with the supervisees and the supervisees will be from different professional groups.
4. Unplanned or Ad-hoc Supervision; this can happen in a variety of settings and in different forms and may be called consultation. All staff should have access to daily ad hoc supervision for urgent and routine work and this can be recorded as clinical supervision provided.
5. In-patient Clinical Supervision: staff working within in-patient services work in teams directed by the most senior registered practitioner on duty, who is expected to clinically supervise the work of the team on a day-to-day basis.

The in-patient team will be expected to sign a group clinical supervision contract and where clinical supervision takes place in the form of reflective practice and team formulation sessions. This will be supplemented by individual supervision in line with professional registration requirements. (Examples of Contracts for individual supervision Appendix F Groups Supervision Contract Appendix H and Appendix I).

The Aims of Clinical Supervision Are:

- To ensure the supervisee's fitness for practice (competence)
- To safeguard professional standards (fitness and profession)
- To develop professional expertise (fitness for purpose if qualified), (fitness for award if training)
- To promote high quality care
- To provide additional assurance concerning clinical risk
- To enable the supervisee to reflect on his/her practice

7.1 Clinical Supervision Contract

A contract should be negotiated, agreed, signed and dated by both/all parties (in relation to group supervision) at the start of any supervisory relationship in order to protect all parties (it is a legally- binding agreement). The extent and limits of confidentiality are clarified and agreed, and an understanding reached about what does and does not fall within the scope of Clinical Supervision. Also, the frequency and length of meetings, record keeping, and other practical details should be included. This contract should be agreed for a fixed period and be subject to review. (See Appendix H and I for a sample contract.) The contract should guide the structure and planning of each Clinical Supervision session.

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.

7.2 Formal Supervision

The discussion may include clinical / practice standards; 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.

7.3 Documentation of Supervision:

A record of the supervision should be agreed by the supervisee & supervisor and uploaded on to the e-form and stored as part of the supervision session. In addition to the supervision notes described above, a note should also be made in the electronic patient records of each Service User when their care has been discussed in supervision. This should include the date the supervision took place, the identity of the supervisor, the issues discussed and the outcomes and their rationale that are relevant to the care of the service user.

Clinical Supervision notes concerning the personal or professional development of the clinician themselves should not be recorded on the electronic patient record. These notes should be recorded in separately held Clinical Supervision records, in which service users' identities are anonymised.

7.4 Recording of Clinical Supervision for Individuals/Groups and Teams

It is the responsibility of Clinical Supervisors to record that clinical supervision has taken place for each of their supervisees/groups or teams using the Trust electronic Clinical Supervision Recording System.

Clinical Supervisors are expected to record the date and duration of each clinical supervision session and summary of notes for the session. This should be done on the same day if possible, and within a maximum of three working days. A template of recording the supervision session is available in Appendix G this can be attached to the e form.

Clinical Supervision Recording System will pull information through to dashboards to show completion of clinical supervision in relation to agreed frequency and duration, and in relation to Trust and where appropriate professional standards.

7.5 Recording of Supervision for Professional Registration

All clinical staff are required to complete any additional recording of supervision in line with recommendations from their professional bodies**.** An example of this is the Supervision passport (see Appendix J).

7.6 Supervisor Experience

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.

7.7 Confidentially

The supervisory relationship will be based upon an assumption of confidentiality however where service user 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.

Supervisors should ensure appropriate boundaries for clinical supervision are maintained. Where personal issues arise, it may be appropriate to signpost the supervisee e.g. to seek management or occupational health support.

7.8 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.

7.9 Resolving Disputes in 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.

Whilst there is an obligation to receive Clinical Supervision it is important that no one becomes locked into a destructive or unproductive relationship. Therefore, either the supervisee or supervisor should be able to request new arrangements for Clinical Supervision. The rationale for requesting a change should be discussed with the line manager. This may require the assistance of HR and/or mediation. Where there is a dispute between practitioners, please use the Policy on Resolving Disputes between Practitioners.

7.10 Safeguarding Supervision – promoting wellbeing at the earliest opportunity

Supervision must address safeguarding issues on a regular basis. Supervision should also challenge the supervisees to consider if there are safeguarding concerns that impact on the welfare of a child or vulnerable adult linked to the Service User, and, if so, how these should be addressed. This includes a consideration of the welfare of children, young people or vulnerable adults who are not the primary client. Documents, which may be helpful, are available on the Trust Internet in both Safeguarding Children and Adults at Risk Policies.
Within the clinical supervision session, it may become apparent that the child/adult requires additional support to safeguard the situation. The supervisee will then take appropriate action as agreed e.g., seek advice from the Trust Safeguarding team and make a referral to Adult or Children Social Care/Police.

7.11 Clinical Supervision for Bank and Agency Staff

It is important to recognise that Bank and agency staff require Clinical Supervision as part of competency assurance. The bank service manager is responsible for coordinating 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.

Bank staff are required to keep a record of supervision and provide monthly evidence of Bank RN supervision.

8 Performance Management

Where there is an issue of poor performance, this must be raised and recorded in supervision. Advice must be sought from the Human Resources Department if further support is required to improve performance; this should be implemented in line with the Trust Procedure for Improving Performance/capability or equivalent Local Authority Policy.

9 Changes to the Supervision 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. Line management supervision is usually delivered by one person, however additional clinical supervisor/ or group supervision/reflective practice may be required. There may also be a requirement for specific Safeguarding, Approved Mental Health Professional (AMHP) work 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.

10 Standards Key Performance Indicators

It is a requirement and responsibility of all staff that they receive appropriate Supervision outlined in this policy. For Clinical staff, it is the responsibility for registered staff to It is the responsibility of the organisation and its managers, to establish Supervision systems and regularly monitor the process.

In order to ensure that the standards outlined in the policy are being implemented, staff should maintain a log of both Clinical and Management Supervision using the trust Supervision electronic recording system. Monitoring of compliance with Management and Clinical Supervision standards (see section 6.2 & 8.2) should take place during supervision, with any issues regarding attendance and recording addressed with the staff member.

10.1 Monitoring and Compliance

Monthly review and reporting of adherence to the supervision policy will be monitored through supervision dashboard reports. These reports should be reviewed by team /service managers in monthly governance meetings to ensure that the key standards are being met. Monthly audit reports related to compliance with the supervision policy should be reviewed by the two Directorate leadership team meetings, reporting into the Trust Back to Good meeting with high level reports to EDG and Trust Board assuring the required standards and Policy compliance relating to Supervision.

Twice a year audits should be undertaken by all teams to ensure quality of supervision:

- understand any themes and areas for improvement
- Collect staff feedback of their experience of supervision and any changes that needed within the supervision policy to improve staff's ability to deliver on their job roles.

10.2 Fair Blame

The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

10.3 Types of Continuing Professional Development

CPD is recognised as a form of supervision where there is learning & reflective practice e.g., Schwartz Rounds, Microsystem Quality Improvement Programmes, Coaching and mentoring.

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

All staff 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.

11 Development, Consultation and Approval

The policy was developed with the collaboration of SHSC staff through drop-in sessions to review supervision: focused groups of staff: and the staff supervision survey. Themes from the staff consultation included: Staff requested that the policy was simplified and that a separate easy read booklet on guidelines around supervision was co-developed to support staff and managers to understand supervision aims and practice (see Appendix A Supervision Guidance Booklet for Staff, Managers and Clinical Supervisors).

12. Audit, monitoring and review

Clinical Directorates & 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 through the supervision dashboards.

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

Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Quality, standards and frequency of clinical/ professional supervision/ reflective practice.	Audit/review	Clinical Directorate Management teams DLT Directors of Corporate Services Deputy Chief Nurse IMST	monthly	Clinical Services Senior Performance & Governance Meeting	DLT Directors of Corporate Services Deputy Chief Nurse	DLT Directors of Corporate Services Deputy Chief Nurse

Policy to be reviewed in June 2026.

13 Implementation plan

- The policy follows a review of the previous policy and has amendments which provide a framework for implementation within Professions / Directorate Clinical Teams/Directors Corporate teams.

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Director Psychological services	Asap after ratification	
Staff to be made aware of policy and have plans in place to ensure full implementation, monitoring, training and reporting.	Directors and Senior Operational Managers	Asap after ratification	

14 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.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	2016	May 2016	May 2016	Clinical Networks
2.0	2019	May 2019	May 2019	Clinical Networks
3.0	2020	May 2020	May 2020	Clinical Networks
4.0	2023	June 2023	July 2023	Directorate Teams

15 Training

Training and experience are considered essential for those delivering clinical supervision and all staff are supported to attend appropriate training programmes in clinical and management 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.

16 Links to other policies, standards (associated documents)

E-rostering policy
Personal Development Review (PDR) Policies.
Learning and Development policy
Sheffield Safeguarding Children and Child Protection Procedures
https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adultsafeguarding-procedures.
Relationship Policy

17 Contact details

Job Role	Name	E mail
Director Psychological Services	Linda Wilkinson	Linda.Wilkinson shsc.nhs.uk
Senior Head of Service	Greg Hackney	Greg.Hackney@shsc.nhs.uk
Deputy Director Nursing	TBC	TBC
Chief AHP	Amanda Jones	Amanda.Jones@shsc.nhs.uk
Chief Pharmacist	Abiola Allinson	Abiola.Allinson@shsc.nhs.uk
Deputy Medical Director	Helen Crimlisk	Helen.Crimlsit@shsc.nhs.uk
Professional Lead Social Work	Natalie Salmon	Natalie.Salmon@shsc.nhs.uk
Deputy Director of People	Sarah Bawden	Sarah.Bawden@shsc.nhs.uk
Performance and Analytics Manager	Robert Nottingham	Robert.Nottingham@shsc.nhs.uk

18 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.*

The Nursing & Midwifery Council - The Nursing and Midwifery Council (nmc.org.uk) https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

NMC NMP Standards for prescribers https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for- prescribers/ Professional nurse advocate- https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/

The Health and Care Professions Council (HCPC) https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/

The British Psychological Society - BPS - https://explore.bps.org.uk/content/report-guideline/bpsrep.2014.inf224

British Association for Behavioural and Cognitive Psychotherapies https://babcp.com/Supervision-Guidance

British Association for Counselling and Psychotherapy (bacp.co.uk) https://www.bacp.co.uk/membership/supervision/

IAPT Manual https://www.england.nhs.uk/wp-content/uploads/2018/06/the-nhs-talking-therapies-manual-v6.pdf

General Medical Council GMC https://www.gmc-uk.org/-/media/documents/dc11637---quick-guide-to-gmc-medical-supervision_pdf-78467132.pdf

General/Pharmaceutical/Council https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/training-placement/designated-supervisors

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	Not new policy
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Staff survey completed
	Template Compliance	
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	yes
9.	Is the policy in Arial font 12?	yes
10.	Have page numbers been inserted?	yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	yes
	Policy Content	
12.	Is the purpose of the policy clear?	yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	yes
16.	Does the policy include any references to other associated policies and key documents?	yes
17.	Has the EIA Form been completed (Appendix 1)?	
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to i. review ii. audit compliance with the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

Appendix A

DRAFT
Supervision Guidance Booklet for Staff, Managers and Clinical Supervisors

June 2023

DRAFT

This guidance is for all members of Trust staff, (including those working as Bank Staff within SHSC Trust. It relates to the updated Supervision Policy (2023) which you can find on Jarvis.

Contents DRAFT

Part 1: General Information for all Staff

What is Supervision?

It is important for all staff to have supervision, whatever their job role. This helps people to understand what is expected of them and to talk about how they are doing and any problems they face. It also gives people the chance to talk through any topics related to their area of work so that they can continue to learn and keep up to date. Supervision is also important as a way of making sure that staff are working competently using good, safe practice and this helps us to provide high quality safe services for people using and delivering the services across the Trust.

SHSC Trust recognises two main types of supervision. If you have a non-clinical role, you will only receive management supervision. This is when a line manager meets with a member of staff to discuss how the person is doing, check in on wellbeing, share information & feedback, set work objectives/review work objectives defined in their annual appraisal, discuss workload, training/ development needs and identify any issues that have come up in their day-to-day work.

If you have a clinical role, you will also receive Clinical/Professional supervision. This is required as standard for certain staff who work in clinical or professional roles to meet the requirements for professional registration. The supervision is usually conducted by a trained supervisor who works in the same clinical or professional field (such as nursing/occupational therapy or psychological practitioners/therapists). All registered clinical staff will undertake supervision in line with their professional registration body (e.g., Nursing & Midwifery Council, Health Care Professions Council, and British Medical Association).

If you have both management and clinical supervision you will have two different supervisors although sometimes, it may be the same person.

How often should happen?

The ***minimum* standard is one to one meetings once every 6 weeks**. For some staff this will only be in the form of management supervision, for others it may be a combination of this and clinical supervision. It includes appraisal and development reviews, and all supervision activity must be formally recorded.

How can supervision be carried out?

Here are some ways that supervision may take place:

One to One Supervision: a private meeting between the supervisor and member of staff which could be for management or clinical discussions.

MDT -Team Reflective Practice/ Formulation Sessions: Members of the team coming together to reflect on a practice issues that is a concern for the whole team. Or sharing understanding of a service user to achieve consistent good quality care.

Professional Nurse Advocate (PNA) Restorative Supervision: PNA's utilise the A-EQUIP model for supervision and quality improvement (NHS England 2021 outlined below) to support staff to understand the challenges they face and identifying quality improvement initiatives through group and one-to-one restorative supervision.

Group Supervision: Where members of the multidisciplinary team or groups of staff come together to receive supervision. (See more details of this later in the document)

Caseload/operational supervision: where the workload, which may include clinical cases, is allocated to a person, and is reviewed to assess progress, identify any issues, difficulties, and good practice.

Personal Development Review /Appraisal meetings: this is a formal annual review of performance and development by a line manager, nominated deputy or senior colleague and will take place at least annually for all staff. At least one interim review meeting should take place during the year to check the individual's progress towards their personal development plan. Whilst it is a form of managerial supervision the frequency does constitute adequate supervision. (See PDR/Appraisal policy insert link).

One to one peer clinical supervision: people in similar roles at the same level supporting each other professionally.

Opportunistic supervision: usually short unplanned meetings about specific clinical and other learning opportunities that are useful to both manager and member of staff).

In-patient Clinical Supervision: staff working within in-patient services work in teams directed by the most senior registered practitioner on duty, who is expected to clinically supervise the work of the team on a day-to-day basis. The in-patient team will be expected to sign a group clinical supervision contract and where clinical supervision takes place in the form of reflective practice and team formulation sessions. This will be supplemented by individual supervision in line with professional registration requirements.

Safeguarding Adult and Children Supervision: Practitioners involved in complex safeguarding adult or children's cases, including Domestic Violence and Abuse, must discuss these with their supervisor. Where required the supervisor may direct the practitioner to the Trusts Safeguarding Team for more focused safeguarding supervision 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.

Non-Medical Prescribing Supervision Non-Medical Prescribers (NMPs) must have in place arrangements for supervision which supports their prescribing practice. NMPs should meet regularly with their Supervising Practitioner (SP) to discuss prescribing practice. Supervision sessions will be documented and signed by both the NMP and SP as a true account of the discussion (see Non-Medical Prescribing Policy for further information. There are NMP quarterly group/peer supervision meetings and there is an expectation for NMP to attend 80% of the planned groups to remain up to date with clinical practice prescribing.

Who chooses the clinical/professional supervisor?

For clinical supervision it is your responsibility, with the help of your line manager, to find someone who works in your professional field and is a trained supervisor. Check that they have enough time to meet regularly with you and that you are near enough to find a meeting place convenient for both of you. After an agreed length of time, you will review the

arrangements and contract with the supervisor, evaluating what is working well and how to improve the sessions. If you decided to change your supervisor, discuss it with them and your line manager giving reasons why.

What is covered during supervision?

Your supervisor's role is to provide you with support in your work, to help you develop and to ensure you understand the standards, policies etc, that the Trust sets. The key points of the discussion are recorded on the electronic supervision form or as a document (examples in Section 3) and you will receive a copy. Supervision records can be used by staff as evidence of learning and development for their appraisal.

What are the responsibilities for the person receiving supervision?

Supervisees have a responsibility to ask for and participate in supervision, ensuring they are adequately prepared to make the most of supervision session. Being prepared for formal supervision in 1:1, Group or Peer supervision and engaging proactively in informal supervision.

Clinical staff are required to complete their own Supervision Passport or other records of learning through supervision in line with the registration and professional bodies.

What are the responsibilities for the Supervisor?

Supervisors must have the appropriate skills and experience to ensure that supervision is a meaningful process. For Clinical supervisors this must ensure promotion of effective clinical practice and reflect appropriate accountability arrangements. Supervisors hold responsibilities for recording supervision, managing the contract, rearranging with the supervisee any cancelled / postponed sessions and upholding standards outlined in this policy.

If the supervisor has concerns about the supervisee's fitness to practice or general performance, they have a duty to discuss this with the supervisee, and if necessary, with the supervisee's manager.

What about Confidentiality?

Both types of Supervision are treated as confidential. Sometimes it is useful to share information from Clinical Supervision with the line manager as there is a natural overlap between the two types of supervision. The person receiving Clinical Supervision will normally be expected to do this but if he/she/they/them refuses the supervisor must take professional responsibility for the next steps. Notes of the clinical supervisory activity and resulting action points should be available to the line manager when they can show reasonable concerns. There is a clear process for breaching confidentiality. Confidentiality can be breached if the Supervisee has:

- Performance issues
- Acted illegally
- Acted in such a manner which clearly constitutes a risk to patients and/or staff
- Clearly and seriously breached either Trust Policy and Procedure or professional and governing bodies' codes of conduct including, Nursing and Midwifery Council (NMC), Royal College of Psychiatry, British Psychological Society, Health Care Professions Council, (HCPC) and other professional codes for the Allied Health Professions, including Pharmacy.
- Identified safeguarding issues

Part 2: Additional Information for Managers/Supervisors

This section provides additional information for managers and clinical supervisors to use in conjunction with the Trusts Supervision Policy.

Responsibilities and training

Managers are responsible for ensuring that all staff are regularly supervised by competent supervisors following the principles outlined in the policy (Supervision Policy). It is the managers responsibility to ensure that compliance with the minimum of 6 weekly supervision for all staff in teams are in place. It is expected that managers check monthly compliance and take action if staff are not receiving supervision. Managers should raise the subject of supervision and appraisal as a regular agenda item at staff meetings.

Supervises have a duty to ensure that they are receiving a minimum of 6 weekly supervision if this is not taking place this should be reported to the line manager and a solution found to ensure support for all staff.

To be competent all staff conducting supervision should have attended supervision training, have read the policy and guidance, and be receiving supervision themselves. Supervision Training for managers can be booked via the Trust training site on Jarvis

What is the role of the supervisor?

Supervision is about helping staff to question the taken-for-granted and to see things anew. A supervisor is a facilitator who helps staff to learn for themselves by reflecting on practice. The supervisor must make sure it feels safe for people to develop and explore their real views, ideas, beliefs, and their errors and problems (the learning points of practice).

Models of Supervision

We recommend the use of two models of supervision as described below, but others from a robust evidence base can be selected. Inskipp and Proctor (1993) describe three key functions of line management supervision:

- Educative: exploring learning, education and the development of skills. Reflecting on what you have learned from experience.
- Supportive: discussing things that affect your emotional and personal wellbeing
- Professional: safe practice, maintaining and developing standards and following policies and procedures. It helps supervisees to work within organisational objectives and meet the standards that are needed.

Supervision needs to have a balance of all three – although on occasions a particular session might focus more on one type than the others (e.g., where the supervisee wishes to discuss a stressful or difficult situation).
Topics (as mentioned previously) should be agreed between supervisor and supervisee. Van Ooijen (2000) This gives a structure for the session with a sequence of stages.

Van Ooijen (2000) Contract Set Ground Rules

- Contract – setting the scene, initial agreement about ground rules and boundaries, discuss what might be in the contract (example in section 3). This contract needs periodic review to ensure its meeting the supervisees needs and may lead to changes in the contract.
- Focus – Establish the issues that are important to the supervisee, clarify and consider how to approach. May need to prioritise. (Who brings issues – supervisee or supervisor?)
- Space - This stage is at the heart of the supervision process. This is where reflection and challenge and learning take place.
- Bridge – towards the end of the session – a bridge back into work. Consolidation, information giving and action planning
- Review – for the benefit of supervisor and supervisee – conclusions can improve future sessions

How is Supervision Recorded?

Management Supervision:

Line Managers must be able to provide evidence of supervision for purposes such as audits or grievances. Managers should keep a record of the date of the meeting and key points discussed, using one of the template forms/other form of notes, to be stored on the electronic supervision recording form or kept in the personal electronic file. Managers should check that the staff member agrees what has been noted.

The staff member may also wish would make a copy or his/her/they/them own notes to help them remember any important points.

Clinical Supervision

All staff directly involved in the clinical care of service users/carers must receive clinical supervision. This can be through one to one, group/or team or peer supervision. Other opportunities for peer review of clinical practice (for example Consultant Doctor's CPD Groups or Case Presentations) also qualify as clinical supervision.

Clinical supervision involves a verbal presentation by the clinician of any aspect of or related to her/his/they/them/ clinical work, with the opportunity for feedback from the clinical supervisor

and/or supervision group. Feedback is sensitive, yet constructively challenging, enabling the clinician to develop insight into both her/him/they/them/ and service users/carers with whom they are working, with the ultimate objective of becoming a more capable, confident and an effective practitioner. Clinical supervision is an essential tool in the development of good working practice. It promotes therapeutic proficiency, encourages a high standard of caring, and supports the maintenance of clinician well-being through containment and support, ideally enabling the clinician to feel valued, motivated, and satisfied with their work.
The three main functions of Clinical Supervision are:

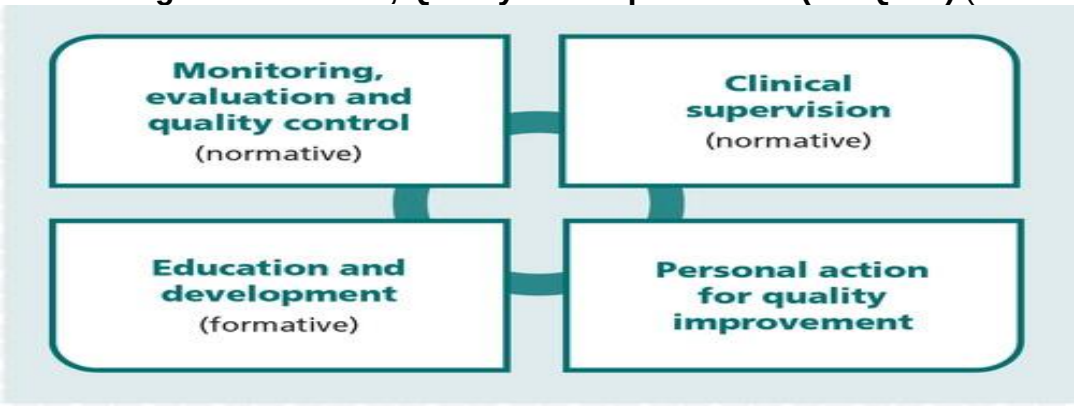
Formative (encouraging reflection on practice; feedback, to develop clinical skills; to share and utilise knowledge

Restorative (time to discuss clinical difficulties; to express feelings; to provide a supportive structure that is seen as distinct from managerial input

Normative (to express, explore and accept constructive criticism; to promote mutual respect between participants; to provide support in relation to the demands of the job, including managerial, service and quality issues, such as monitoring practice in relation to Trust and professional standards, quality of care issues and safeguarding issues)

The Professional Nurse Advocate (PNA) training programme was introduced by NHS England in 2021 to ensure that nursing staff are receiving the support they need in manage challenging situations. PNA's utilise the A-EQUIP model for supervision and quality improvement (NHS England 2021 outlined below).
This model has introduced a fourth dimension that includes **Personal action for quality improvement,** this addresses the need for staff to be aware of and contribute towards ongoing quality improvement, to improve patient care.

Advocating for Education, Quality and Improvement (A-EQUIP) (NHSEI 2021)



The aim of this approach is to support staff to understand the challenges they face and identifying quality improvement initiatives throughout group and one-to-one restorative supervision. The approach also aims to improve clinical effectiveness, reduce sickness/absence and developing stronger relationships (Wallbank 2012).

Accessing PNA Supervision :any member of SHSC can request PNA support via email – pna@shsc.nhs.uk or via an online form - https://forms.office.com/e/GG9S0SGbNE
Following the receipt of a referral for a PNA, a PNA will be allocated to the individual/group via the PNA Project Lead, and an appropriate time/venue will be arranged to complete the RCS session. Feedback will be gained post RCS session via an online form - https://forms.office.com/e/MSJSETYUMM - feedback from these forms will be discussed within the monthly local PNA Forum.

Recording Clinical Supervision

Formal records are kept, including a signed written contract and notes of the supervision sessions. Both parties agree a written contract at the first meeting. The Supervisor is responsible for keeping records of the meetings and giving copies to the supervisee. These can be stored with the electronic supervision recording form or as separate documents.

The contract will include venues; length /frequency of meetings; expectations, boundaries, rights and responsibilities, confidentiality, and a review date. Templates and examples of forms for contracts, meeting records and reviews can be found below (in section 3).

How to support Wellbeing at Work: Incorporating Wellbeing conversations into Supervision

Staff wellbeing is a top priority for all NHS organisations, holding wellbeing conversations with staff either as part of 1:1 supervision or check-ins can help to support a culture of shared support in teams. Wellbeing conversations can be standalone conversations, or you can touch base during team meetings or shift handovers to see if anyone would benefit from a follow up conversation.

In these conversations you would consider the whole wellbeing of an individual and identify areas where the individual may need support, signpost them and regularly monitor their wellbeing over time. For more information on holding a wellbeing conversation please visit Jarvis site on wellbeing for more information.

Well-being conversations are	**Well-being conversations are not**
• Caring and compassionate • Employee led (allow the person to focus on what is important to them) • Supportive (including signposting to other appropriate resources) • On-going and dynamic • Inclusive (everyone has unique and diverse wellbeing needs).	• A therapeutic intervention (you can signpost to appropriate support) • Judgemental or performance related (it is not about the quality of someone's work) • A formal mental health assessment *NHSE People Plan 2023*

Some colleagues may not feel comfortable talking about their personal health or other sensitive topics. As a line manager, it is important for you to reassure them that they do not need to share this information. You may want to suggest revisiting it or signposting them to other people they can talk to such as Workplace Wellbeing. Jarvis has additional resources to help support overall SHSC staff wellbeing as well as links to specific support resources.

Each person is an individual and their needs will be unique to them, their needs may be influenced by their experience in relation to racism, disability, sexual orientation, gender identity, religion, caring or other factors personal to them.

Tips on how to approach and prepare for a wellbeing conversation:

Make sure it's in a safe, confidential space and consider any cultural or religious considerations that may be relevant. Remind yourself of what resources are available and any referral processes e.g., Occupational Health, Workplace Wellbeing. It is important to be an empathetic and active listener, following the four steps outlined below could be helpful:

Attend – pay attention to your colleagues and "listen with fascination"

Understand – share an understanding of what they are going through

Empathise where relevant

Take action to help and/or signpost support *(Adapted from Michael West's Compassionate Leadership, 2022).

Holding wellbeing conversations may feel daunting at first for some staff. For those new to being a supervisor your role is to actively listen to your colleagues, be compassionate and to signpost to further support. Make sure to also look after yourself and seek out help if you need

it too. There is free online training and information that may help you with your wellbeing conversations on the Jarvis site which includes:
Creating a 10-minute Pause Space – Leadership Academy NHS England
Looking after your team's health and wellbeing guide-
Awareness of Suicide Prevention

Guidance for Group Supervision

What is Group Supervision?

This model of supervision has a clinical focus where each member feels equal and able to be open and trusting of the other group members. It may be made up of peers working in similar roles, or from a multi-disciplinary team. It should be emphasised that this is not always sufficient for some staff members, who should be aware that they also have the opportunity of one-to-one supervision if they request it.

What Group Supervision is NOT!	**What good Group Supervision is**
A cosy chat - Discussions that often go off track in a way that is not helpful to individual members A regular meeting where people let off steam, moan about work and are not constructive A chance for certain more dominant members of a team to impose their views and opinions on everyone else An opportunity for people to sit back and just listen, without contributing to the group.	The group works together exploring issues of clinical practice that have arisen in the workplace. Members use good communication skills, are non-judgemental, open, and sensitive. They use reflection, active listening, questioning, problem solving and share each other's perspectives. As well as specific individual issues, they may discuss good practice/ research/etc. Care is taken to develop an atmosphere conducive to sharing, questioning, and challenging practice in a constructive and supportive way. The outcome of good supervision is that individuals can learn and to take responsibility for their own actions in order to develop their clinical practice, skills and knowledge Actions and outcomes are reviewed at the next session.

Who Agrees to Group Supervision?

The operational manager needs to approve this type of supervision, ensuring it is the most appropriate way of providing it for the service.

How often should it happen?

To comply with the Care Quality Commission standards, the Trust expects supervision in general to take place *at least every 6 weeks* for all staff, but it can be more frequent and supplemented by individual supervision to meet professional requirements.

Who runs the supervision Group?

This may be one person or facilitation can be shared within the group on a rotational basis. In this the agreed facilitators will take it in turns to organise, take notes, and copy them to members after the meeting.

What skills does a Group Supervision facilitator need?

The facilitator needs the same skills as a clinical supervisor offering 1:1 sessions and will have attended supervision training. This role will also require group facilitation skills. Those already experienced and skilled in running group discussions, chairing meetings, or delivering group learning activities may not need extra training. Those less experienced will address any learning needs using the personal development plan with their line manager.

Keeping Records

The main facilitator will be responsible for holding the signed contract and supervision records and may be asked to make them available for purposes such as audit. For every meeting, the Supervision record should include a list of who attended and this record on the electronic supervision recording system for each participant (an example of a Group Supervision contract and templates for Supervision records can be found in section 3.

When a group has been working together for some time, it is useful to review the contract and ground rules and ensure that the meetings continue to be effective. This could take place at any time up to a year from the first meeting and should also be formally recorded.

Responsibilities of Group Members

Each person is responsible for ensuring that they: - attend regularly - prepare in advance - participate actively - take responsibility for any actions agreed - reflect on their learning

Setting up a Supervision Group

First meeting: Ask in advance if anyone has an issue they would like to bring to the session. Make sure you know who is coming, have organised a date, venue, time, etc.

1. If the group do not know each other well, it is important to allow time to introduce each other, break the ice and start to develop trust. The facilitator ensures everyone gets a chance to speak and feels comfortable to share their thoughts.
2. The group will discuss and agree ground rules, terms etc for the contract. This will include meeting practicalities - Expectations, boundaries, rights, and responsibilities, - Methods of recording - Confidentiality - Review date This will be typed up and copied to everyone. A form for all to sign their acceptance will be brought to the next meeting. (See example Group Supervision contract and sign-up sheet as appendix to the Supervision policy)
3. Agree which issues will be discussed and a time limit for each. This will ensure one person does not dominate the group's time.
4. Discussion of any issues that individuals have brought and actions to follow recorded.
5. Allow time at the end to agree any future clinical topics for the next meeting.
6. Reflect and evaluate with the group how effective and useful the session has been.
7. Agree a set of future dates.

Part 3: Forms and Templates

The following pages provide examples of forms that may be used:6

Examples of Clinical Supervision Contract Forms

Examples of Supervision Record Forms

Example of Group Supervision Contract Forms

Example of Clinical Supervision Review Checklist

Example of Clinical Supervision Review Record

Line Management / Professional Supervision Contract Example 1

This contract will complement the Trust Policy and Guidelines on Supervision.
Supervisee: (Name)

Supervisor: (Name)
Date:

1) (Supervisee) and (Supervisor) agree to meet (frequency) for (duration) for supervisory activity as it is defined in the Trust's policy.

2) The meeting venue will be within a work environment and will hopefully ensure the supervisory activity is free from interruptions.

3) (Supervisee) will prepare beforehand 1-4 issues for discussion and will bring some clarity about his/her/they/there requirement of the supervision's outcome.

4) Sessions are confidential as agreed per policy and guidelines on supervision and unless (supervisor) is discussing in his/her own supervision, or of there are any professional concerns.
If either (supervisee) or (supervisor) has any concerns, these will be discussed fully in the session with the aim of agreeing action and next steps.
If agreement cannot be reached the person with the remaining concerns will inform the other what action, they intend to take.

5) Supervision sessions will be based on an adaptation of a good theoretical model for line management supervision that includes Educative, Supportive and Professional functions. Or for clinical supervision, Normative, Restorative, Formative and holds personal responsibility for quality improvement.

6) Summary records of the professional supervision sessions will be held by (supervisee) and/or (supervisor). These records may be accessed for the purpose of audit, to ensure the supervision process is taking place.

7) Supervision sessions may be cancelled if a situation requires the immediate response of the supervisee or supervisor, or because of illness. If the supervision is cancelled, rescheduling will be a priority and should take place within a 2-week period.

8) (Supervisee) is responsible and accountable for any decision she/he/they/them makes as a result of supervision.

Signed……(Supervisee)

Signed…… ……. (Supervisor)

Supervision Line Management Record Example 1

Name:……

Supervisor:…….

Record of discussion, key points, Actions, etc.

Date Signed:

Supervisor……

Supervisee……

Clinical / Professional Supervision Contract (Example 2)

This contract will complement the Trust Policy and Guidelines on Supervision.
Supervisee: (Name):……
Supervisor: (Name)…….

Introduction:
This contract sets out the formal agreed arrangements for supervision between two parties, the supervisor and supervisee. The basis of the agreement is one of mutual trust and respect.

Supervision is a supportive process, facilitating staff development.
This contract will complement the Trust Policy and Procedure for supervision; both parties are required to be familiar with the policy.

AGREED ARRANGEMENTS:
Methods of Supervision

- One to one supervision
- Group
- Other
- Frequency: Duration: Tools for Supervision: (e.g., reflective diary, case notes review, critical incident analysis)
- Records of Supervision: (These will be held by both parties)
- Action Plan and Session Summary
- Record of supervision sessions
- Record of cancelled sessions

Supervision session content is confidential subject to violation of Trust Policies, Professional Codes of Conduct, and actions that clearly constitute a risk to patients, self, or staff.

Line managers will be informed of issues raised in supervision where there is an indication to do so. In line with the policy, there will be discussion between the supervisor and supervisee on the details of line management involvement.

Supervision records may be accessed for the purpose of audit to monitor the process and evaluate the benefits. Any records used would be anonymous.

Signed: Supervisee…… Date:……..
Supervisor:…… Date:……..
Date Contract to be reviewed:……..

Copy to: Supervisee □ Supervisor: □ Line Manager: □ Supervision Guidance

Clinical Supervision Record (Example 1)

Name.....
Date: ……
Time:

Areas of work for supervision:

A) Educational topics
B) Professional issues
C) Therapeutic interventions where relevant
D)Management interventions where relevant
E) Skills development
F) Organisational issues

Key Points

Outcomes/Actions

Topics and date for next session

Signed: Supervisor……

Supervisee……

Example Group Supervision Contract (part 1)

This contract will complement the Trust Policy and Guidelines on Supervision.

This is a supervision agreement between: -

The Supervisor: Name Designation and the group members detailed in the Contract form at the end of this document. The group members will have read the Supervision guidance and will have access to the Trust's Supervision policy.

Period of agreement Once signed by all parties this contract will remain in force until reviewed. This should be done no longer than one year after the start of the contract but may be completed sooner on request. Should any individual group member leave the group because of changes in employment the contract will remain in place for other group members. New members will be admitted to the group with all party's consent and will sign up to this agreement.

Frequency: At the end of each session the timing of the next session will be agreed. Individual group members can request individual supervision with a supervisor if they feel group supervision does not meet their current needs.

Preparation: All parties will prepare for the session. Group members wishing to discuss individual cases/process issues should consider in advance what they wish to discuss. The supervisor will bring to the session any new guidance/policy relevant to the group.

Attendance: All parties agree to treat supervision sessions as a matter of high priority and sessions will not be cancelled unless in an emergency. Any group member not able to attend a session will inform the supervisor prior to the session. Failure to attend two consecutive sessions will be addressed by the supervisor with the group member individually.
Where a concern arises in respect of individual attendance this may need to be discussed with the group member's line manager. In the event of cancellation, the session will be rearranged as soon as possible (within a 2-week period).

Environment: Sessions will take place at a mutually agreeable venue preferably away from the supervisees' normal working environment. Sessions should not be interrupted by telephone calls unless in an emergency situation.

Recording: Notes of the key points and outcomes of the supervision session will be recorded by the supervisor on a supervision record form. Copies of the form will be forwarded by the supervisor to each individual attendee within one week after supervision.

Confidentiality: regarding issues discussed within the supervision session will be maintained unless concerns arise regarding professional issues.

Professional Issues: If the supervisor becomes aware of concerns regarding the practice of a group member, e.g., where procedures and policies have not been followed, where there is a breach of professional conduct, or when it is suspected that there has been, or is likely to be, unsafe practice, this information will be discussed with the line manager with the individual practitioner's knowledge.

Training Needs: Any urgent training needs identified will be brought to the attention of the line manager, by the supervisor and/or the group members. Other training needs will be discussed including information on accessing training via the safeguarding training programme. It is each group member's responsibility to keep a record of any training undertaken and any future needs.

Honesty/Respect: All parties will approach the session in an open and honest manner, ideas and suggestions will be open to constructive challenge to improve and learn from practice. Respect for another person's views and beliefs will be maintained. Group members will listen to each other's issues without interruption, and all will be offered an opportunity to speak.

Disagreements: Any disagreements during a supervision session will be addressed in the meeting, if they cannot be resolved effectively or if any party finds it uncomfortable or difficult, they can request a meeting with their manager. It this is not resolved they can request a change of ***clinical supervisor***.

Evaluation: At the end of each session there will be a short evaluation by the group as to what they feel has been achieved. Prior to the start of the next session there will be a short recap looking at the outcome of the previous session.

Group Supervision Contract (part 2)

Supervision Review Check List (to be used in Clinical Supervision after a 3-month period of time to check usefulness of approach)

Name ……..

How well is supervision meeting your needs?
Use this checklist to identify areas where you are satisfied, and those you would like to change in discussion with your supervisor during the Supervision Review meeting.

- Venue Time
- Ground rules
- Contract
- New information
- Supervisee development
- Supervisor approach
- Training needs identified
- Record keeping
- Practice changes
- Support Relationship

Name: …….

Review Date: …….

Main review points

Date of next session: ……..

Outcome of Review

Date of next review:……..

Date contract terminated:….

Signed: Supervisor……

Supervisee……

Group Supervision Contract (part 2)

I the undersigned have read and understood the terms of the above agreement and agree to be bound by them on the understanding that I can terminate the agreement under the conditions highlighted and in accordance with the Trust's Supervision policy.

Date ……

Name	Role	Base	Signature

Appendix B

Sheffield Health and Social Care NHS Foundation Trust
Social Worker Supervision

Position Statement

Context

This position statement has been written in response to discussions which have been taking place within Sheffield Health and Social Care NHS Foundation Trust (SHSC) regarding the supervision of staff.

Applicability

This position statement intends on providing the current position in relation to national standards and best practice pertaining to the supervision of social workers.

The statement applies to social workers who are employed by SHSC.

Local drivers

SHSC has in its most recent inspection, carried out by the Care Quality Commission, been rated as being 'inadequate'. This conclusion has been arrived at for numerous reasons, including a lack of supervision.

SHSC has a supervision policy in place. This is currently under review and being updated. The SHSC supervision policy seeks to provide an overarching umbrella under which the supervision of staff takes place. The policy is not professional group specific.

National drivers

There are multiple drivers nationally in relation to the supervision of social workers. A summary of key drivers is briefly outlined below:

1. ***The Post Qualifying Standards for Social Work Practice Supervisors in Adult Social Care*** (produced by the DHSC) requires social workers to receive professional social work supervision on a regular basis and usually on a one-to-one basis. The role of the social work practice supervisor is, alongside the social worker, to have responsibility for overseeing the social worker's professional practice. The DHSC stipulates in its standards that if the social worker's line manager is not a social worker, then the social worker must receive professional supervision separately by a registered social worker.

Within the DHSC guidance, whilst social work practice supervision includes attending to managerial functions, it is much broader than this. Social worker supervisors are required to ensure the following domains are captured and explored on an integral basis:

Social work values and ethics – e.g., how they are understood, applied, and reflected upon

- Influencing of excellence within organisations and the community – e.g., how social workers help to facilitate expertise and values-based practice, uphold human rights, how they ensure defensible decisions are made

- Confidence and capability around social work theory, values, social work models and methods, along with use and application of legislation. Supervisors must ensure they identify social worker's abilities and professional development in line with the Chief Social Worker's Knowledge and Skills Statement and Professional Capabilities Framework. Confidence and capability should be built not only on reflection but critical reflection and reflexivity

- Assuring good social work practice and development – e.g., social work supervisors are expected to model on a consistent basis high standards of social work practice. Social work professional supervision is required to ensure that social work practice and theory is maintained and current.

- Critical analysis and decision making – for example, exploring conflicting rights, interests, demands, and perspectives.

- Relationship-based practice supervision – where supervision is constructed in a relationship where the needs of service users have the central position. This includes identifying and exploring emotional or other personal barriers which may affect practice.

- Effective use of power and authority as a supervisor – social work supervisors are required to apply proportionate approaches to the exercise of their power within a supervisory relationship. Supervisors are required to maintain knowledge of legislation especially the Care Act, Mental Capacity Act, mental health legislation and case law

- Performance management and improvement – social work practice supervisors should ensure that social workers understand their performance within not only local process but the law and their professional statutory regulation. Poor social work practice should be challenged as appropriate.

At present, there is a national drive, arising from the Chief Social Worker for England, that all staff who provide social work practice supervision are trained and assessed as being competent to supervise social work practice. A national training and assessment framework is currently being delivered and rolled out but unfortunately it has come to a premature suspension given the Coronavirus pandemic. That aside, however, the message remains that standards in relation to the quality of social work practice supervision must improve. It is anticipated that supervisor competence will include assessment against the features summarised above.

What this means is:

To meet national standards in relation to social worker supervision, all social workers must have professional supervision from a social worker. The supervisor will need to have a good understanding of law, national and local social work policy, social work theory and social work research. Supervisors will need to have a good understanding of social work regulatory standards. There is an expectation that professional supervision will take place on a 1:1 basis.

1. Guidance provided by the Local Government Association in relation to the **Standards for Employers of Social Workers in England** (regardless of employer) recognises that the frequency, and nature, of social work supervision will differ depending upon where the social worker is at in their professional development:

    - Newly qualified social workers will require at least weekly supervision but for those social workers who have progressed beyond their first year of employment then social worker supervision must take place as a minimum of every month.

    - The standards stipulate that supervision must be of at least an hour and a half duration.

    - The need for social work supervision to be linked the professional registration standards (set down by Social Work England) is stressed as are the links to the national Knowledge and Skills Statements and Professional Capability Framework. Emphasis is placed on the need to ensure that social worker supervision captures social work evidence and research.

    - The guidance requires professional supervision to be delivered by a social worker.

What this means is:
Professional social work supervision frequency will vary between at least once a week to one a month. If a social worker's manager is not a social worker, the social worker has the option of receiving separate social work professional supervision. Supervision should use the national Professional Capabilities Framework.

2. **Social Work England** - social work is a regulated profession and use of the title 'social worker' is, like other professional groups, is protected by law. To register and be titled as a social worker the individual must be registered with the social work professional regulator, which is Social Work England (SWE).

All social workers must ensure they adhere to the social work professional standards. If they do not adhere, the worker's professional registration is at risk. This not only means the staff member would not be able to work as a social worker, but it would also mean an organisation would not be legally allowed to continue the person's employment in such a role.

SWE in its professional standards has stipulated 6 overarching requirements which all social workers must comply with, with each of these overarching requirements being broken down into more detailed provisions and demands.

As outlined above, employers in their social work supervision with social workers are expected to supervise in a manner which has regard to the statutory regulations.

- Of significance is Professional Standard 4 which, amongst others, requires social workers to use supervision to critically reflect on practice, but to also explore how the social worker is using research and evidence to inform their practice.

- It should also be noted that all social workers are required, as part of their registration, to keep a record of their continuous professional development and this can, and will, be reviewed by the regulator as a safeguard of professional competence. The use of social work supervision will be one of the ways in which social workers will be required to record what they have learnt and how they have developed both personally and professionally.

What this means is:
Supervision forms an integral part of a social worker's professional registration. The supervision provided to a social worker must help enable social workers to not only reflect but critically reflect on their professional practice and explore issues such as social work research and policy.

If we do not get supervision right, it may jeopardise the staff member's professional registration.

Models of social work supervision

Whilst a variety of supervision models and theories exist, one model of social work supervision – the 4x4x4 model – is currently having prevalence within the national social work landscape and has formed part of the national training delivery plan thus far. Indeed, social work supervisors in Sheffield have started to be sent on training in relation to the 4x4x4 model.

Taking these factors into account, this position statement is based on the concepts and theory underpinning the 4x4x4 model. As new research and practice develops, new ideas and frameworks around social worker supervision may emerge but for the foreseeable future continuing to build on the 4x4x4 model would appear to be both pragmatic and best practice.
From a 4x4x4 perspective, social work supervision should be structured around the following:

- The four functions of supervision (managerial, developmental, supportive, and mediating)
- The four key stakeholders (the staff member, the employer/organisation, service users and other organisations)

- The four stages of reflection/learning (experience, reflection, analysis and action planning)

What the 4x4x4 model helpfully demonstrates is that supervision has many components, processes and perspectives. Of significance is that social worker supervision is much more than managerial supervision. Managerial supervision forms part of the 4x4x4 model but is just one part of it.

Despite this being one part, research exists which has identified that organisations have tended to overly focus on the managerial aspects of supervision to the detriment of other supervisory factors especially reflection. The research has gone on to link this with poorer outcomes for service users.

In theory, managerial and professional supervision could be delivered by the same person. There are both benefits and disadvantages to this. There is also a risk that one person trying to undertake all of these tasks ends up not adequately completing any.

Peer Group Supervision

Peer supervision enables social workers to go beyond individual limitations and to expand on their knowledge, skills, and experience. They give social workers the opportunity to bring a case for discussion, reflect on learning from practice, consider their values and judgements and allow them to explore your practice as well as supporting their wellbeing.

Summary

All social workers must receive supervision from their line manager. All SHSC social workers will have the option of receiving specific 1-1 social work supervision from a social worker if their line manager is from another profession.

All SHSC social workers will be included in peer group supervision that takes place on a regular basis.

Social worker supervision needs to work within the regulatory framework set out by Social Work England and have a focus on reflection and critical reflection.

Supervision should take place at least once a month, for an hour and a half duration. This will be more frequent for less experienced social workers.

Social work supervisors need to ensure professional standards are also compared against those set out in the national Knowledge and Skills Statement, and national Professional Capabilities Framework.

Over the forthcoming months, specific local guidance will be produced regarding social worker supervision. This will be in response to the national changes which are currently being introduced, albeit on hold given the Covid-19 pandemic.

Natalie Salmon, Lead Social Worker. 09/06/2023.

Appendix C

Role and Responsibilities of the Professional Nurse Advocate

1. Introduction

The Professional Nurse Advocate (PNA) training programme was introduced by NHS England in 2021 to ensure that staff are receiving the support they need in manage challenging situations. PNA's utilise the A-EQUIP model for supervision and quality improvement (NHS England 2021) so to support staff to understand the challenges they face and identifying quality improvement initiatives throughout group and one-to-one restorative supervision (May 2021), the aim being to improve clinical effectiveness, reducing sickness and developing stronger relationships (Wallbank 2012). The future vision of the PNA role, as identified by Ruth May (Chief Nursing Officer for NHS England) is for 1 PNA to be available for every 20 nurses by 2025 (NHSEI 2021).

2. Definitions

Professional Nurse Advocate (PNA) – a practicing nurse trained at master's level to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative clinical supervision (RCS) in response to service demands and changing patient requirements.

Advocating for Education, Quality and Improvement (A-EQUIP) Model (NHSEI 2021)

Clinical Supervision (restorative) supports the supervisee to further develop their ability and capacity to cope, especially when managing difficult situations. Professionals need to process feelings of stress, anxiety and fear so that they can focus upon their own developmental needs and move towards a creative, solution-focussed approach.

Monitoring, evaluation and quality control (normative) endeavours to develop management strategies, looking at professional accountability and quality issues within the nursing role. It concentrates on supporting individuals to become effective in their role through quality activities to improve patient safety and outcomes.

Education and development (formative) identify that educational needs should take place through clinical supervision sessions, focussing upon skills and knowledge and informing appraisals, revalidation and development of leadership qualities. Guided reflection can support the exploration of self-leadership through the examination of a nurse's interactions with others, how they influence change and improve the delivery and standards of care.

Personal action for quality improvement addresses the need for nurses to be aware of and contribute towards ongoing quality improvement, so to improve patient care. This is a fundamental aspect of a nurse's role, to contribute towards the safety, improvement, and adherence to quality assurance. This function ensures that quality care becomes a part of everyone's role.

3. Accessing a PNA

Any member of SHSC can request PNA support via email – pna@shsc.nhs.uk or via an online form - https://forms.office.com/e/GG9S0SGbNE
Following the receipt of a referral for a PNA, a PNA will be allocated to the individual/group via the PNA Project Lead, and an appropriate time/venue will be arranged to complete the RCS session.
Feedback will be gained post RCS session via an online form - https://forms.office.com/e/MSJSETYUMM - feedback from these forms will be discussed within the monthly local PNA Forum.

4. Duties and Responsibilities

- Upon qualification, the PNA must be allocated one day (7.5 hours) per calendar month so to provide support to teams throughout SHSC, either via organised RCS sessions, 1:1 support or in response to serious incidents that have occurred. The PNA Project Lead will arrange a rota with support via the PNA's line manager to ensure that there is a limited impact within their usual place of work.
- The PNA will set out ground rules at the beginning of each RCS session, which includes the following:
    - That the discussion is confidential, however if any breaches in the NMC Code, safeguarding or fitness to practice issues are raised then these will require escalation.
    - That the discussion will be non-judgemental.
    - That the group will listen with respect and accept the views of others.
    - The session will last for 1 hour, if it is identified that the session has not fully met the expectations of the group then another session will be booked.
    - Participants are encouraged to take notes which can aid future revalidation or support within a PDR, thinking on how these can link in with the Trust's values, objectives, and vision.
    - To ensure that any distractions are minimised, such as the use of mobile phones/laptops.
    - Ideally, an "icebreaker" should be used at the start of each session, such as the good question cards or the Jelly Baby tree, so to stimulate conversation.
    - At the end of the session, the PNA will check in on the group to see how they are feeling.
    - The session will not be documented, however recorded via the Trust's electronic Supervision to only state that the attendee attended a PNA session. Only qualified PNA's are able to document a supervision session as a PNA session,
    - Information from supervision recording along with individual feedback from RCS sessions is collated and sent to NHS England on a monthly basis so to enable local, regional and national oversight and evaluation of the implementation of the PNA role. No personal information is provided within this report.

    - Anonymous evaluation will be collected via the electronic feedback form which will be available via a QR code or sent out to the attendee.
- Where additional support is identified via RCS session, such being outside the usual remit of the PNA, then the PNA will assist the individual in accessing this support. A list of resources is to be made available for PNA's to signpost individuals for additional support.
- PNA's should endeavour to attend the monthly local PNA forum.
- A PNA is also expected to attend an RCS supervision themselves once per year.

Appendix D
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 re validation 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

Name:

Place of Work:

Code	Description
In	Informal clinical supervision
F	Formal clinical supervision
R	reflective practice for revalidation

Code	Description
CP	Care planning / patient care
H	Handovers/ward round
TM	Team meetings
LL	Learning lessons / post incident review.
DC	Discussions with colleagues / other Disciplines
1:1	One to one supervision
G	Group supervision

Date	Duration	Managerial or Clinical	Type	Source	Supervisor Initial	Supervisor
Total duration:						

Notes

……
……..
……
……
……
……

Appendix E

Supervision Policy Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date:

YES, Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - 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 and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

RECORD	Does any aspect of this policy or potentially discriminate group?	Can equality of opportunity for this group be improved through this policy or changes policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**No changes made**		
Disability	**No changes made**		
Gender Reassignment	**No changes made**		
Pregnancy and Maternity	**No changes made**		

	made	**Yes –** staff developing awareness/self-reflection in relation to these issues	
Religion or Belief	**No changes made**	**Yes –** staff developing awareness/self reflection in relation to these issues	
Sex	**No changes made**	**Yes –** staff developing awareness/self reflection in relation to these issues	
Sexual Orientation	**No changes made**	**Yes –** staff developing awareness/self reflection in relation to these issues	
Marriage or Civil Partnership	**No changes made**		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Linda Wilkinson

Name /Date Linda Wilkinson 30th June 2023