Humber Teaching
NHS Foundation Trust

SUPERVISION GUIDELINES (G312) TO SUPPORT Supervision Policy (Clinical Practice and Non-Clinical (N-039)

Guideline currently under review – please continue to use this version until it is replaced by the next approved version

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Author/Lead **Job Title**	Melanie Barnard, Lead Educator
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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.1	April 2013	Reviewed and re-written with Changed into Humber format
Cancelled	June 2016	Guidelines removed
2.0	July-19	Guidelines reinstanted – reviewed and re-written
2.1	Dec-20	Reviewed and minor amendmends made

Contents

1. GUIDELINES

1.1. Principles of Managerial Supervision

All staff must have managerial supervision from the person designated as their line manager (or nominated deputy)

- The managerial component of supervision should be delivered on a one to one basis, by the staff members immediate line manager (or delegated other) within the team on a minimum of eight-weekly.
- The supervisor/supervisee should formulate a contract for their managerial supervision using the approved documentation (or use the core contract and adapt where required within the supervision passport). Please see Appendix 1.
- The approved Trust supervision record should be used to document an agenda, the issues to be discussed and any agreed actions. Please see Appendix 2.
- A supervision log should be completed at the start of each supervision session in order to evidence the occurrence of supervision. Please see Appendix 9.
- The Supervisor must have adequate experience in order to undertake this role.
- Live supervision for non-clinical staff can be accomplished by using an assessment tool. This will provide further assurance of capability and competence.
- As an integral part of their PADR it is recommended that the Supervisor and Supervisee will identify and plan to fulfil the minimum training requirements expected of them, in addition there may be other training identified as part of the supervision process.

The supervision session can be used to measure and evaluate progress against previously identified objectives and achievement of these.

1.2. Areas for consideration within Managerial Supervision

- Use of the job outline, to identify areas for development and progress against objectives from PADR process
- Staff members annual leave requests
- Day to day work duties including relevant areas within Team/Business Unit Performance Report (in particular recording of clinical activity)
- Training and development requirements/opportunities
- Time management, also management of sickness/absence
- The annual PADR process
- Health and safety/stress at work and/or support and action plans
- Staff wellbeing and occupational health needs.
- Application of Trust and/or national policy and standards
- Blue Light notifications
- Revalidation/re-registration activities
- Incidents and Datix
- Quality assurance/audit/research
- Team dynamics and development

In addition to the above all clinical staff must observe the following:

For the purpose of the policy clinical staff are defined as any member of staff who provides direct patient care, and all other persons who have involvement in some aspect of direct clinical care of the service user/patient

1.3. Clinical

Clinical/practice supervision should be delivered by an appropriate professional from the same or different discipline to a minimum of four- to six-weekly, or pro-rata; this can be on a 1-1 basis, or within a professional group or forum at the discretion of your clinical manager. Supervision

delivered within a group setting must constitute as a maximum 50% of clinical supervision requirement four- to six-weekly.

See Appendices 1, 2, 3, 4, 7, 8, 9 and 10.

- Provides an opportunity for staff to reflect on and review their practice, discuss individual cases in depth, change or modify practice and clinical interventions and identify related training and continuing development needs for continued safe and effective practice.
- It supports staff to manage the emotional impact and burden of their day to day role. Clinical supervision has been associated with higher levels of job satisfaction, decreased staff turnover, improved retention and staffs effectiveness.
- Clinical supervision is linked to good clinical governance by helping to support quality improvement, manage risks and increase accountability
- Clinical Supervision should occur every four to six weeks.
- Additionally to gain further assurance re quality of care, and in order to meet emerging regulatory body requirements, clinical staff must engage in 'live' supervision. This is where the clinical supervisor (or where they exist, practice teacher) undertakes direct observation of the clinician directly engaging in practice. This could be contributing to a multi-disciplinary team meeting, undertaking a difficult or sensitive telephone call or accompanying on patient visit. The supervisor and supervisee must agree what the focus and measure of the direct observation will be. Examples for the focus could be a specific element, competency achievement, an element or standard and required skills for a care pathway, medicines management or appropriate assessment tool. The supervisor must use the supervision process to give feedback to the supervisee. This must occur at least twice per year.

1.4. Professional Supervision

Where the clinical supervisor is a professional who does not hold the same registration as the supervisee, the supervisee must additionally seek professional supervision on a minimum of 4 occasions per year. Professional supervision should be delivered by an appropriate senior Professional in relation to the registered staff's registered profession.

Registered professional staff must ensure they are conversant with requirements for their professional registration standards. They must use standards and re-validation/registration requirements of their registering bodies and professional associations as a basis for discussion within professional supervision. See Appendices 1, 2, 3, 4 and 9.

1.5. Safeguarding Supervision

Whilst safeguarding supervision shares many of the elements of clinical and managerial supervision, there are some specific challenges related to safeguarding work. In order to work effectively practitioners need the opportunity to reflect on their work, within a supervisory framework that is both supportive and systematic in its approach.

1.6. Principles of Clinical, Safeguarding and/or Professional Supervision

Contracting is important to maintain appropriate boundaries within the supervision process. All staff should have a supervision contract, including those who are employed in a bank role only.

All supervision sessions will be documented using the approved Trust paperwork except where other documentation or recording methods are indicated within section 4 (including supervision passport for clinical bank staff)

1. The occurrence of clinical/professional supervision should be recorded using the approved log.

2. The clinical/professional supervisor must have adequate clinical experience/ training to undertake the role of supervisor. This should be agreed and confirmed by lead nurses or professional leads.
3. The supervisor will demonstrate high standards of clinical competency and must ensure they meet continuing professional development (CPD) requirements for their registered profession.
4. In cases where the supervisor lacks the required competence or knowledge, i.e. where the supervisee is not of the same profession, this should be raised with the supervisee and their manager/lead nurse/professional lead, so advice and input can be arranged as appropriate.
5. Where a further recognised qualification is maintained as part of their work role, staff must ensure they negotiate an appropriate additional professional practice supervisor as required to give specific and/or specialist guidance and advice around practice issues.
6. Any associated resource implications for additional and/or specialist supervision, must be approved by their line manager following discussions with the lead nurse/professional lead and agreed within their supervision contract.
7. The supervision process should enable the supervisee to monitor and review aspects of their practice.
8. The supervision relationship aims to create a positive and supportive environment for learning, which should afford supportive challenge/debate and promote critical reflection in practice.
9. The supervisor should encourage evidence based practice by increasing awareness of how theory can influence practice and vice versa.
10. The supervisor should explore the application of relevant Trust policy, local regional and national policies and standards in order to inform the productive and meaningful sharing of information.
11. Group Supervision is an effective form of leaderless peer group reflective practice. Participants communicate by sharing key topics of their professional everyday lives, in order to provide solutions for difficult situations. Group supervision should aim to encourage participants to learn better ways to manage professional problems and reduce stress, which in turn increases professionalism within their work environments. If any safeguarding issues are discussed as part of group supervision, then this discussion and any actions agreed must be recorded in the patient's records in the relevant safeguarding area. .
12. Clinical supervision should always include a consideration of safeguarding issues and these discussions should be recorded in the patient's records.
13. Safeguarding children supervision may be delegated outside of the line management process. This arrangement will usually relate to those staff working exclusively with children, young people and their families. However all staff should access stand alone safeguarding supervision if they are concerned about the welfare and wellbeing of a child/young person. In these circumstances, safeguarding children supervision should be provided in addition to clinical supervision.
14. Where safeguarding supervision is undertaken as a group activity, for example within MDT, then the discussion should be recorded in the patient's record in the relevant safeguarding area.

2. PROCESS FOR EFFECTIVE SUPERVISION

2.1. Supervisee preparation:

- Read through the Trust Supervision Policy and Associated Guidance documentation.
- Have you had an opportunity to undertake any training?
- Set supervision sessions in advance so that they are a regular feature in your own and your Supervisor's diaries.
- Review the supervision record of the previous session and note items/and action plans that need following up. This should form the basis for an agreed agenda.
- Prepare an agenda/areas for discussion for your Supervision session.

2.2. Supervision Contracts:

Each individual or group should develop and agree a supervision contract using the approved supervision contract template with their supervisor, or use the approved relevant supervision passport (managerial and clinical bank staff). While substantive clinical staff can make use of the passport as an aide memoire, they must have a detailed individual clinical supervision contract. They must pay particular attention to the following areas:

- The type, form and structure of supervision, i.e. video/audio, managerial, safeguarding, clinical or professional, frequency, individual or group, minimum length of supervision session.
- The overall areas for consideration/discussion within the supervision session.
- Choice of supervisor – line manager must approve of proposed clinical/professional supervisor in order to assure them the supervisor has adequate skill and experience to undertake this role. They must also approve of any additional resources required to facilitate proposed supervision, i.e. travel, associated costs.
- **Boundaries of confidentiality: the contract should state the circumstances where confidentiality may be broken, how the supervisor would convey to the supervisee any concerns (i.e. safeguarding, professional practice).**
- **The supervisor has an obligation to act on any behaviours or actions that may put the supervisor, patients, other staff and the organisation at risk.**
- Documentation – who will document the sessions, in how much detail would this be recorded and an awareness of the detail under the paragraph “Confidentiality of Supervision sessions/records” within the Supervision policy.
- Where the supervision contract, record, log sheet and online record will be held.
- Negotiating a change of supervisor.
- Date for evaluation of the contract and review.

2.3. Supervision – good practice

- Ensure you start the session on time, as agreed. If you are late, your supervisor may not be able to give you extra time.
- Agree your agenda/priorities for discussion.
- Record the actions agreed with details of by whom and when.
- Think about any evidence you can bring/detail to support/evidence your decision making/competency.
- Discuss and review your main agenda issues.
- Review your training, ongoing development needs or personal issues related to work.
- Think about any other items for next session.
- Record issues and outcomes/actions on trust supervision record.
- Note any areas of disagreement, ensuring both points of view are recorded.

The emotive component of safeguarding supervision is well documented and understood. It is recognised that staff providing safeguarding supervision either formally or informally would benefit from the opportunity to discuss and reflect on some of the challenges that safeguarding supervision presents. In order to provide this support the Safeguarding Team within the Trust will facilitate monthly sessions, where safeguarding supervisors will have the opportunity to receive support and guidance in order to maintain their resilience and wellbeing.
These sessions will also provide staff with the opportunity to update their knowledge and share information relating to current safeguarding themes, so that they can disseminate the information to their colleagues.

2.4. Monitoring of Supervision

A supervision structure to be developed across all services to ensure that all staff have a supervisor in place. This should be monitored every **month** by the team leader/charge nurse within services and shared within care group/corporate meetings as evidence of compliance with the policy.

The Safeguarding Team will undertake regular audits of safeguarding supervision in order to monitor the quality of and compliance with the policy.

3. REFERRAL PATHWAY FOR TRUST STAFF DEALING WITH SAFEGUARDING CONCERNS

Supervision is a forum to share experiences about, or seek advice in relation to, concerns around a child's welfare. There are many circumstances in which staff may find themselves faced with a concern in relation to a child or young person. Supervision provides staff with the opportunity to discuss these concerns. However, if a staff member has a concern about a child/young person, they should not wait until the next supervision session, to raise their concerns. If they are unable to discuss these concerns with their manager, then they should contact the Trust Safeguarding Team for advice.

In its 'Preventing harm to children from parents with mental health needs' the National Patient Safety Agency (NPSA 2009) tasks all organisations with reviewing their documentation, policies and training to support and prompt their staff to always consider and act on any risks to the children of adult service users.

The supervisor has a professional and moral duty to report concerns regarding a supervisee's practice, which may compromise safety of the supervisee or others. There are clear procedures to follow for safeguarding children/safeguarding adults that arise from information shared within a supervision session and all staff have a responsibility to contribute to ensuring a safe workplace.

Clinicians should exercise their responsibilities as appropriate following the agreed referral pathway for health staff in a timely way and not wait until Supervision has occurred before doing so. The revised supervision record prompts **all** clinicians to consider if they have any Safeguarding issues to discuss as a standing agenda item. Clinicians must record any issues and the specific actions from their Supervision session on the record sheet.

The Social Care Institute for Excellence (SCIE) document 'Think child, think parent, think family' echoes the NPSA recommendations around ensuring robust systems are in place for consideration to be made to child Safeguarding issues in relation to screening, assessment planning and providing care. Supervision can offer dedicated time for clinicians to reflect on working with families and to consider implications for their practice around care delivery, contact between client and children and other related issues.

For those staff that complete the Mental Health Clustering Tool (MHCT), any issue in relation to Safeguarding children that scores 1 or above should be automatically brought to supervision, and where indicated discussed with safeguarding lead.

4. STAFF IN PRECEPTORSHIP

Staff subject to the Trust's preceptorship model and associated development programme, including nurse associates and advanced clinical practitioners, will receive clinical/professional supervision as an integral part of this process for the period of preceptorship. As this concludes, the preceptee must ensure they have in place arrangements to receive ongoing clinical supervision.

4.1. Registered Nurses

All registered nurses, working in a substantive post as a registered nurse, should receive clinical supervision in line with supervision policy requirements.

Where clinical supervision is provided by a non-nursing professional, professional supervision with a suitably experienced registered Nurse must also be received as per policy.

4.2. Non-Medical Prescribers

Staff undertaking this advanced practitioner role have a responsibility to meet the CPD requirements as identified by their regulatory body and the prescribing single competency framework (NICE 2012), this is to evidence that the competencies and skills needed for prescribing are developed and maintained.

This function can be evidenced at the CPD peer group and also within supervision, but only where the supervisor has a prescribing qualification at an equal standard to the supervisee. Trust supervision documentation and/or the prescribing single competency framework documentation should be used to evidence competency. This will be monitored at the PADR process.

4.3. Patient Group Directives (PGD)

It is expected that all practitioners will fulfil their CPD requirements by completing the appropriate training and use supervision to evidence the competency defined in the PGD competency framework (PGD policy, NPC 2009). Trust supervision documentation and/or the PGD competency framework documentation should be used to evidence competency. This will be monitored at the PADR process.

4.4. Healthcare Assistants/Support Staff/Associate Practitioners/Nursing Associates

It is essential they are supported in the supervision process and that the principles of clinical supervision are adhered to.

- Healthcare assistants should be in receipt of both managerial and also clinical supervision.
- Healthcare assistants can undertake peer or group supervision for six sessions per year but must engage in 1-1/live (observed practice) supervision for the remaining six sessions throughout the year.

4.5. Support, Time and Recovery (STR) Workers

The advent of Support, Time and Recovery Workers in 2003 within the NHS workforce has contributed to the development of a new role and falls in line with the modernisation agenda.

Across the Trust the job descriptions for these posts reflect the distinction between the STR worker and colleagues undertaking a healthcare assistant role. Clinical supervision recommendations are detailed within the DOH Mental Health Policy implementation guide: Support, Time and Recovery Workers and this should be considered when supervising the STR worker.

It is recommended all STR workers attend bimonthly peer supervision groups facilitated by a senior STR worker. This provides clinical supervision and supports development of the STR role locally, regionally and nationally.

The staff attending STR peer group supervision will have an agreed Contract. They will record issues and actions on approved Trust documentation. See Appendices 7, 8 and 10.

In addition to the peer group supervision the STR workers must ensure they engage in 1-1/live (observed practice) supervision for a minimum of six sessions per year to meet supervision requirements (i.e. up to six sessions per year can be peer or group supervision with the remainder being 1-1/live (observed practice).

4.6. Pharmacists and Pharmacy Technicians

Pharmacists are regulated by the General Pharmaceutical Council (GPhC). From April 2011, pharmacy technicians will also be subject to the regulation of the GPhC.

Currently, in order for the pharmacists and technicians to evidence CPD and be eligible to re-register annually, they have to record their CPD (including supervision) online. An identified professional supervisor can access the online CPD records and the GPhC randomly checks the quality of the contents.

Pharmacists and pharmacy technicians will receive 1-1 managerial supervision in line with Trust policy. The agreed Trust documentation for contracts and supervision records will be used to record this process.

They will continue to maintain professional standards by participating in CPD in accordance with their regulatory body and will continue to complete online supervision records with the GPhC.

Approved documentation will be used where pharmacists seek external peer supervision to record occurrence, issues and actions and demonstrate active Supervision/benchmarking process. This can be used to evidence KSF where applicable and enhance their professional portfolio.

4.7. Allied Health Professionals

Allied Health Professionals refers to the individual professions that are registered with the Health Care Professionals Council (HCPC) such as occupational therapists, physiotherapists, speech and language therapists and arts therapy staff.

AHPs will receive clinical supervision and/or professional supervision in line with Trust policy. They will have an awareness of their requirements for their respective professional registration standards,

They will use the approved Trust documentation for the purpose of recording contracts, issues and outcomes, and will keep a record as required of occurrence of supervision.

Additional information is available for speech and language therapists' supervision. This additional guidance is available on the Trust V drive listed under 'service documents for speech and language therapists and assistants'.

4.8. Medical Staff

There are three subsections to this group of clinicians.

Doctors in Training – Foundation (F) year 1 and 2 (F1, F2), GP Trainees (GPVTS), Core Trainees CT1-CT3 (previously known as SHOs) and Speciality (or Higher) Trainees ST4-ST6 (previously known as SpRs).

Educational supervision for doctors in training is mandatory. A consultant psychiatrist undertakes the role of educational supervisor on a rotational basis and co-ordinates the educational supervision. Educational supervision, which is essentially developmental in its focus, is distinct from clinical supervision and sessions should not confuse the two. However, both types of supervision may be provided by the same consultant.

The Royal College of Psychiatrists (RCPsych) issues mandatory portfolio documentation. The portfolio contains a supervision record.

Doctors in training will use the approved Trust documentation to formulate a supervision contract and evidence occurrence of supervision. They will continue to record content of educational supervision on the supervision record contained within their professional portfolio. A copy of this is included in Section 6 for ease of reference.

4.9. Consultants Grade/Non Consultant Grade, Specialty Doctors, Staff Grade and Associate Specialists

There is an assumption that supervision occurs for non-trainees, including consultant medical staff, within the expectations for revalidation, the National Health Service Litigation Authority and the reports from National Inquiries.

The participation in clinical and managerial supervision by psychiatrists will support their appraisal and revalidation process.

Clinical supervision provides an opportunity for staff to reflect on clinical practice with an experienced colleague.

All non-trainees are attached to, and should receive monthly clinical supervision from their respective consultant. The monthly supervision should be recorded on a supervision log sheet as a minimum requirement. The approved Trust contract and record of supervision should be used.

Regarded as autonomous practitioners who report professionally to the medical director through their respective associate medical director.

This autonomous position enables them to sign off personal development reviews within their peer group for CPD purposes with the RCPsych.

In order to evidence compliance with NHSLA consultants are required to complete a supervision log sheet indicating when they have participated in peer and/or individual Supervision.

Clinical supervision – The RCPsych identifies principles underpinning the process of clinical supervision for career grade psychiatrists and suggests the minimum should be as follows:

- Career-grade doctors should have appropriate training to participate fully as a supervisor or supervisee.
- Arrangements for supervision within the identified supervisory process should be agreed during the annual appraisal.
- Regular supervisory meetings in a peer group or one-to-one setting should occur not fewer than **four times a year**.
- A record of the supervisory process should include the outcomes and monitoring of agreed actions. This should be retained by the appraisee and discussed in the annual appraisal
- The supervisor should be a peer or senior colleague in the same subspecialty of psychiatry.
- If patient identifiable information is discussed, both parties are responsible for ensuring this information is kept confidential.
- If the supervision process results in advice regarding patient management, the supervisee is responsible for ensuring that this is recorded in the patient notes.

Examples of activities which could be incorporated into clinical supervision:

- Case-based discussions.
- Direct observation of practice.
- Critical appraisal of clinical evidence.

The content of the supervision will be led by the supervisee.

Managerial supervision

The details of the managerial supervision process are defined within the Supervision Policy and guidelines. Career grade psychiatrists will be supported in delivering high quality patient care by a process which is:

- Provided within the line management structure
- Includes caseload review and resource allocation
- Includes review of agreed objectives and performance
- Ensures outcomes of managerial supervision are recorded and discussed as appropriate within the appraisal process and job plan review

The content of the supervision will be led by the supervisor

Confidentiality
Supervision is a confidential process between the supervisor and supervisee, there are however limits to confidentiality.

- If there is concern about patient safety, the supervisor will need to alert the necessary local and statutory bodies
- The supervisee has the responsibility to ensure that identified needs for practice development are fed into the appraisal process
- Urgent training or development needs should be highlighted by both the supervisor and supervisee to ensure prompt action

4.10. General Practitioners

Clinical supervision – will occur with the creation of clinical multi-disciplinary team meetings to discuss complex cases, Significant Event Analysis, complaints, palliative care etc. – at least monthly. Also option to discuss issues with the practice clinical lead.

Managerial supervision – via annual PADR, sickness absence, annual leave etc.

Professional – via annual appraisal and five-yearly revalidation

4.11. Psychologists and Clinical Psychologists

Psychologists and clinical psychologists are registered with the Health Care Professionals Council (HCPC).

Psychologists and clinical psychologists will receive clinical supervision and/or professional supervision in line with Trust policy. They will have an awareness of their requirements for their respective professional registration standards.

They will use the approved Trust documentation for the purpose of recording contracts, issues and outcomes, and will keep a record as required of occurrence of supervision.

4.12. Psychological and Psychotherapy Staff

All clinicians practicing as psychological therapists (be they psychotherapists, counsellors or some other professional practising a specific therapy) will work within and meet their respective Professional registration standards which they are bound by.

Clinical supervision should be accessed on an as needs basis as agreed. Approved Trust documentation will be used for the purpose of recording, contracts, issues and outcomes and will keep a record of occurrence of supervision. Completed documentation can be used for reaccreditation application process.

4.13. Improving Access to Psychological Therapies (IAPT)

Staff are employed in either a High (CBT, EMDR or PCC) or low-intensity capacity. IAPT staff will use approved documentation, with the exception of using an adapted record included within the guidance document to meet registration requirements (indicated for use by high-Intensity workers and psychological wellbeing practitioners respectively).

A specific supervision model for IAPT has been developed following national guidelines and is available for line managers. See appendices 5, 6 and 11.

4.14. Social Workers

The Department of Health and Social Care has published “Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care” which sets out eight standards for social work practice supervision.

Professional supervision in social work is a regular and ongoing process involving a practice supervisor who has responsibility for overseeing the social worker’s professional practice. It should take place regularly usually as a one to one meeting in an environment in which confidential discussions can take place.

The practice supervisor may also be the nominated manager within the organisation. If the line manager is not a registered social worker, professional supervision will need to be provided separately.

All supervisors should have access to informal supervision when the need arises and access to peer supervision within team settings.

4.15. Bank Staff/Agency Staff

Provision of bank and agency staff is coordinated through the Flexible Workforce Team (FWT). The FWT provides bank staff to work in many areas of service provision including administration, nursing and research assistants.

Staff that have a substantive post in the same area of service delivery (e.g. nursing/administration etc.) in addition to their bank post should receive managerial/clinical supervision in line with their arrangements for this post.

NMC The Code: standards for conduct, performance and ethics for nurses and midwives, states:

- You must establish that anyone you delegate to is able to carry out your instructions.
- You must confirm that the outcome of any delegated task meets the required standards.
- You must make sure that everyone you are responsible for is supervised and supported.

Where staff are employed on the bank in a different capacity to their substantive post, or solely employed on the bank, their supervision arrangements and standards will be as follows:

4.16. Bank Healthcare Assistants

Bank healthcare assistants employed on a short-term placement or assignment of one month or longer, or who undertakes shifts regularly for only one service area will receive clinical supervision from that service area in order to meet NMC advice on delegation. This can be within a group/peer supervision setting but must be facilitated/have access to registered nurse and recorded on the supervision passport.

4.17. Bank/Agency Registered Professionals

Bank/agency registered professionals employed on a short-term placement or assignment or one month or longer, or who undertake shifts regularly for only one service area will receive clinical supervision from that service area. Bank or agency registered professionals would follow the principles for clinical supervision. Supervision must be recorded on the supervision passport.

4.18. Administration Bank Staff/Research Assistants

Administration bank staff/research assistant staff on short-term contracts of three months or more should receive managerial supervision as per section 1 of this guidance from their identified placement supervisor (or delegated other).

4.19. Other Supervision for Bank/Agency Staff

Bank or agency clinical staff who work on an ad hoc basis and do not hold a substantive post within the Trust can make use of the clinical supervision passport designed to be a portable

document to evidence clinical supervision has been sought and capture notes relating to any discussion and agreed action. It contains a framework for a supervision contract within the one document.

Those staff working on the bank in non-clinical roles can use the managerial supervision passport to capture occurrence of any managerial supervision discussions.

4.20. Corporate Services

All Trust employees, including housekeeping administration, and corporate staff should receive managerial supervision as identified within the policy from their line manager or delegated other.

4.21. Supervision Passport (Clinical)

This can provide a useful aide-memoire for substantive staff who seek out ad hoc clinical supervision to take to scheduled clinical supervision. Additionally it can provide ongoing evidence for clinical bank staff that advice has been sought or concerns escalated about a complex clinical situation.

4.22. Supervision Passport (Managerial)

Use as an alternative to completing the standard contract, individual managerial supervision record and log sheet. The portable supervision passport contains the recommended considerations for managerial supervision in a standardised contract and areas to capture brief notes about managerial supervision discussion and agreed actions.

5. APPROVED TRUST DOCUMENTATION

All forms are available as separate documents on the intranet at https://intranet.humber.nhs.uk/supervision-forms.htm.

APPENDIX 1: Individual Supervision Contract

INDIVIDUAL SUPERVISION CONTRACT – (tick all that apply)

Clinical/Practice ☐ **Managerial** ☐ **Professional** ☐

Name	**Supervisor**
Has the Supervisee read the Supervision Policy and associated Guidance document and had the opportunity to discuss it? Yes ☐ No ☐	
Agreed Frequency	**Agreed Duration**
Agreed Content Of Supervision	
Confidentiality Extent of confidentiality – when and how might it be broken	
Date of Last PADR	**Planned Date for New PADR**
Record Keeping **Who Will Record The Session?** **In What Format Will The Session Be Recorded?** Where Will The Records Be Kept? Other Issues Frequency of Contract Review Negotiating change of Supervisor	
Contract Agreed By: **Supervisor**	
Name	**Signature** **Designation**
Supervisee	
Name	**Signature** **Designation**
Line Manager	
Name	**Signature** **Designation**
Date of Contract	Review Date

APPENDIX 2: INDIVIDUAL SUPERVISION RECORD

INDIVIDUAL SUPERVISION RECORD - (tick all that apply)

Clinical/Practice ☐ **Managerial** ☐ **Professional** ☐

Supervisor **Staff Member**

Team/Unit

Date of Session **Date of Next PADR**

Agreed Agenda: **Review of all none 1-1 supervision which have occurred and supervision passport.**	
Evidence:	
Issues discussed	**Decisions/Actions** (with details of by whom and when)
Any safeguarding concerns?	
Any areas of disagreement?	
This is an agreed record of the session Staff Member: Supervisor: Date:	
Date, time and venue of next session:	

APPENDIX 3: INDIVIDUAL CLINICAL/PROFESSIONAL SUPERVISION CONTRACT

Please delete as required

Name	**Supervisor**
Has the Supervisee read the Supervision Policy and associated guidance and had the opportunity to discuss it? Yes ☐ No ☐	
Agreed Frequency	**Agreed Duration**
Agreed Content Of Supervision • Consider specific professional requirements/standards.	
Confidentiality Extent of confidentiality – When and how might it be broken. How will concerns re practice be taken forward	
Date of Last PADR	Planned Date for New PADR
Record Keeping Who Will Record The Session? In What Format Will The Session Be Recorded? Where Will The Records Be Kept? Other Issues Frequency of Contract review Negotiating change of Supervisor **Contract Agreed By:** **Supervisor**	
Name **Signature** **Designation**	
Supervisee	
Name **Signature** **Designation**	
Line Manager	
Name **Signature** **Designation**	
Date of Contract	**Review Date**

APPENDIX 4: INDIVIDUAL CLINICAL / PROFESSIONAL SUPERVISION RECORD

Supervisor **Staff Member**

Team/Unit

Date of Session **Date of Next PADR**

Agreed Agenda:
Core agenda items

- Review of previously agreed actions
- Safeguarding / Prevent/ Care act (including self-neglect) issues
- Application of evidence based practice/Nursing revalidation

Evidence:

- Details of evidence to support re-registration
- Details of any evidence to support KSF dimensions

Issues	**Decisions/Actions** (with details of by whom and when)

Any areas of disagreement?

This is an agreed record of the session

Staff Member:

Supervisor: Date:

Date, time and venue of next session:

APPENDIX 5: CLINICAL/CASE MANAGEMENT SUPERVISION RECORD

Psychological Well Being Practitioner

Supervisor	Staff name	Team/Unit
Date	Date of next PADR	Duration of supervision
Nature of supervision **Please indicate** • Face to face • Telephone • E mail	Type of supervision **Please indicate** • Clinical • Case management • Safeguarding	Number on caseload

Agreed Agenda **Core agenda items** • Safeguarding /Prevent/Care act (including self-neglect issues) • Application of evidence based practice **Supervisor/Supervisee agenda item**	
Evidence: (Details of evidence to support KSF dimensions) **Feedback on actions from previous session**	
Cases / Issues discussed	Decisions/Actions

Any areas of disagreement
This is an agreed record of the session
Staff member signature Date
Supervisor signature Date
Date/time/venue next supervision

APPENDIX 6: INDIVIDUAL CLINICAL SUPERVISION RECORD

High intensity worker (CBT)

Supervisor	Staff name	Team/Unit
Date	Date of next PADR	Duration of supervision
Method of supervision **Please indicate** • Discussion • Case presentation • Roleplay	Method of supervision **Please indicate** • Video feedback • CTSR • Telephone	Method of supervision Please indicate • E mail • Other

Agreed Agenda: **Core agenda items** • Safeguarding /Prevent/Care act (including self-neglect issues) • Application of evidence based practice **Supervisor/Supervisee agenda**	
Evidence: (Details of evidence to support KSF dimensions) **Feedback on actions from previous session**	
Cases / Issues discussed	Decisions/Actions
Any areas of disagreement	
This is an agreed record of the session	
Staff member signature	Date
Supervisor signature	Date
Date/time/venue next supervision	

APPENDIX 7: GROUP/PEER CLINICAL/PRACTICE SUPERVISION CONTRACT

Group members

Designated supervisor: (Not required for peer)

Have the Supervisees read the Supervision Policy and associated guidance
Yes ☐ No ☐

Agreed Frequency **Agreed Duration**

Agreed Content Of Supervision

- Consider specific professional requirements / standards

Confidentiality
Extent of confidentiality – when and how might it be broken.
How will concerns re practice be taken forward

Record Keeping

Who Will Record The Session?

What Format Will The Session Be Recorded?

Where Will The Records Be Kept?
Other Issues
Frequency of Contract review
Negotiating change of Supervisor

Contract Agreed By:
Supervisor (or other member of peer group on behalf or rest)

Name **Signature** **Designation**

Supervisee

Name **Signature** **Designation**

Line Manager

Name **Signature** **Designation**

Date of Contract Review Date

APPENDIX 8: GROUP/PEER CLINICAL/PRACTICE SUPERVISION RECORD

Members of Group

Supervisors (not required for peer supervision)

Date of Session

Agreed Agenda:	
Evidence:	
Issues	**Decisions/Actions** (with details of by whom and when)

This is an agreed record of the session

Group members

Date, time and venue of next session:

APPENDIX 9: LOG OF INDIVIDUAL SUPERVISION SESSIONS

LOG OF INDIVIDUAL SUPERVISION SESSIONS (tick all that apply)

Clinical/Practice ☐ **Managerial** ☐ **Professional** ☐ **Safeguarding** ☐

Date	Duration	Supervisee Signature	Supervisor Signature	Please indicate if the session was cancelled and state reason

Signature of Line Manager _____

Print Name _____ Position held _____

APPENDIX 10: LOG OF PEER CLINICAL/PRACTICE GROUP SESSIONS

Date	Duration	Peer group Signatures	Print Name	Please indicate if the session was cancelled and state reason

Signature of Line Manager _____

Print Name _____ Position held _____

APPENDIX 11: CLIENT CASELOAD DISCUSSION LOG

Supervisee		**Supervisor**		
Date	**Client Identifier (NHS Number)**	**Outcome and / or agreed action**	**Supervisees Signature**	**Supervisors Signature**

APPENDIX 12: RECORD OF SUPERVISION: DOCTORS IN TRAINING

DATE	TOPICS DISCUSSED

APPENDIX 13: TEAM/UNIT LOG OF SUPERVISION

Team/Unit Log of Supervision

C - Clinical
M - Managerial
Pr - Professional
Pe - Peer

Name of Team/Unit:

Name of Team:

Supervision should occur 4–6 weekly

Please record data of all types of supervision

Please indicate if session was cancelled and state reason

Staff Name:	Named Supervisor	Date for revalidation	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Staff Name:	Named Supervisor	Date for revalidation	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

CONFIDENTIAL

APPENDIX 14: SAFEGUARDING SUPERVISION CASE DISCUSSION FORM – ST9

Practitioner:_____ Job Title:_____ Date:_____

Supervisor:_____ Base:_____

Group/Individual/Peer/MDT/Other:_____ (delete as appropriate)

PRESENT AT THE SUPERVISION	
NAME	**JOB ROLE**

FAMILY NAME	**DATE OF BIRTH**	**NHS NUMBER**	**HEALTH PROFESSIONALS INVOLVED**

Records seen? (please circle)

YES NO

Has this case been discussed previously?

YES NO

If yes, have all previous plans been actioned?

YES NO

CONFIDENTIAL

SIGNS OF SAFETY ASSESSMENT AND PLANNING FORM

WHAT ARE WE WORRIED ABOUT?	WHAT'S WORKING WELL?	WHAT NEEDS TO HAPPEN?
Summary and Actions Agreed:		

Signature of supervisor:_____ Date:_____

Signature of supervisee:_____ Date:_____