

## Supervision Policy (Clinical Practice and Non-Clinical) (N-039)

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<i>Minor amendments made after full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>QPaS – 22 February 2024</i>
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## 1. INTRODUCTION

Supervision aims to safeguard standards, develop professional expertise's, and deliver quality care. It is a formal process of professional support and learning and a means of identifying solutions to problems and encouraging self-assessment and analytical and reflective skills. It encourages staff to view patients/ clients as individuals and supports clinicians to explore their feelings and provides a link between research and practice. (NHS England 2020)

This policy sets the minimum standards for clinical or practice supervision for all staff providing direct patient care and those in non-clinical roles.

Supervision is included in the terms and conditions of all posts and is a requirement of national standards within Care Quality Commission quality standards and guidance from a range of professional bodies. The Trust also acknowledges its responsibilities for the health and wellbeing of staff, and supervision plays an essential part in this.

## 2. SCOPE

This policy applies to all staff employed (including volunteers) or sub-contracted by the Trust who do or will provide some aspect of direct patient care in any professional role defined including medical staff of all grades, nurses, allied health professionals, health visitors, pharmacists, psychologists, social workers and all other persons who have involvement in direct patient care. This policy is also applicable to staff working within non-clinical roles, although clinical supervision would not apply in these roles.

All staff with a professional registration should follow the Trust policy and standards outlined from their professional body. If the two are found to be in conflict, this should be escalated to their professional lead for review.

The policy has a supporting guidance which is available on the intranet for all staff. This guidance is designed to describe the principles and process for all staff working within the Humber Teaching NHS Foundation Trust. Supervision must be a regular, formal and recorded arrangement which evidences compliance to the standards outlined in this policy and will form part of the Trust's delivery of safe and effective care. A contract for supervision should be made between the supervisor and the supervisee and reviewed annually. (A template for this is available on the intranet)

## 3. DEFINITIONS

There are several types of Supervision; however the ~~three~~ most commonly referred to are:

**Managerial Supervision** – This is carried out by a supervisor with line management responsibility for the supervisee. Managerial supervision provides the opportunity to review performance, and attendance, set and review objectives including progress against objectives identified as part of a yearly appraisal and also to identify any training and continuing development needs.

**Clinical/Practice Supervision** – This 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. It is expected that within clinical supervision there will be the opportunity to discuss safeguarding issues.

If both parties agree (and this is documented within the supervision contract) clinical/practice supervision can be undertaken in combination with managerial and/or professional supervision. Staff members involved in direct care are required to undertake clinical/practice supervision and management supervision.

**Safeguarding Supervision-** Working Together (2023) is statutory guidance. Section 11 of that guidance states that ‘appropriate supervision and support, must be provided to all staff’.

Within the Trust, for some staff, namely those working directly with children, young people and their families, there is a need for safeguarding children supervision to be undertaken as a specific activity alongside clinical supervision.

Staff working in adult services, may have concerns about how a patient’s mental health is impacting on their parenting or on the patient’s own safety and wellbeing. In these circumstances they may need to seek safeguarding supervision outside of their clinical supervision. This supervision will be provided by designated safeguarding supervisors within their team or the Trust Safeguarding Team.

**Professional Supervision** This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with an opportunity to maintain professional standards and keep up to date with professional developments and identifies training and continuing development needs.

### **Restorative supervision**

Restorative supervision contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations (*Proctor, 1988*).

## **4. POLICY STATEMENT**

All staff employed within the Trust will receive a type of supervision as outlined within the policy to ensure that they are supported within their role to carry out their duties and responsibilities as required of their job. All teams must have an agreed structure of supervision. Any associated resource implications for additional and/or specialist supervision must be approved by a line manager following discussions with the lead profession/nurse and confirmed as part of a supervision contract.

The organisation requirements for Supervision are as follows:

- **Managerial Supervision** – Should be delivered 1:1 by the responsible line manager (or delegated other) to individual staff within the team and must be undertaken a minimum of eight-weekly, or more frequently when additional managerial support is required or requested by either party.
- **Clinical/Practice Supervision** – should be provided or facilitated by an appropriate professional at a minimum frequency of six-weekly or more frequently if required or requested. This can be on a 1-1 basis, and within a professional group or forum this may include: reflective practice, group debriefing, either Face to face or virtually. Supervision delivered within a group setting must constitute no more than 50% of the clinical supervision requirement. For some staff depending on experience in the practice areas four-weekly supervision may be appropriate. As an example staff undergoing preceptorship or performance monitoring will have a greater supervision requirement or where clinical standards dictate more frequent supervision.
- **Safeguarding Supervision** –Where it has been identified that staff should receive ‘stand-alone’ safeguarding supervision, this should be available to staff at least every three months. For staff in adult services safeguarding Children supervision will be provided as and when required.
- **Professional Supervision** – this should be provided by a member of staff from the same discipline as the supervisee and follow guidance from their professional bodies. Managers need to ensure staff within their teams or staff they have responsibility for have access to

professional supervision and they may need to negotiate structures with other teams or services and seek support and guidance from professional leads to make this possible.

Where specific professional bodies have set the conditions for clinical/practice supervision then staff will work to the standards set by the professional body if these vary from the Trust minimum standards described in this policy.

- **Restorative supervision-** Professional Nurse Advocates are available to offer restorative supervision to any member of staff who would find this helpful, it is not a replacement for clinical or managerial supervision and should be viewed as an addition to these as and when required.
- **Social workers**  
Newly qualified social workers (NQSWS) undergoing their Assessed and supported Year in Employment (ASYE) should receive weekly individual supervision for the first six weeks in employment, then fortnightly for six months and monthly as defined by the programme. Supervision should support social workers to critically reflect on their practice, use best evidence, research, and theory to develop interventions and make decisions. For all other social workers, they will follow the frequencies identified within this policy.
- **Advanced Clinical Practitioners**  
Those staff working as advanced practitioners are required to ensure that within supervision, they cover the four pillars of practice and should work with their line managers to agree how they can access the appropriate level of workplace supervision in line with HEE Centre for advancing Practice.
- **Specialist Roles**  
For staff practising clinical specialisms, e.g., specific therapeutic modalities or specialist areas, it may be necessary to arrange additional supervision with an appropriately trained clinician. It is responsibility of the clinician to maintain awareness of the supervision requirements to practice their specialism, and to ensure that they are receiving adequate supervision in the area that they are practising; this will be supported by line management processes, namely managerial supervision, and appraisal processes.

Supervision arrangements are to be identified through a formal contract which must be agreed between the supervisee and supervisor. Informal supervision may take place outside of the structured supervision and might include supportive or reflective conversations following an incident, during handover or MDT meetings or as part of training sessions. If clinical decisions are made, these should be documented in the clinical record.

## 5. DUTIES AND RESPONSIBILITIES

The Chief Executive/Chief Operating Officer retains overall responsibility for ensuring effective implementation of all policies.

**The Director of Nursing, Allied Health and Social Care Professionals** is responsible for ensuring a process is in place for the provision and reporting of supervision within nursing, allied health professionals, social workers, working within national guidance and that compliance with the policy is captured.

**The Medical director** is responsible for ensuring implementation within medicine, psychology & Pharmacy.

- Medical Trainees receive supervision in line with HEE and GMC guidance where they have clinical and educational supervision.
- Consultants will receive in-depth annual appraisal and revalidation along with pre-existing peer support groups.

- General practitioners also have an annual in-depth appraisal and work to revalidation standards and supervision is embedded in this.

**Clinical, medical leads/professional leads, The Associate Director of Psychology and service managers/named safeguarding professionals** will ensure dissemination, and implementation of the policy within the sphere of their responsibility. They should also ensure staff members have access to relevant training and that time is dedicated to the provision and uptake of supervision alongside a responsibility to address any concerns arising from audit or monitoring of supervision policy.

**Charge nurse/team managers** will disseminate and implement the agreed policy. They will maintain an overview of associated training needs for their respective teams. The charge nurse/team manager will ensure mechanisms and systems are in place to facilitate staff to undertake supervision, monitoring team compliance with the standards set out in this policy; submitting a monthly report and taking appropriate actions to improve team compliance as required.

**All supervisees** will familiarise themselves and follow the agreed policy; maintaining a personal responsibility to access supervision and report any barriers that prevent supervision from occurring.

### **Bank Staff**

It is a mandatory requirement for all Bank Workers to benefit from managerial and clinical (if applicable) supervision, at regular intervals in accordance with the Trust Supervision Policy. Management and clinical supervision should be undertaken at one of the following intervals (whichever is sooner).

After attending for work on 18 occasions (regardless of shift length) or every six months.

It is the Bank Worker's responsibility to arrange supervision within the timeframe stipulated by the policy. Failure to comply will result in the restriction of shifts until compliance has been achieved. Compliance with this will be monitored by the Flexible Workforce Team. If a member of bank staff is having difficulties negotiating supervision this needs to be raised with the Flexible workforce team who will escalate this to relevant service manager.

#### **5.1. Confidentiality of Supervision sessions/records**

Any record made during Supervision may be requested for consultation/perusal under the UK General Data Protection Regulation and Data Protection Act (2018) as they may be defined as a health record. The Data Protection Act (2018) defines a health record as being any record which consists of data concerning health and has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of that individual to whom the data relates.

They could also be requested to assist in the investigation of a serious untoward incident, capability procedure or compensation claim.

Staff should maintain the same standards for defensible documentation requirements as they do when making entries in integrated case notes where by their entries are professional, factual and objective or stated as personal view or opinion.

#### **5.2. Supervision Records – Retention (Clinical/Practice and Managerial Supervision)**

Data protection policy for Employment records – Humber Teaching NHS Foundation Trust.

Supervision records will be retained by the manager/supervisor for seven years after employment has ended. For current employees, the last seven years of supervision records for an employee should be held. If the supervisor leaves the Trust the records should be transferred to the manager, who will store them for the seven years.

## **Supervision Passport**

The supervision passport may be used by all staff as it provides a useful aide memoire for all supervisees accessing various supervision activities including informal and ad hoc supervision and reflective discussions.

## **6. EQUALITY AND DIVERSITY**

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

## **7. IMPLEMENTATION**

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy

### **Training**

Staff delivering supervision should be supported to attend relevant training before taking on this role for the first time. This would maximise potential benefits from the process of supervision and assure a minimum skill set to organise, deliver, or receive supervision. For staff new to receiving supervision, training is also available to enable them to understand and make best use of the process. Training is available for all staff via an online module or classroom delivery bookable through ESR. Bespoke training can also be arranged for teams if required by contacting the mentor inbox. [HNF-TR.mentor@nhs.net](mailto:HNF-TR.mentor@nhs.net)

This policy does not require additional financial resource.

## **8. MONITORING AND AUDIT**

### **CLINICAL/PRACTICE STAFF**

**The Team/Ward Manager** is responsible for developing, publishing, and maintaining a supervision structure which details who will provide the clinical/practice supervision to each member of the team. It is then the responsibility of the Team/Ward Manager to maintain an auditable log of the clinical/practice supervision of all staff within their sphere of responsibility.

A model template is provided in the guidance and on the intranet.

The supervisee/supervisor will agree a contract of supervision which includes frequency and format of supervision. It will also outline who will produce a record of supervision and how that will be shared.

### **Cancellation**

If supervision is cancelled this should also be documented indicating reason for the cancellation and who has cancelled.

Monitoring of supervision will be undertaken across the whole of the Organisation on a monthly basis using the reporting tool via MS forms

All staff members will be offered an opportunity to complete an annual survey to describe and report on the provision and quality of clinical or case supervision.

### **NON-CLINICAL STAFF**

This should be monitored through the appraisal process to ensure regular supervision has taken place throughout the year.

## 9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- Department of Health (2011) Safeguarding Adults: The role of health services  
[www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124882](http://www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882)
- Supporting information and guidance: Supporting effective clinical supervision – (2013)  
Care Quality Commission
- <http://revalidation.nmc.org.uk/>
- The Care Act (2015) TSO London
- Core Supervision Model for Multi-Professional Teams NHS England 2020

### Useful Information can be found on the following websites:

- Department of Health and Social Care
- Social work England
- Nursing and Midwifery Council (NMC)
- General Medical Council (GMC)
- Health Professionals Council (HPC)
- General Pharmaceutical Council
- Kingston upon Hull City Council
- East Riding of Yorkshire Council
- British Psychological Society Practice Guidelines 3rd Edition
- Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care
- Tools | Adults SDP (researchinpractice.org.uk)

## 10. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Safeguarding Children Policy & Procedure (N-045)
- Safeguarding Adults Policy & Procedure (N-024)
- (Employee) Appraisal Policy & Procedure (HR-010)
- Clinical Risk Assessment, Management and Training Policy (N-015)
- Prevent Policy (N-030)
- Nursing Revalidation Policy (N-022)
- Photographing, Video and Audio Recording Procedure (Proc 460)



## Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Supervision Policy, (for Clinical, Practice and Non-Clinical)		
Document Purpose	This policy sets the minimum standards for clinical or practice supervision for all staff providing direct patient care and those in non-clinical roles.		
Consultation/ Peer Review:	Date:	Group/Individual	
<i>list in right hand columns consultation groups and dates</i>	November 2023	Professional leads, matrons	
	1 December 2023	QPaS	
Approving Committee:	Quality Committee	Date of Approval:	July 2019 (v4.2)
Ratified at:	Trust Board	Date of Ratification:	July 2019 (V4.2)
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Training as per current standards	Financial Resource Impact	No further financial resource impacts
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ] Rationale:
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff Email [ <input checked="" type="checkbox"/> ]
Master version held by:	Author [ <input type="checkbox"/> ]	HealthAssure [ <input checked="" type="checkbox"/> ]	
Implementation:	<i>Describe implementation plans below – to be delivered by the Author:</i>		
	This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.		
Monitoring and Compliance:	The Team Leader/Ward Manager is responsible for developing, publishing and maintaining a supervision structure which details who will provide the clinical/practice supervision to each member of the team. It is then the responsibility of the Team Leader/Ward Manager to maintain a log of the clinical/practice supervision of all staff within their sphere of responsibility		

<b>Document Change History:</b>			
Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
2.00		14/1/11	Ratified
2.01		5/9/11	Reviewed and updated for harmonising with ERYPCT
2.02		2/12/12	Minor amendments following NHSLA assessors visit to: Section: 4.3 Duties Section: 10 Monitoring.
2.03		November 2015	Reviewed and minor amendments made to Policy and Associated guidance document also revised in line with revalidation
2.04		April 2016	Minor updates from consultation and approval
2.05		November 2016	Minor updates to incorporate arrangements for non-substantive staff.
2.06		April 2017	Minor updates following review by Care groups
3		July 2017	Minor updates following review at QPaS
4.0		March 2018	Minor updates to wording
4.1		July 2018	Minor updates to wording and frequency
4.2		July 2019	Updates from professional leads. Approved at Quality Committee July 2019
4.3		November 2021	Reviewed and amendments made to policy to cover Safeguarding, Restorative supervision and bank staff. Approved at Quality & Patient Safety Group 14-Dec-21
4.4		February 2024	Reviewed. Approved at Quality & Patient Safety Group (QPAS) on 22 February 2024. EIA completed 18 March 2024.

## Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Supervision Policy**
2. EIA Reviewer (name, job title, base and contact details) **Melanie Barnard, Professional Lead Educator**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

<b>Main Aims of the Document, Process or Service</b>		
To ensure that all staff have access to regular and supportive supervision to ensure that people who use our services are supported being sensitive to their individual needs		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	Low	This is a non-clinical policy and related to support to staff working within services
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	This is a non-clinical policy and related to support to staff working within services
<b>Sex</b>	Men/Male Women/Female	Low	This is a non-clinical policy and related to support to staff working within services
<b>Marriage/Civil Partnership</b>		Low	This is a non-clinical policy and related to support to staff working within services
<b>Pregnancy/Maternity</b>		Low	This is a non-clinical policy and related to support to staff working within services
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	This is a non-clinical policy and related to support to staff working within services
<b>Religion or Belief</b>	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This is a non-clinical policy and related to support to staff working within services
<b>Sexual Orientation</b>	Lesbian Gay Men Bisexual	Low	This is a non-clinical policy and related to support to staff working within services
<b>Gender reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This is a non-clinical policy and related to support to staff working within services

### Summary

<b>Please describe the main points/actions arising from your assessment that supports your decision above</b>	
This is a non-clinical policy, however the policy is applicable to all staff who are working within Humber NHS Teaching Foundation Trust	
EIA Reviewer: <b>Melanie Barnard</b>	
Date completed 18 <sup>th</sup> March 2024	Signature: <b>M Barnard</b>