Supervision Policy for Staff in Health and Social Care Practice

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<th>October 2014</th>
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<td>Ratified by</td>
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Target audience: All health and social care practitioners.

This policy dated is stored and available through the Trust Intranet and Internet.

October 2014 - Amendment has been made in respect of Safeguarding.

This replaces the policy dated February 2009 and November 2010.
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1. Introduction

Supervision is essential to maintaining patient and staff safety and quality of care. For some professions it is also mandatory.

The term supervision can mean different things to different people. This policy seeks to clarify the different types of supervision required to support Health and Social Care staff in delivering high quality services.

2. Definitions

The following terms in relation to supervision are used within this policy.

2.1 Line management supervision is where a member of staff reports to, seeks advice from, and is accountable to their line manager. It will relate to issues of service focus, performance management, workload and competence in relation to the expectations of the post held by the health or social care member of staff. Disciplinary issues are the responsibility of line management supervision. Line management supervision will link to the individual’s appraisal.

2.2 Clinical, or practice supervision is a practice-focused professional relationship involving a health or social care member of staff reflecting on practice guided by a skilled supervisor. Clinical or practice supervision can be understood to have three main functions that overlap and inter-relate:

- A formative function related to the educative process of developing skills.
- A normative or monitoring function related to ensuring safe and effective practice by the health or social care member of staff and the protection of service users and others from harm.
- A restorative function that seeks to manage any negative effects on the health or social care member of staff resulting from their work.

2.3 Professional supervision is a practice-focused professional relationship with an individual from the same professional group involving the opportunity to reflect upon, develop and monitor those aspects of the role that are profession-specific.

The same person may provide all these forms of supervision although it is important for the clinical/practice and managerial aspects of supervision to be clearly distinguishable to both line manager/supervisor and supervisee. In psychological therapies it is generally considered best practice for the roles of clinical supervisor and line manager to be separated.

It is most common for supervision to be undertaken on a one to one basis, but other models of supervision such as peer and group supervision are equally valid but require the same standards of recording and monitoring as 1:1 supervision.

3. Purpose of this Policy

The purpose of this policy is to:

- Outline the standards of supervision expected within the Trust.
- Identify responsibilities of everyone involved to ensure supervision takes place
- Set “staff group” standards for the expected frequency / content of supervision
- Identify good practice and expected standards in documenting that supervision has occurred
4. Duties

The Trust has a responsibility to support supervision through the development and implementation of a policy and this is supported by the Executive Director/Chief Nurse.

All Directorates have a responsibility to ensure supervision takes place and is recorded; this will be monitored via an annual statement of assurance to the HR Workforce Development Sub Group.

**Line managers** have the responsibility for ensuring that management supervision and clinical/practice supervision arrangements are set up, supported and monitored and provide evidence to demonstrate this to their line manager. The various forms of supervision should be clearly differentiated. Managers are expected to monitor that staff are receiving appropriate supervision (a template for recording is at Appendix A4).

Line managers should ensure that safeguarding is included and reviewed in general supervision sessions. Any specific safeguarding children or safeguarding adult issues identified as requiring additional safeguarding supervision should be brought to the attention of the named Nurse for Safeguarding Children who will identify an appropriate Safeguarding Children Supervisor.

Additional support for staff is available through the Directorate Leads for Safeguarding Children (please see the Safeguarding Children Policy) and the Trust Lead for Safeguarding (named Nurse) or the named Doctor for Safeguarding.

It is the responsibility of **every practitioner** to ask for and take up supervision opportunities and ensure they are adequately prepared to make the most of supervision by identifying training and practice needs.

**All professionally registered staff** are responsible for their own practice, irrespective of the nature of clinical and professional supervision received.

It is the responsibility of **professional leads** to ensure clinical/practice supervision standards are up to date and relevant and refer to codes of practice/conduct where available (Appendix A1)

5. Scope of this Policy

This policy relates to all clinical and direct care staff employed by Sheffield Health and Social Care Trust, including those on secondment from Sheffield City Council. This includes professionally registered and non-registered workers for example: Psychologists, social workers, social care staff, nursing staff, health care assistants, medical staff, pharmacists, counsellors, occupational therapists, chaplains.

The objective of Sheffield Health and Social Care Trust is to improve the health, wellbeing, mental health and social inclusion of the people of Sheffield. The Trust aims to ensure that it has a skilled, supported and motivated workforce operating in line with evidence based practice. The purpose of clinical and professional supervision is to support these objectives as part of the continuous professional development of staff.

6. Specific details – the process of developing or revising a policy
6.1 Frequency and Duration
Profession specific standards relating to frequency and duration of clinical / practice supervision can be found in appendix A1.

6.2 Confidentiality
The supervisory relationship will be based upon an assumption of confidentiality where there are limits of confidentiality these will be specified in the supervision contract.

6.3 Contract and Records
A supervision contract specifying the responsibilities of the various parties will be produced at the commencement of clinical or professional supervision a copy of which will be kept by both parties and the line manager (if different to the supervisor). Notes of clinical and professional supervision will be made and kept by the supervisor, stored securely to ensure maintenance of confidentiality. Appendix A3 contains a form detailing the minimum information required to record supervision. This information will be required for audit and monitoring purposes.

6.4 Review of Supervision
All individuals will have their clinical and professional supervision arrangements reviewed within the appraisal process. This process will take account of service issues, the balance of the clinical team, professional requirements and the preferences of the individual clinician. The review will result in an agreement between the clinician and their line manager regarding how the individual’s clinical and professional supervision needs can be met as part of their continuous professional development. Clinical and professional supervision arrangements must be agreed with the individual’s line manager, and there will be regular communication between the supervisor and the line manager.

6.5 Monitoring by managers
Managers are expected to monitor that their staff are receiving appropriate supervision (a template for recording is at Appendix A4). Annually Directorates will provide assurance to the HR wand Workforce group, that supervision is taking place and managers will be asked by their Directors to provide evidence to support this.

6.6 External Clinical/Practice and/or Professional Supervision Contract
Additional guidance is provided at appendix A5.

7. Dissemination, storage and archiving
The policy will be made available on the Trust Intranet.

It will also be disseminated through the Directorate/ Professional Leads for implementing the Clinical / Professional Supervision Policy.

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 by Integrated Governance Department.

8. Training and other resource implications
Clinical supervision training forms part of the Trust’s Mandatory Training Policy and is identified within the Training Needs Analysis.

Supervision is also included as part of the Trust’s local induction processes. Again, this forms part of the Mandatory Training Policy and is highlighted within the Training Needs Analysis. For further details on the local induction procedures, please refer to the Trust’s Induction Policy.

9. Audit, monitoring and review

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An initial audit of the Supervision Policy was concluded in 2009 and subsequently Directorates identified their priorities for supervision development and implementation and are responsible for their own actions and monitoring.

All Directorates have a responsibility to ensure supervision takes place and is recorded; this will be monitored via an annual statement of assurance to the Human resource and Workforce Development Sub Group.
10. Implementation plan

The policy is a review of the previous policy and has only minor amendments and will be implemented through the directorates.

It is the responsibility of directors to ensure that staff are aware of the policy and have plans in place to ensure full implementation, monitoring, training and reporting.

Social care areas within the Trust will need to identify how they will implement the new ‘Standards for Social Care Staff’. (Appendix A1)

11. Links to other policies

No links to other specific policies.

12. Contact details

Directorate and Professional Staff Group Leads – October 2014 (appendix A4)

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Appendix A1 – Supervision Standards

Good practice requires regular clinical and professional supervision for arts therapists as this helps to protect the welfare of service users, and support the practitioner. They also have a role in identifying priorities for continuing professional development.

- These standards will apply to all HPC registered arts therapists and arts therapies trainees on placement within SHSC.
- All arts therapists are professionally managed through Therapy Services according to the agency model. This means that the roles of managerial and professional supervision may sometimes be combined.
- The Professional Leads for arts therapies ensure that clinical supervision is set up and monitored for all staff.
- Best practice is that clinical supervision is not also provided by the therapist’s line manager. At times temporary or urgent arrangements sometimes involve an overlap of roles.
- The methods of delivery are not defined here as these are agreed locally.

Standard Statements for Arts Therapies

1. The minimum requirement for clinical supervision is 1 hour per month for 1-1 supervision. Discretion is required, as needs will vary according to hours of work, the experience of the member of staff, and the age range or complexity of the caseload.

2. Prior to the outset, there will be a discussion on the supervision approach and a contract will be made according to the template at Appendix A2. This will be copied to the therapist, the clinical supervisor and the professional lead arts therapist.

3. Clinical supervision arrangements should, wherever possible, allow for choice. This is particularly important for those in small professional groupings as there may be personal or other professional connections which might impede the clinical supervisory relationship.

4. The clinical supervisor and supervisee should not work in the same team.

5. In the event of an overlap between professional/line management clinical supervision this should be recorded clearly and separately.
6. Clinical supervision should be reviewed annually by the therapist and their clinical supervisor. Supervision arrangements will also be discussed with the professional lead/line manager as part of the PDR process.

7. Supervision notes will be kept by both supervisor and supervisee under confidential conditions. These will contain no duty of care-related information that does not appear in the service users main clinical record. A template for notes can be found at Appendix A3.

8. Clinical supervisors will be experienced arts therapists, or other experienced clinicians with training in psychodynamic approaches. They will have undergone supervision themselves and where possible will have an understanding of image-making or music.

9. Clinical supervision is based on confidentiality. The limits to confidentiality regarding risk management for service users and the therapist will be clarified at the outset.

10. Not every client or contact will be discussed at each supervision, but therapists will ensure that all clients are discussed over time, and good practice in keeping supervision notes will assist with this.

**for arts therapies trainees**

- Arts Therapy trainees require a minimum of 1 hour per week of clinical supervision.
- All supervisors should be aware of, and abide by the Training Organisation placement guidelines as well as professional association (BAAT, APMT, BADT, ADMT), and HPC codes of ethics and guidelines.
- Placement supervision arrangements for trainees can combine aspects of clinical, professional and managerial supervision, in combination with clinical supervision provided by the training organisation.
- A written contract will be made from the outset of supervision outlining, supervision arrangements, Training Organisation contacts, and any health considerations on the part of the student. This should also include the protocol for raising any concerns about the placement by the trainee or the placement supervisor. (See BAAT Guidelines for Workplace Placement of Art Therapy Trainees. Available via Professional Lead for Arts Therapies)

Sept 2009 review November 2013
Clinical and Professional Supervision
Standards for Chaplaincy

- These standards will apply to all chaplains employed by the Trust.
- They will apply to any students on placement.
- There is a risk of a blurring of the boundaries between Management and Professional and Clinical Supervision.
- These standards set out to ensure that all three areas of supervision need are met.
- The method of delivering is not defined within these standards. Delivery methods should be negotiated and agreed locally.
- All Chaplains and any students will be expected to comply with the College of Health Care Chaplains Code of Conduct 2005 throughout their employment.

Standard Statements for Chaplaincy

1. Clinical and professional supervision will occur at a minimum frequency of once a month for full-time staff. For part-time staff, it will be offered to at least the same number of working hours.

2. It should be clear how clinical and professional supervision are being provided alongside management supervision, and this should be recorded.

3. The purpose of clinical and professional supervision will be agreed through a contract including clarity of outcomes, action, confidentiality, responsibilities and how discussions will be recorded.

4. Clinical and professional supervision arrangements will be reviewed at least annually. There will be an opportunity to change supervisor by agreement with all parties.

5. Supervision process notes will be completed by both supervisor and supervisee. These will be stored securely to maintain confidentiality.

6. The clinical supervisor will have an appropriate level of expertise and experience in the practice area being discussed.

7. Clinical supervision will include discussion of the whole of the supervisee’s workload at least every 4 months.

8. All supervisors and supervisees will undertake appropriate training for clinical and professional supervision.
9. Professional supervision will be provided by an experienced, qualified Chaplain and will focus on professional development issues.

10. Clinical and professional supervisors will provide agreed information to line managers to meet KSF requirements.

For Newly Appointed Chaplains (In addition to the above)
During the first six months, newly appointed chaplains will be expected to have undergone induction training. They will receive support in addition to the above and as appropriate to their individual needs and professional development.

Julian Raffay 27 February 2008 Review November 2013
Regular clinical and professional supervision is an essential part of good professional practice for clinical psychologists. Clinical and professional supervision provide an opportunity to think systematically about one’s clinical work, and the context in which that work is being undertaken, to the benefit of clients. Supervision also provides for the continuing professional development, enhancement of knowledge and skills of the clinical psychologist. The main group of standards below apply to all psychologists of whatever grade, expertise and level of experience. There are additional standards that apply to newly qualified clinical psychologists, trainees, and assistant clinical psychologists. Boundaries of responsibility between the line manager, supervisor and supervisee need to be clearly negotiated between those parties at the contracting stage (see Standard 2 below). Clinical supervision is not expected to cover all cases. Full caseload review will remain the responsibility of the line manager. Line managers have the responsibility for ensuring that clinical and professional supervision arrangements are set up, supported and monitored. In most instances it is best practice that the clinical supervisor is not also the clinical psychologist’s line manager.

The method of delivery of supervision is not defined within these standards. Delivery methods should be negotiated and agreed locally, please see Psychological Health Sheffield’s Supervision Guidelines for more details.

**Standard Statements for Clinical Psychologists**

1. Each full-time clinical psychologist will receive a **minimum** of 45 minutes per fortnight of clinical and professional supervision. Clinical and professional supervision will be provided in a structured, regular and planned way.

2. Prior to the commencement of supervision a contract will be negotiated between the parties and recorded. This will specify issues as outlined in the standards below, and specifically the respective responsibilities of the supervisor and supervisee within the supervisory relationship.

3. Clinical supervision arrangements should allow for an element of choice regarding the supervisor, and an opportunity to end supervision should be built into the contract in the form of an agreed review date for the supervision contract at least every six months.

4. Clinical supervisors will provide information to the supervisee’s line manager for the purposes of performance review, as agreed with the supervisee. At a minimum they will confirm annually how often the supervisee has attended supervision, and that they are satisfied that he/she is safe to continue practicing as a clinical psychologist.

5. Clinical psychologists offering clinical supervision will have at least one years post-qualifying experience, and appropriate competence and training in the provision of clinical supervision.
6. The clinical supervisor will make explicit the approach to supervision that will be provided at the contracting stage. Where the approach alters during the supervisory contract this change will be made explicit and the contract re-negotiated as necessary.

7. The supervisory relationship will be based upon an assumption of confidentiality. Limits of confidentiality will be specified within the contract, and will relate to the supervisor’s assessment of risk issues.

8. Both the supervisor and supervisee will keep a written record of the supervision.

9. Professional supervision will be provided by an experienced clinical psychologist and will focus on psychological models, organisational issues, professional issues and professional development needs. It may be incorporated within other forms of supervision.

**Newly Qualified Clinical Psychologists**

10. Clinical psychologists who have been qualified for less than six months will receive at least one hour per week of clinical and professional supervision.

11. Clinical psychologists who have been qualified for less than two years will receive more clinical and professional supervision than the minimum stated in Standard 1, with a particular emphasis on professional issues.

12. Clinical psychologists who have been qualified for less than two years will have the development of clinical supervision skills within their professional development plans.

**Assistant Clinical Psychologists**

13. Assistant clinical psychologists will receive at least one hour per week of clinical supervision.

14. The developmental nature of assistant posts, and how this will be met, should be stated explicitly within the supervision contract.

15. Assistant clinical psychologists will be offered a mentor outside of their service, to support them in managing problems arising from the dual roles held by line managers also acting as clinical and professional supervisors.

**Trainee Clinical Psychologists**

16. Trainee clinical psychologists will receive clinical and professional supervision as agreed with the University of Sheffield, as specified within course guidelines.

Agreed: 13/12/2006 Review Date: November 2013
These standards will apply to all NMC Registered Nurses and care staff reporting to registered nurses. They will apply to nursing students to the extent that they are congruent with Educational agreements.

Nursing staff often receive clinical and professional supervision from the same individual who provides them with management supervision. Whilst it is recognised that the same individual can provide all forms of supervision there is a risk of a blurring of the boundaries between these different forms of supervision. These standards set out to ensure that all three areas of supervision need are met. Full caseload review will remain the responsibility of the line manager. Line managers have the responsibility for ensuring that clinical and professional supervision arrangements are set up, supported and monitored.

The method of delivery is not defined within these standards. Delivery methods should be negotiated and agreed locally.

**Standard Statements for Nursing**

1. All registered nurses will have agreed and contracted clinical / professional supervision of at least one hour per month.

2. All care staff reporting to registered nurses will have agreed and contracted clinical / professional supervision of at least one hour per month.

3. The clinical supervision contract will specify the responsibilities of participants; structure (frequency, duration, methods, setting, action in the case of cancellations, date for review); confidentiality; recording methods; problem management; and the managerial interface.

4. Supervision process notes will be completed by both supervisor and supervisee. These will be stored securely to maintain confidentiality.

5. The confidentiality of clinical / professional supervision will be maintained. The limits of that confidentiality will be agreed.

6. Clinical / professional supervision will be reviewed at least annually. Opportunities to change supervision arrangements will be discussed at that review.

7. Clinical supervisors will provide information to the supervisee’s line manager for the purposes of performance review, as agreed with the supervisee. At a minimum they will confirm annually how often the supervisee has attended supervision, and that they are satisfied that he/she is safe to continue practicing as a nurse.

8. The clinical supervisor will have an appropriate level of expertise and experience in the practice area being discussed.
9. All staff providing clinical supervision to nursing staff will have received an introduction to clinical supervision training.

10. Monitoring of performance against these core standards will be the responsibility of local management teams as part of clinical governance arrangements.

11. In providing clinical supervision to registered nurses the supervisee’s ongoing responsibility for their practice will be acknowledged.

For Newly Qualified Nurses

12. Nurses who have been qualified for less than six months will receive at least one hour per fortnight of clinical and professional supervision. This supervision will be in line with the Trust’s Preceptorship Programme.

13. Nurses who have been qualified for less than two years will receive clinical and professional supervision with a particular emphasis on professional issues.

14. Nurses who have been qualified for less than two years will have the development of clinical supervision skills within their professional development plans.

For Student Nurses

15. All student nurses will receive clinical / professional supervision as required by educational agreements (see University guidelines).

Agreed: 13/12/2006

Review Date: November 2013
Clinical and Professional Supervision
Standards for Occupational Therapy

- These standards will apply to all HPC Registered Occupational Therapists, Occupational Therapy Support Staff and staff employed with the User Employment and Volunteer Service.

- They will apply to Occupational Therapy students to the extent that they are congruent with Practice Placement requirements.

- Currently all Occupational Therapy Staff are professionally managed through the Agency Model. This means there is a risk of a blurring of the boundaries between Management and Professional and Clinical Supervision.

- These standards set out to ensure that all three areas of supervision need are met.

- The method of delivering is not defined within these standards. Delivery methods should be negotiated and agreed locally.

Standard Statements for Occupational Therapy

1. Clinical and professional supervision will occur at a minimum frequency of once a month.

2. It should be clear how clinical and professional supervision are being provided alongside management supervision, and this should be recorded.

3. The purpose of clinical and professional supervision will be agreed through a contract including clarity of outcomes, action, confidentiality, responsibilities and how discussions will be recorded.

4. Clinical and professional supervision arrangements will be reviewed at least annually. There will be an opportunity to change supervisor by agreement with all parties.

5. Supervision process notes will be completed by both supervisor and supervisee. These will be stored securely to maintain confidentiality.

6. The clinical supervisor will have an appropriate level of expertise and experience in the practice area being discussed.

7. Clinical supervision will include discussion of the whole of the supervisee’s caseload at least every 4 months.

8. All supervisors and supervisees will undertake appropriate training for clinical and professional supervision.

9. Professional supervision will be provided by an experienced, qualified Occupational Therapist and will focus on professional development issues.
10. Clinical and professional supervisors will provide agreed information to line managers to meet KSF requirements.

In addition to the above

**For Newly Qualified Occupational Therapists**

During the preceptorship period, clinical and professional supervision will be provided in line with the COT preceptorship programme and standards. *Morley M et al (2006) Preceptorship Handbook, London. College of Occupational Therapists*

**For Occupational Therapy Support Staff**

The supervisor will be a HPC registered Occupational Therapist. *College of Occupational Therapists Standards for Practice: The roles and responsibilities of Support Workers in the delivery of Occupational Therapy Services (2000)*

**For Occupational Therapy Students**

All practice placement educators will be accredited by COT. *Accreditation of Practice Placement Educators Scheme (APPLE) COT 2005*

Locally agreed university requirements for Practice Placement Education will be met.

Agreed: 13/12/2006

Review Date: November 2013
Practice and Professional Supervision

Standards for Social Workers

• These standards will apply to all permanent and temporary Social Workers employed by, or seconded into, Sheffield Health and Social Care NHS Trust.

• Practice supervision is the preferred term within the social work profession for what other professions term clinical supervision, and is the term that will be used throughout these standards.

• Practice and professional supervision should be planned, structured and regular.

• These standards assume that practice and professional supervision are undertaken in the context of appropriate management supervision.

• The method of delivery is not defined within these standards. Delivery methods should be negotiated and agreed locally.

Standard Statements for Social Workers

1. Practice supervision will occur at a minimum frequency of once every month and any changes to this arrangement will be documented and reasons given.

2. The agreed practice supervisor will be an experienced mental health practitioner with an understanding of the discipline of social work. However professional supervision will also be provided at least every three months by a Social Work Senior Practitioner or another experienced Social Worker. Approved Social Workers will receive professional supervision at least every three months from a Social Work Senior Practitioner or another experienced Approved Social Worker.

3. Social workers from black and minority ethnic backgrounds will also have the opportunity to receive professional supervision regarding their cultural needs and experiences from a suitably experienced mental health practitioner.

4. The focus of practice supervision will be client work, including all aspects of practice and case management.

5. Practice supervision arrangements will be made in negotiation with the Social Worker’s manager.

6. Arrangements for practice supervision will be recorded in a contract including clarity of outcomes, actions, confidentiality, responsibilities and how discussions will be recorded.

7. Practice supervision arrangements will be reviewed at least every twelve months.
8. Practice supervisors will provide information to the social worker’s manager as required for purposes of performance management and the provision of a high quality service to clients.

9. Practice supervision process notes will be formally completed by the supervisor and signed by both supervisor and supervisee. These will be stored securely to maintain confidentiality.

In addition to the above

**For Newly Qualified Social Workers**

10. During the first two years post-qualifying practice and professional supervision will occur more frequently, and will have an increased focus on the application of a social work model in mental health practice.

**For Social Work Students**

11. General Social Care Council/University requirements for supervision will be met.

**For Approved Social Worker Trainees**

12. General Social Care Council/University requirements for supervision will be met.

**For Social Workers Undertaking Additional Mental Health Training**

13. Additional supervisory needs will be discussed and agreed with the social worker’s manager.

Agreed: 13/12/2006

Review Date: November 2013
Clinical and Professional Supervision
Standards for Medical Staff

The Sheffield Health & Social Care Trust (SHSC) Policy on Clinical Supervision ensures that all SHSC medical staff who work clinically will have a regular opportunity to consider their practice in a professional and supportive environment.

Recent guidance from the Royal College of Psychiatrists recommends for all Psychiatrists:

A regular opportunity for discussion of cases with an experienced supervisor, either individually or with a group of peers, improves and safeguards clinical practice.

When clinicians recognise that a particular situation is potentially problematic, they should seek specific supervision for the case.

(Vulnerable patients, safe doctors; Royal College of Psychiatrists (2007), p.16)

The nature of the clinical supervision will vary depending on the grade and experience of the doctor, and on the nature of the work they undertake.

For example, Psychiatrists who provide formal psychological therapies will expect to receive the clinical supervision required by their specialist clinical practice. This may include a requirement for formal supervision provided by a qualified psychotherapist who is not in a line management position. For other Psychiatrists, the opportunity to reflect on their clinical practice with peers on an occasional basis may provide sufficient supervision.

The doctor’s requirements for clinical supervision, and how these will be met, should be discussed and agreed as part of the annual appraisal and personal development review session. Any needs for funding for external supervision (e.g. for practising psychotherapists) should be discussed and agreed at the same time.

For doctors in training grades, clinical supervision is a requirement of the Royal College of Psychiatrists. All Psychiatrists in training should receive weekly supervision from their ‘educational supervisor’, usually their supervising Consultant. College policy indicates a protected hour per week for supervision. Clinical supervision must be provided at a level appropriate to the needs of the individual trainee.
Clinical and Professional Supervision
Standards for Pharmacy

- These standards will apply to all pharmacists, pharmacy technicians and assistant technical officers.
- These standards aim to ensure that clinical, practice and professional needs are all met.
- The method of delivery is not defined in these standards.

Standard Statements for Pharmacy

1. Clinical and/or practice supervision will occur at a minimum frequency of once every three months.
2. Professional supervision will occur at appraisal and at intervals of no longer than six months between appraisals.
3. The purpose of clinical/practice supervision will be agreed through a contract including clarity of outcomes, confidentiality, responsibilities and how discussions will be recorded.
4. Supervision arrangements will be reviewed at appraisal.
5. Supervision notes will be signed by the supervisor and supervisee.
6. Clinical supervision will be provided by a supervisor with an appropriate level of expertise and experience in the practice area being discussed.
7. Professional supervision will be provided in accordance with the codes of practice of the relevant profession. (This will not apply to ATO’s).

November 2006
Review November 2010
Practice and Professional Supervision

Standards for Social Care Staff

- These standards will apply to all permanent and temporary social care staff employed by or seconded into Sheffield Health and Social Care NHS Trust.

- Supervision should be planned, structured and regular.

- These standards assume that practice and professional supervision are undertaken in the context of appropriate management supervision.

- The method of delivery is not defined within these standards. Delivery methods should be negotiated and agreed locally.

Standard Statements for Social Care Staff

1. Practice supervision will occur at a minimum frequency of once every month and any changes to this arrangement will be documented and reasons given.

2. The agreed practice supervisor will have appropriate experience, knowledge and an understanding of social care.

3. Supervision will focus on all relevant aspects of performance and practice and will form the basis of staff appraisal and development.

4. Supervision records will be completed by the supervisor and signed by both supervisor and supervisee who will each receive a copy of the record.

5. In signing the records, the supervisor and supervisee agree that the notes represent an accurate record of the supervision.

6. It is the responsibility of the supervisor and supervisee to ensure that their records are stored securely to maintain confidentiality.

7. Records are confidential in that they are not shared with or accessible to unauthorised people, however they may be accessed by authorised personnel.

8. Supervisors and supervisees will agree and maintain a standard supervision contract.

Agreed November 2010
Review November 2013
## Supervision Contract Guidelines

**Frequency** – Monthly/or more frequently if indicated.

**Length of session** – one hour minimum

**Venue** – Ideally away from the individuals’ workplace and in a room without a phone.

**Ground Rules & Recording** – Record kept by both parties, Bullet points by supervisor, more in depth by supervisee. Expectation is that supervisee thinks ahead what they want out of supervision. This form of supervision is not counselling and is a chance to refine existing skills, a safe place to admit mistakes and is developmental.

**Confidentiality** – Follow the guidelines established by the relevant professional body. Exceptions to this may include issues such as harm to self or others or safeguarding concerns.

**Evidence of sessions** – Each meeting signed after session on record sheet, which is kept by the supervisor. Any additional methods of supporting documentation should be agreed and kept by the supervisee.

**Organisation if cancelled** – The responsibility falls on the person cancelling to organise another session if one is cancelled.

**Review** – A review of clinical/professional supervision is desirable every 6 months or six sessions to evaluate the usefulness of the sessions and to provide an option for a change of clinical/professional supervisor.

### Supervision Contract:

<table>
<thead>
<tr>
<th>Supervision Contract Guidance:</th>
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<tbody>
<tr>
<td><strong>Frequency</strong> – Monthly/or more frequently if indicated.</td>
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<tr>
<td><strong>Length of session</strong> – one hour minimum</td>
</tr>
<tr>
<td><strong>Venue</strong> – Ideally away from the individuals’ workplace and in a room without a phone.</td>
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<tr>
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<td><strong>Confidentiality</strong> – Follow the guidelines established by the relevant professional body. Exceptions to this may include issues such as harm to self or others or safeguarding concerns.</td>
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**Supervision Contract:**

Please complete below following discussion and agreement between supervisor and supervisee

**Frequency** –

**Length of session** –

**Venue** –

**Ground Rules** –

**Confidentiality** –

**Evidence of sessions** –

**Organisation if cancelled** –

**Date of Review for this contract:**

Supervisee:                         Signed:                             

Supervisor:                         Signed:                             

Line Manager:                      Signed:                             

---
Appendix A3 – Record of Clinical/Professional Supervision

SHEFFIELD HEALTH AND SOCIAL CARE NHS TRUST

Record of Clinical/Professional Supervision

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

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

Name of Supervisor

Name, Role and Work Area of Supervisee

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor Signature</th>
<th>Supervisee Signature</th>
<th>Topics discussed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Date</td>
<td>Supervisor Signature</td>
<td>Supervisee Signature</td>
<td>Topics discussed</td>
<td>Comments</td>
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</tbody>
</table>

Side 2
Appendix A4 – Managers Supervision Record

This template is to assist managers record that all staff have appropriate supervision. Directorates are expected to provide assurance annually that supervision has taken place.  

*Recording of Professional supervision is optional.*

Department/Team ..........................................................  Manager .................................................................

<table>
<thead>
<tr>
<th>Month</th>
<th>Staff name</th>
<th>Clinical (Date)</th>
<th>Management (Date)</th>
<th>Professional (Date)</th>
<th>Clinical (Date)</th>
<th>Management (Date)</th>
<th>Professional (Date)</th>
<th>Clinical (Date)</th>
<th>Management (Date)</th>
<th>Professional (Date)</th>
</tr>
</thead>
</table>
Appendix A5 Standards and Processes for External Clinical/Practice and/or Professional Supervision

It is acknowledged that in some instances there is a need for specialist clinical/practice and/or professional supervision to be provided by someone external to the organisation in which the staff member is working.

This appendix sets out some standards and processes around the establishment and monitoring of such arrangements.

1. Identifying clearly when there is a need for an external supervisor
2. Having a clear contract between the trust and external supervisor
3. Monitoring and review of such arrangements by the trust

(Please note this only applies to external supervision supported and paid for by the trust. Arrangements that people make in their own time, at their own expense, fall outside this paper)

1. Identifying clearly when there is a need for an external supervisor

It should be noted the in the first instance every possible option should be explored internally and to provide supervision locally and this will be the norm.

The commencement of external supervision should not be about personal preference unless there very strong and exceptional reasons that this would be appropriate on a case by case basis.

Any decision and arrangements for external supervision need to be agreed by the line manager/budget holder

Possible reasons for external supervision arrangements may include

- Where a staff member undertakes a highly specialist clinical/practice role with a unique client group and no one else in the trust is able to supervise this clinical work
- Where there is no one of the same profession within the organisation able to offer professional (and possibly clinical/practice) supervision
- Where personal relationships would prevent supervision involving exploration of complex psychotherapy elements such as transference and counter transference
- Where requirement for continued registration sets out conditions that clearly cannot in any way be met internally

Options for delivery should include the exploration of video and telephone conferencing rather than simple 1 to 1 meetings

2. Having a clear contract between the trust and external supervisor

In addition to the usual elements in a supervision contract (see Appendix 1 for sample contract) the contract for external supervision should also include the following dimensions

- The relevant professional body the supervisor belongs to (this is a must)
- Cost per session - The expected range that the trust will pay is up to a maximum of £50 per hour
• Clarity about the type and focus of any external supervision e.g. clinical/practice and/or professional
• Arrangements for invoicing and payment
• Arrangements and payment in the case of missed or cancelled sessions
• Fitness to practise, risk management and professional indemnity insurance
• Requirement for any feedback/report
• Signatures of supervisee, supervisor and line manager (As indicated in the Supervision Policy for Health and Social Care Staff January 09 it is the line manager’s responsibility to ensure adequate clinical and professional supervision)

3. Monitoring and review of external supervision arrangements

It is recommended that as a minimum there is an annual review and reconfirmation of the arrangements between the supervisor, supervisee and line manager.
Sheffield Health and Social Care NHS Foundation Trust
External Clinical/Practice and/or Professional Supervision Contract

Contract between
Supervisor: Name………………………………
Professional body/registration details ………………………….
Professional Indemnity insurance ……………………………….
And
Manager on behalf of SHSC: Name ………………………………..

To provide supervision for
Supervisee: Name………………………………………….

Nature of supervision (please tick all that apply)
Clinical/practice
Professional

Frequency of supervision …………………
Length of each session …………………
Format of supervision
1:1
Group
Phone

Venue …………………

Cost per session …………………

Payment arrangements
Invoices will be submitted to…………………………………………
Payment will be made within ………

If sessions are cancelled or missed by supervisee the following will apply (e.g. still paid in full, if can be rearranged, 50% payment etc)

Recording

Confidentiality – Guidelines established by the relevant professional body will be adhered to. Information not to be discussed out of session unless indicated. However there will be a requirement for a yearly submission to clarify that supervision has been taking place and there are not fitness to practice issues that the line manager needs to be made aware of

Supervisee:   Signed:
Supervisor:   Signed:
Line Manager:   Signed:

Date of Review for this contract ………………
Appendix B – Equality Impact Assessment Form

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Race</td>
<td></td>
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<td></td>
<td>• Ethnic origins (including gypsies and travellers)</td>
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<td>• Nationality</td>
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<td></td>
<td>• Gender</td>
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<td></td>
<td>• Culture</td>
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<td></td>
<td>• Religion or belief</td>
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<td></td>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
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<tr>
<td></td>
<td>• Age</td>
<td></td>
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<tr>
<td></td>
<td>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>NA</td>
</tr>
<tr>
<td>4.</td>
<td>Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
</tr>
<tr>
<td>5.</td>
<td>If so can the impact be avoided?</td>
<td>NA</td>
</tr>
<tr>
<td>6.</td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>NA</td>
</tr>
<tr>
<td>7.</td>
<td>Can we reduce the impact by taking different action?</td>
<td>NA</td>
</tr>
</tbody>
</table>

If you have identified a potential discriminatory impact of this procedural document, please refer it to Liz Johnson (Head of Patient Experience Inclusion) together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Liz Johnson (Head of Patient Experience Inclusion and Diversity)
Appendix C – Human Rights Act assessment checklist

1. What is the policy/decision title? Clinical Supervision Policy
2. What is the objective of the policy/decision? The purpose of this policy is to:
   Outline the standards of supervision expected within the Trust.
   Identify responsibilities of everyone involved to ensure supervision takes place
   Set “staff group” standards for the expected frequency / content of supervision
   Identify good practice and expected standards in documenting that supervision has occurred
3. Who will be affected by the policy/decision? Health and Social Care Staff

2.1 Will the policy/decision engage anyone’s Convention rights? 
   YES
   NO

2.2 Will the policy/decision result in the restriction of a right? 
   YES
   NO

3.1 Is the right an absolute right? 
   YES

3.2 Is the right a limited right? 
   NO

3.3 Will the right be limited only to the extent set out in the relevant Article of the Convention? 
   YES

4. The right is a qualified right
   1) Is there a legal basis for the restriction? AND
   2) Does the restriction have a legitimate aim? AND
   3) Is the restriction necessary in a democratic society? AND
   4) Are you sure you are not using a sledgehammer to crack a nut?

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

Get legal advice

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

All directorate leads for supervision.

Director of Therapy Services.

Deputy Director of Pharmacy.

Lead professional for social work.

Lead nurse.

Director of Human Resources

Director of Psychological Health Sheffield