



Supervision Policy

Inmind Reference:	HR11
Category:	Human Resources
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Lead Officer:	HR Manager
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
The Care Act 2014
Codes of Practice:
Purpose:
To ensure that all employees of Inmind Healthcare Group receive supervision appropriate to their role and their individual development needs. To ensure that supervision takes place in a structured way and that all involved in the process have a full understanding of their roles and responsibilities in relation to supervision.

Version Control Table		
Date Ratified	Version Number	Status
	1.4	Live
	1.3	Archived

Date	Key Revision
14/02/18	Full policy review
05/06/18	Amendment to supervision frequency

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

1.0 The Policy

- a) Inmind Healthcare Group views supervision as a process which encourages a trusting relationship between supervisor and supervisee based on regular dialogue and reflection on work undertaken. We understand that effective supervision can have a positive impact on employee morale, retention and ultimately the quality of care delivered to service users.
- b) For this reason, Inmind views the key principles behind supervision to be:
 - Governance/accountability to provide the opportunity for supervisees to be individually accountable for the quality of their work, to evaluate their practice, and to receive guidance on where the boundaries lie and what is expected of them.
 - Support for supervisees, in recognition of the demanding and sometimes distressing nature of working in health and social care.
 - Development to facilitate ongoing learning through reflection, feedback, and personal development planning, so that supervisees can respond to the changing needs of the service and service users.
- c) Inmind understands that there must be a clear separation between clinical supervision and management supervision. This is reflected in the procedure set out in Section 2 of this document.
- d) The background to the current position of clinical supervision initially was to develop a system to provide a framework that meets the NMC guidance and provides the benefits for nurses and supervisors. Whilst this policy refers specifically to qualified nurses, the principles of this policy apply to all employees whose role is to deliver care. All individuals who hold a professional registration should work within their own code of practice in relation to supervision.
- e) For individuals whose role is not directly related to care delivery, it is expected that they receive appropriate management supervision on a regular basis. This would ideally be monthly unless alternative arrangements are agreed.
- f) In nursing practice, the objective is not to solely have a managerial supervisory process but to use in addition clinical supervision to develop personal and professional standards. Clinical supervision is about developing a framework within which staff can identify and explore issues surrounding the quality of the care delivered. This framework should also enable staff to identify their education and training needs, allowing them to improve their clinical competence.
- g) Clinical supervision is about promoting an ethos of openness and honesty in the practice setting, using reflection to develop and enhance practice. It can be used as a tool to promote a person's awareness of the strengths and weaknesses in their practice. It should be used to review practice and make changes when problems are encountered.
- h) Essentially, clinical supervision allows a registered nurse to receive professional supervision in the workplace by a skilled supervisor. It allows nurses and midwives to develop their skills and knowledge and helps them to improve care. Clinical supervision enables registered nurses to:

- Identify solutions to problems
 - Increase understanding of professional issues
 - Improve standards of patient care
 - Further develop their skills and knowledge
 - Enhance their understanding of their own practice.
- i) Clinical supervision should be available to registered nurses throughout their careers, so they can constantly evaluate and improve their contribution to the care of people. The following information relates to registered nurses.
- j) The NMC supports the principle of clinical supervision but believes that it is best developed at a local level in accordance with such needs, therefore, there is no advocated model of clinical supervision and the NMC do not provide detailed guidance about its nature and scope. Instead, the NMC has defined a set of principles, which should underpin any system of clinical supervision that is used.
- k) The principles are:
- Clinical supervision supports practice, enabling registered nurses to maintain and improve standards of care.
 - Clinical supervision is a practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor
 - Registered nurses and managers should develop the process of clinical supervision according to local circumstances. Ground rules should be agreed so that the supervisor and the registered nurse approach clinical supervision openly, confidently and are aware of what is involved
 - Every registered nurse should have access to clinical supervision and each supervisor should supervise a realistic number of practitioners
 - Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of clinical supervision should be included in pre-registration and post registration education programmes
 - Evaluation of clinical supervision is needed to assess how it influences care and practice standards. Evaluation systems should be determined locally
- l) Supervision is not a formal part Inmind's performance management process and should not be used as such. However increased supervision may be one of the supportive measures identified to assist individuals subject to a formal Capability process (For further details please refer to the Performance Management Policy).
- m) It is the responsibility of both the supervisor and supervisee to ensure that regular supervision occurs and that any issues or concerns relating to supervision are raised in a timely manner to the appropriate line manager.
- n) It is expected that all employees engage with the supervision process. Refusal to engage in supervision may be addressed as a conduct issue in accordance with the Company's Disciplinary Policy.

2.0 The Procedure

2.1 Overview

- a) Whilst individuals may have the same supervisor for both clinical and management supervision, it is expected that these areas of the supervision remain separate.
- b) Supervision sessions should be identified as either clinical supervision or management supervision with distinct agendas to be followed.
- c) It is expected that supervision take place for individuals a minimum of three monthly.
- d) It is the responsibility of the Registered Manager to ensure that suitable arrangements for supervision are in place within their service and that all records are appropriately maintained.
- e) It is the responsibility of all staff to participate within the supervision process both as supervisee, and where appropriate supervisor.
- f) There may be circumstances when appropriate managers within Inmind will need to access Clinical Supervision Records. Such circumstances include (but are not limited to) where there are concerns relating to the public interest, the law, a risk to staff or service users, including conduct or performance concerns relating to the supervisee. It would be expected that Management Supervision records would be used routinely in formal conduct and performance management processes and would be accessed by appropriate managers as such.
- g) There may also be occasion where an external regulating authority requires access to supervision records as part of their inspection process. Inmind will comply appropriately with all such requests.
- h) Once completed, the supervisor should give the completed supervision record to the Registered Manager, at the earliest opportunity. All supervision records must be made in kept in accordance with the principles of *The Data Protection Act 1998* and the *Information Governance Policy*.
- i) The Supervision Record must be signed by both parties to indicate agreement that it is a correct account of the meeting. Where there is disagreement, the supervisor and supervisee may agree to amend the record. Where agreement cannot be reached, a note should be made on the Record of the different views and signed by both parties.

2.2 Clinical Supervision

- a) Clinical supervision is a staff development process that aims to enhance standards whilst facilitating personal development. The purpose is to continually self-assess personal clinical practice.
- b) Clinical supervision brings together staff and supervisors to allow them to:
 - Reflect on their clinical practice (e.g. clinical issues/role reflection)
 - Identify solutions to clinical problems (e.g. workload issues)
 - Improve clinical practice (e.g. educational/development issues)
 - Increase understanding of clinical issues
- c) This is both a structure and process through which the principles of reflective practice may be facilitated (Appendix 2).
- d) Clinical supervision is not:
 - Managerial responsibility or managerial supervision
 - A system of individual formal review or appraisal
 - Intended to be hierarchical in nature
- e) The following approaches can be taken to clinical supervision:
 - **Individual** – Meeting one to one with an experienced clinician acting as supervisor
 - **Group** – Meeting as a group with an experienced clinician acting as supervisor
 - **Peer Group** – Meeting as a group of similar level of experience with no designated supervisor or group leader: aim is to share supervisory tasks equally among the group.
 - **Peer** - Meeting one to one with an equally experienced person sharing tasks between themselves.
 - **Team** – Meeting as a Multi-disciplinary clinical team to address clinical issues of team, either with or without a designated supervisor.
- f) The procedure for arranging/facilitating clinical supervision should be:
 - Agree a 'contract' of supervision with supervisor and sign
 - Ensure time and duration is made, agreed and protected for each session
 - Supervision must be held in an area of privacy, free from extraneous distraction
 - Sessions will be confidential unless a clear and demonstrable breach of conduct or issue detrimental to service user care is evidenced
 - Records must be kept of the sessions by both parties
 - Date and time for next session must be agreed and recorded

2.3 Management Supervision

- a) All staff are required to participate in management supervision.
- b) Management supervision must only be undertaken by a supervisor who has line management responsibility/accountability for the supervisee. (For support workers this would normally be a qualified nurse).

- c) Management supervision should provide the opportunity to discuss:
- General well-being
 - Review of job role
 - Set priorities/objectives
 - Check competencies are up-to-date and relevant to role
 - Discuss individual objectives in relation to overall service objectives
 - Work-load and time management
 - Plan/monitor appraisal process
 - Plan/monitor mandatory training
 - Discuss further training/development/career planning
 - Highlight any managerial/performance concerns
 - Communication and feedback, including any new policies/procedures
 - Local/unit issues (including any resource issues)
 - Raising concerns (Freedom to Speak Up)
 - Any specific issues the supervisee wishes to raise
 - Any specific issues supervisor wishes to raise
- d) The procedure for arranging/facilitating management supervision should be:
- Ensure time and duration is made, agreed and protected for each session
 - Supervision must be held in an area of privacy, free from extraneous distraction
 - Records must be kept of the sessions by both parties
 - Date and time for next session must be agreed and recorded

Appendix 1

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

Appendix 2

There are several models available for reflective practice, to assist practitioners to consider, understand and learn from their experiences. The below model is a useful one for practitioners to follow if they need guidance.



Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Brookes University, Oxford.