

Livewell Southwest

Practice Supervision Policy
(Previously Clinical Supervision Policy)

Version No 4.
Review: July 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Asset Number: 93

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<p>Associated documentation</p>	<p>The paperwork in Appendix C is an example and other pro-formas exist for different professional groups. As a minimum, for each supervision session there must be a record that includes date, time, who was present, key areas discussed and any actions arising. In addition, it is important to keep a running log of sessions held and sessions cancelled to have available for appraisal meetings.</p>

Supersedes document	This policy replaces the Practice Supervision Policy Version 1 Access ID 93 published in 2005. This policy incorporates and replaces the Adult Mental Health Directorate Policy for the Provision of Practice Supervision to Practitioners 1996, which superseded the Policy for the Provision of Supervision to Clinical and Professional Staff dated 22-2-1993. This Policy incorporates and replaces the Learning Disability Service Community Nursing Practice Supervision Policy authored by Nic White July 1998. Practice Supervision Policy. V. 2.3
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
2:0		23October 2008	Dr Sarah Newton	Updating to new version. PRG
2:1	Review	Feb 2011	Author	Reviewed, no changes made.
2.2	Review	January 2013	Professional Leads	Review commenced.
2.3	Addition	March 2013	N Arthurs	New Appendix B.
2.4	Review	April 2013	Professional Leads	Updated following first consultation period.
3	Ratified	May 2013	Policy Ratification Group	Ratified.
3.1	Minor Amendment	August 2013	Professional Lead	Change to p13 re Safeguarding arrangements.
3.2	Amended	September 2014	Clinical Change Lead: SystemOne	Acknowledgement of new electronic clinical records system-SystemOne.
3.3	Minor amendments	March 2016	Professional Lead & Training Advisor	Rebranding and review
4.0	Major amendment	May 2016	Professional Lead & Training Advisor	Renaming streamlining and simplification of policy

Practice Supervision: fast facts!

- **Where:** a safe, quiet and confidential work space
- **When:** at an agreed frequency not less than every three months
- **How:** According to a contract agreed at the start by supervisor and supervisee.
The supervisee decides the content of the session
Either one to one or in a group setting
- **With whom:** Supervisor is selected by staff member
May be from inside or outside the team
- **Why:** to encourage reflective practice and facilitate development of problem solving skills

Practice Supervision is:

- For all clinical and social work staff
- A professional conversation to facilitate reflective learning
- Non judgemental
- Different to appraisal
- Different to line management supervision
- Different from caseload management/supervision
- Led by the supervisee
- Confidential (unless risks are highlighted regarding vulnerable persons or staff member)
- Documented and held by both parties as a record

Practice Supervision is not:

- Arranged or delivered by your line manager
- A management control system
- Part of disciplinary process
- Counselling (professional advice and guidance in resolving personal/psychological matters)
- Mentoring (advising/training of someone with less experience)

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Click [here](#) for CQC guidance on Supervision and [here](#) for Livewell Southwest policy

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Practice Supervision Policy

1. Introduction

In 2016 this policy (previously known as Clinical Supervision Policy) was reviewed and amended in response to staff requests for clarity regarding the different elements of supervision. It was renamed Practice Supervision Policy at this point.

- 1.1 Practice Supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice and development.
- 1.2 "Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues" UKCC (1996).
- 1.3 There are various models or approaches to Practice Supervision; one-to-one supervision, group supervision, peer group supervision. The choice of approach will depend upon a number of factors, including personal choice, access to supervision, length of experience, qualifications, availability of supervisory groups.
- 1.4 This policy sets out the arrangements for engagement in the practice of Practice Supervision in Livewell Southwest. Staff should also refer to relevant profession specific guidelines where appropriate which will provide more specific guidance on registrants' requirements.
- 1.5 This policy supports staff to know the difference between practice supervision, caseload supervision and line management supervision.

2. Purpose

- 2.1 Practice Supervision is for Livewell Southwest staff with direct clinical, therapeutic or social work contact with patients/clients and their families and carers. It is an essential activity for clinical and social work staff, endorsed and supported by their professional bodies and Livewell Southwest Managers.
- 2.2 The ultimate aim of Practice Supervision is to ensure that the highest standards of care are delivered by professional staff who are confident, competent and well supported in their work.
- 2.3 In essence it can be described as a professional conversation to facilitate reflective learning, through a non-judgmental process, which is separate from appraisal, line management supervision and caseload supervision (ref. Appraisal for staff Policy).
- 2.4 Practice Supervision is central to the development of an accountable, self-regulated workforce with its principles of continuing professional development and lifelong learning (DH 1999).
- 2.5 There are occasions when supervision may be of benefit to non-clinical/social

work staff, for example following an incident or investigation. In that instance it would be appropriate for managers to seek the support of an appropriately skilled supervisor, and the principles of supervision described within this document would also apply.

3. Duties

- 3.1** The Chief Executive is ultimately responsible for the content of all policies, implementation and review.

The practice of Practice Supervision is endorsed by the Executive Team of Livewell Southwest.

3.2 Responsibilities of the organisation

- To ensure that training is developed and available to staff.
- Ensure that structures and systems are in place to facilitate the delivery and receipt of Practice Supervision (i.e. time, suitable venues, availability of supervisors).
- To ensure staff are well informed regarding Practice Supervision and fully engaged in the process.

3.3 Responsibilities of Managers

- Managers should support staff to access an appropriate practice supervisor within three months of commencing employment with Livewell Southwest.
- Managers should ensure that there is protected time for Practice Supervision: the duration and frequency of this time must be reasonably negotiated between staff member and manager.
- Managers should record whether Practice Supervision is taking place within the Line Management form and annual Appraisal. **Managers do not hold a record of session content.**
- To ensure staff employed on a temporary basis have access to practice supervision. This relates to staff employed for fixed term periods and would not relate to staff employed for a single shift where normal local induction and oversight procedures would apply.

3.4 Responsibilities of Health and Social Work Professionals

- All individuals are required to follow the practice guidelines of their profession and the policies of their employing organisation (e.g. Nursing and Midwifery Council, April 2008). This applies to the practice of the receipt and delivery of Practice Supervision referred to in this policy.
- The responsibilities of the supervisee and supervisor are set out in the

contractual statements in Appendix C.

- Ensure that core standards of professional body and organisation are adhered to in relation to the practice of Practice Supervision.

4. Practice Supervision in Livewell Southwest

- Practice Supervision is distinct from other forms of management and supervision. These include Line Management and Caseload Management Supervision.
- Managers should support staff in undertaking Practice Supervision and maintain a record of duration and frequency within the staff member's personal file.
- Practice Supervision is not a management control system and disciplinary procedures should be distinct and separate.
- Practice Supervision is distinct from the need for counselling which directly relates to the psychological wellbeing of staff.

4.1 Key principles - Please also see Appendix A: Practice Guidelines

- Registered professionals will be expected to develop their supervisory skills and provide practice supervision to a reasonable number of others and this activity should be represented in their job descriptions/role profiles.
- Practice Supervision may take place on an individual basis or in a group setting, however the key principles of Practice Supervision should be applied regardless. It is important to consider the supervision needs of individuals and it is possible that the group setting will not meet everyone's needs – in this instance individual supervision should be facilitated.
- Practice Supervision sessions are confidential. The exceptions to this are listed in the contract both parties agree to at the outset of the working relationship (see paperwork in Appendix C).
- Practice Supervision will take place in a work base area that offers comfort, confidentiality and privacy for the duration of the session.
- All staff members regardless of whether they engage in group Practice Supervision should have access to individual Practice Supervision as well.
- Records should be kept of dates, times, durations, content and those present at sessions: these should be held by supervisor and supervisee(s). See Appendices D, E & F for sample templates). Consideration should be given to the fact that if supervisor is off long term then the organisation may need to access their files and as a result confidentiality cannot be guaranteed
- Line managers should be informed of when staff members are receiving Practice Supervision and this should be recorded in the staff member's

personal file and on ESR

- Frequency of supervision should be negotiated between supervisor and supervisee and will depend upon many factors including experience, time in post, current clinical challenges and agreement with the operational manager. **At a minimum Practice Supervision should take place every three months.**
- A number of professions have detailed guidelines for Practice Supervision at national and local levels. Please refer to specific codes of conduct for guidance.

4.2 Choosing a Practice Supervisor

- **This is the responsibility of the individual staff member and should be agreed with their manager. It is reasonable for the manager to gain assurance that the supervisor, frequency and duration of planned sessions is relevant, appropriate and not excessive.**
- It is expected that staff will have identified a supervisor within three months and that arrangements will have been agreed and commenced within four months of starting work. This timescale would also apply when a supervisee is changing to a new supervisor.
- Arrangements, progress and satisfaction with these should be reviewed three to six months after commencement.
- Practice Supervisors are responsible for giving due consideration to their own capacity prior to accepting a new supervisee.

4.3 Supervisory Relationships outside Livewell Southwest

- If staff are having difficulty identifying a supervisor due to lack of availability, unfamiliarity or specificity of role, support to identify an appropriate supervisor should be offered by the manager, in conjunction with clinical or professional leadership if relevant.
- Staff in neighbouring organisations may be in a similar position, and therefore it may be possible to arrange a supervision relationship with colleagues outside of Livewell Southwest in certain circumstances. Reasonable travel costs should be covered for the individual.
- Adherence to the policy and standards set out here will still apply.
- Under certain circumstances (i.e. a requirement in order to practise, or because there is no one else at the required level to supervise) a formal financial contract for Practice Supervision may be entered into. This will only be considered where a suitable supervisor does not exist within Livewell Southwest and has to be sourced from outside. Agreement must be obtained from line manager / budget holder.

5. Practice Supervision Training in Livewell Southwest

5.1 Learning Objectives

- Understand the importance and need for and distinctions between Practice Supervision, Caseload Supervision and Line Management Supervision.
- Understand the negotiated contract between supervisor and supervisee, focusing on record keeping, roles and responsibilities
- Understanding the need to develop reflections on practice and appropriate methods/models of reflection
- Demonstrate skills in developing the ability to share these reflections and issues openly within the Practice Supervision setting
- Being open to feedback developing the ability to discriminate what feedback is useful and using it to reflect on future practice
- Deciding on appropriate actions to take from Practice Supervision
- Demonstrate the ability to give effective feedback in supervision to a colleague
- Demonstrate the ability to organise, receive and also give forms of appropriate mentorship and supervision
- Contribute positively to a culture of teaching and learning throughout the organisation

5.2 Becoming a Practice Supervisor

Practice supervisors are not obliged to undertake this training prior to engaging in a supervision relationship.

Before agreeing to become an individual or group's supervisor, staff are encouraged to consider whether they have the time, relevant experience and rapport with the individual(s) requesting supervision to create a successful supervision relationship.

Livewell Southwest recognises that some staff may have transferable skills from their clinical/social work which would support them providing supervision – for example facilitation and coaching techniques.

Livewell Southwest recognises the importance of supporting the development of facilitation skills and is considering the delivery of coaching and mentoring workshops to support this.

6. Legal and Ethical Considerations:

There are a number of important issues which need to be clarified by the supervisor and the supervisee:

6.1 Standards of Care

Livewell Southwest has a clear obligation to ensure that standards of care are acceptable. Where questions are raised regarding the quality or safety of care provided by the supervisee, please follow the advice in Appendix C.

6.2 Complaints and Compliments

It is important that issues identified through complaints and compliments are addressed as part of the supervision process. This is reliant upon the supervisee raising any compliments/complaints during supervision, as the process is led by them.

6.3 Resolution of Matters Raised

There is a clear framework for resolving issues raised by individual supervisors and supervisees. This is referred to in Appendix C in the Practice Supervision Contract.

6.4 Safeguarding Issues

All Livewell Southwest staff should be alert to the possibility of abuse and neglect towards children and adults and be aware of their responsibility to take appropriate action if concerns are identified regarding safety or welfare of an individual, working within the guidance of Livewell Southwest Safeguarding Policies and South West Child Protection Procedures <http://www.online-procedures.co.uk/swcpp/>.

For Adults safeguarding concerns all staff need to be aware of their responsibility and work within the guidance of Livewell Southwest Safeguarding Policy. Additional support or advice can be obtained via Livewell Southwest Safeguarding team or the Deputy Localities Managers

All Practice Supervisors, when alerted to possible Safeguarding concerns should support the supervisee to address these according to Livewell Southwest Safeguarding Policy. It is recommended that both parties alert their Line Managers immediately to ensure prompt and appropriate action.

7. Ending a Supervisory Relationship

- If the arrangement ceases to be beneficial it should be reviewed and alternative arrangements should be made.
- It is important that any relationship ending is negotiated and feedback given.

8. Monitoring Implementation of the Policy in Practice

- A local review of Practice Supervision practices (for example, a log of when Practice Supervision has occurred) should be used by individual teams to monitor compliance with this policy.
- Line Managers should log staff participation in Practice Supervision on ESR

- Additional review of compliance will occur as part of the Peer Review process.
- Through recording at line management supervision and appraisal.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 20/09/16

Appendix A: Comparison of Practice Supervision, Caseload Supervision and Line Management Supervision

	Line Management	Caseload Management	Practice Supervision
People involved	From line manager to line managee	From line manager to line manage	Staff member selects appropriate supervisor according to their development needs
Frequency	Minimum every three months	Minimum every three months	Within three months of starting employment, then a minimum of every three months
Record	Full record held in personal file	Record made on SystemOne or equivalent recording system.	Record of frequency and duration shared with line manager, full records held by Supervisor and Supervisee
Content	<ul style="list-style-type: none"> • Includes elements such as attendance • performance • annual leave • appraisal • development in line with service needs 	Includes review of current caseload: <ul style="list-style-type: none"> • Assessment • Outcome measures • Goal setting • Review • Progress • Reasoning • Discharge • Record keeping 	Led by supervisee and may include the following (list not exhaustive) <ul style="list-style-type: none"> • Matters of professional practice • Problem solving • Career development • Elements of coaching • Team working

Appendix B – Contract for Practice Supervision

As a supervisee and Practice Supervisor we agree to the following:

- To work together to facilitate reflection on issues affecting practice, in order, both personally and professionally, to develop a high level of practice expertise.
- To use our respective arrangements for Practice Supervision to support and develop our individual skills as supervisee, supervisor and practitioners.
- To be committed and willing to learn, to develop practice skills and be open to receiving and offering support and challenges to practice.
- To agree a programme of meetings and a process for review of the effectiveness of supervision and satisfaction with supervision at regular intervals.
- To protect the time and space for Practice Supervision, by keeping to agreed appointments and time boundaries. Privacy will be respected, interruptions avoided and responsibility taken for making effective use of the time.
- To prepare for (for example, by recapping on the previous session and preparing to raise issues and reflections as appropriate) and keep a record of our supervision, showing the time and date of the meeting.
- This record may include practice objectives and plans for future sessions. A log will be kept and used for audit and produced at appraisal or sooner to evidence when Practice Supervision has taken place.
- All information that we discuss in Practice Supervision will be confidential. The only exceptions are if an unsafe, unethical or illegal practice issue is identified where the appropriate procedures have not been followed, then we will seek advice from an appropriate manager, professional lead or senior supervisor.
- To ensure that line management and professional matters are taken to the appropriate line manager or professional lead and are not addressed as part of the Practice Supervision session.
- To be willing to advise on the use of or to use the most appropriate form of support should the needs require this in addition to the supervision (for example approaching a line or professional manager about something, or contacting Staff Health and Wellbeing or the Employee Assistance Programme in place for Livewell Southwest staff).
- In the event of session arrangements or cancellations becoming problematic, a senior supervisor and/or line manager (as appropriate) will be contacted for advice.
- This contract can be terminated at the request of either party, giving one month's notice, unless circumstances dictate otherwise. During this time the supervisee must identify new supervision arrangements, which should be in place by the date existing arrangements terminate.

Contract for Practice Supervision

(complete at first meeting - both/all parties to retain a copy)

Name of Supervisee	Name of Supervisor
Method	

Venue	
-------	--

Frequency	
-----------	--

Duration of Meeting	
---------------------	--

Any Other Information

Contract Agreed

_____ Date _____
Supervisee Signature

_____ Date _____
Supervisor Signature

Date for review _____ (negotiable)

Appendix C Supervisee Preparation Form

Name _____ Date ____/____/____

Topics for discussion:

E.g.: Issues arising from casework, successes, training, development

Prompts:

Look back, move on

Emotions

Questions

Concerns

Appendix D Practice Supervision Record

(To be completed for every session and both / all parties to retain a copy)

Name of Supervisor _____

Name of Supervisee _____

Date and time of meeting _____

Venue for the meeting _____

Duration of meeting _____

Topics / issues discussed:
(delete as appropriate)

- Patient/client
- Personal/developmental
- Professional practice/relationships
- Clinical/education effectiveness

Notes/Comments/Advice
(Reference to patients and clients should be anonymised e.g. by initials)

Evaluation / Action Plan

Date and time of next meeting

Venue for next meeting

Supervisee Signature

Date / /

Supervisor Signature

Date / /

Appendix F Supervisee Practice Supervision Review

Supervisee	Supervisor
------------	------------

Please tick relevant boxes in the table below

		Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	Supervision helps me to improve my clinical practice					
2	Supervision encourages me to plan my learning					
3	Supervision challenges my working practice effectively					
4	Supervision makes me aware of new areas of professional knowledge					
5	Supervision helps me to reflect on my strengths and weaknesses					
6	Supervision contributes to my clinical development					
7	Supervision assists me in managing stress at work					
In what ways do you think your supervision could be improved?						

Supervisee Signature

Date ____/____/____

Supervisor Signature

Date ____/____/____

Appendix G Practice Supervision Supervisor Profile

(Draft – Please modify for your own use following attendance at Training Sessions)

Name Discipline: Health Visitor, Psychologist, Community Psychiatric Nurse etc.	
Base Contact tel. no./email	
Practice Supervision Supervisor Training (any other training applicable e.g. counselling skills, group work) Previous Experience Professional and personal interests/hobbies (to give prospective groups a bit more detail about you)	
Model Of Supervision	
Practice Supervision Style Used	Please comment e.g. Procter’s - educative, supportive, managerial, facilitative, etc.
Availability days, time, distance able to travel	

Supervisor Signature

Date ____/____/____