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**Staff Supervision Policy**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
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# Introduction

Supervision is a process that involves a manager meeting regularly and interacting with staff to review their work. Supervision is not about the exercise of power over another person – whilst it can help to manage performance, it is also, equally, a way of helping the supervisee to develop new skills, experience, and confidence in their role.

Supervision is important to maintain quality of care and support, ensure that staff feel supported, support ongoing learning and development, celebrate achievements, to support problem solving and to meet regulatory standards.

It is usually carried out by one person who has some related knowledge and skills, and who takes responsibility and accountability for supporting the wellbeing and performance of the person being supervised i.e., the supervisee.

# Policy Statement

[Company Name] will ensure that standards of best practice are adhered to in relation to staff supervision. This policy outlines core expectations of supervision. Themes for supervision should be identified by both the supervisor and supervisee and should be consistent with training and developmental needs.

# Scope

This policy and the procedures apply to all staff providing and receiving supervision. The supervisor and the company are jointly responsible for ensuring that the principles within this policy are observed.

# Procedures

Staff will receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

There are three key functions of supervision the service will focus on.

**Supportive Supervision** – This involves supervisors providing support for staff with different aspects of their role. The supportive function can help to address any emerging issues that may impact staff performance and/or wellbeing.

For supervisors, this function might include:

* supporting staff with any challenges in their role
* monitoring and supporting staff health and wellbeing and ensuring that the organisation has the right support in place to address any issues
* dealing with any issues that need further investigation, for example performance concerns or safeguarding investigations
* keeping staff informed about the wider organisation and any changes or developments.

**Line Management Supervision -** This can help managers to promote and maintain good standards of work and ensure that staff follow the relevant policies and procedures. For supervisors, this function might include:

* managing team resources – you can use supervision to ensure that staff understand their role and responsibilities
* delegating workload – you can use supervision to provide meaningful communication between managers and staff at all levels
* performance appraisals – you can use supervision to set targets and objectives, and discuss performance and quality
* duty of care – you can use supervision to ensure that staff understand the standards that are expected of them and follow the relevant policies and procedures.

**Educational and/or developmental Supervision -** can help staff to develop critical thinking and analysis skills, explore their own learning and development needs and identify opportunities to address those needs. For supervisors, this function might include:

* assessing staff skills and knowledge, and identifying any gaps and/or learning and development needs
* helping staff to identify their preferred learning styles and barriers to learning giving and receiving constructive feedback
* supporting staff to reflect on their learning opportunities and ensuring that they know how to apply the learning in practice.

**Supervision during induction -** Supervision for new staff during their induction period will include a mix of training, supervision, and workplace assessment. This ensures that they understand what [Company Name]’s expectations are and that they receive the support needed to be confident and competent in their role. During the induction period, supervisions may be more regular than with other experienced staff, and it might include more informal supervision from experienced colleagues.

**[Delete as appropriate] Supervision for newly qualified healthcare professionals – Preceptorship**

Supervision with a preceptor allows newly qualified staff to practice in accordance with NMC and HCPC Codes of Professional Conduct: standards for conduct, performance, and ethics, and develop confidence in their role as a nurse or an Allied Health Professional (AHP). To facilitate this, new registrants have:

* ten days’ learning time protected in their first year of qualified practice and
* access to a preceptor with whom regular meetings are held.

Newly qualified staff should liaise with their line manager to arrange this if it is not already in place. Preceptors must be experienced registered Nurses or AHPs with current active registration with the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC). They must have at least 12 months full time experience (adjusted for part-time hours).

Whilst there are no formal qualifications associated with being a preceptor, individuals will need preparation for their role. Nursing preceptors should have completed the mentor preparation programme or be suitably prepared to act in the role.

Within the first week of a newly qualified professional starting their role the manager will assign a suitable preceptor.

During the initial meeting the preceptor and the newly qualified individual should discuss and document:

* preceptorship and support arrangements
* supervision arrangements
* personal learning outcomes/opportunities
* set a date for intermediate interview
* activities and evidence of learning to be produced and recorded on learning contract.

The manager will ensure that the individual and the preceptor can work together regularly so that they feel well supported and so requirements can be met.

**Documentation**

Documentation of supervision sessions must be maintained in line with standards for clinical record keeping. It is recognised that the confidentiality of these records is paramount to facilitate disclosure within the sessions and make the best use of the supervision.

Documentation should be stored securely to maintain confidentiality. Supervisors and supervisees are advised where possible to scan their records to an electronic format. All information disclosed in the supervision session will be kept confidential with the following exceptions:

* where harm (real or perceived) to self or others is disclosed or potential for harm is recognised by the supervisor
* where unsafe, unethical, or illegal practice is disclosed that the supervisee has failed to recognise or is unwilling to go through appropriate procedures/channels to address.

**Performance management**

When staff fail to reach required professional standards, managers should deal with minor performance problems as they arise and document them in the supervision record. If these problems continue or are significant, the performance and/or conduct should be discussed immediately with a member of Human Resources (HR) to explore the options available.

Supervisors who are subject to performance, conduct and capability procedures should be advised by their manager that they must not carry out their clinical supervisor role during this period. The documentation will form part of and support the staff’s annual performance/personal development review.

# Managers Roles and Responsibilities

The Registered Manager should monitor the frequency supervisions take place, ensure that staff are given protected time and resources to take part in supervision and should:

* create a culture where supervision is valued as an essential activity that supports the delivery of high quality, safe and effective care
* actively promote understanding of the purpose and aims of supervision among colleagues
* arrange an alternative supervisor if one is absent/planned to be absent for a long period of time
* make effective use of the operational management structure so that responsibilities are shared in line with our standard care model
* ensure that management, clinical and safeguarding supervision are available to all staff in our service.

# Supervisors and Training Requirements

All supervisors should ensure that they receive training and are competent to provide the type of supervision they are facilitating. If they are new to the role, they can address any developmental needs with their line manager.

All staff should seek out and participate in supervision in line with company and professional requirements. Professional codes of conduct should also be referenced during supervision sessions to promote professional development, reflection, and learning. The supervisor is responsible for recording supervision activity on to the supervision record template (see Appendix I).

# Timescales and Minimum Requirements for Supervision

All full-time staff should have a minimum of 12 hours clinical supervision per year. Part-time staff should have this reduced on a part-time pro-rata basis.

# Monitoring

Compliance with this policy will be monitored through routine auditing as well as, visitor, client, and staff feedback.

# Related Policies

* Confidentiality Policy
* Governance and Risk Policy
* Health and Safety Policy
* Information Governance and Record Keeping Policy
* Lone Worker Policy
* Safeguarding Adults Policy
* Safeguarding Children Policy

# Legislation and Guidance

**Relevant Legislation**

* Care Act 2014
* Health and Social Care Act 2012
* Human Rights Act 1998
* Mental Capacity Act 2015

**Guidance**

* CQC Supporting information and Guidance: Supporting effective clinical supervision (2013)
* <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Effective-supervision/Effective-supervison-in-adult-social-care-Summary.pdf>
* <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing#guidance>
* <https://www.nice.org.uk/guidance/ng189>

# Summary of Review

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| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, managers |
| Next Review Date | [Date of Review] |

# Appendix I: Template Supervision Record Sheet

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| Individuals Present |
| Supervisor |
| Print name:  Signature: |
| Supervisee |
| Print name:  Signature: |
| Review of Action Points from Previous Session: |
| Issues/Topics for Discussion: |
| Key Points from Discussion: |