Leicestershire Partnership NHS Trust

Supervision Policy

This policy outlines the expectations and standards for the supervision of staff and responsibilities for undertaking and recording

Key Words:	supervision, support,	
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Adopted by:	Trust Policy Committee	
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Target audience:	All trust staff including bank	
Type of Policy	Clinical YES	Non Clinical YES
Which Relevant CQC Fundamental Standards?	Good Governance and Staffing	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	February 2020	Clinical Supervision Policy changed to trust wide supervision policy

For further information contact:

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy.

Definitions that apply to this Policy

Supervision	Defined by CQC as an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team
Supervisor	A person who has requisite authority and knowledge to provide oversight, advice, guidance and support to supervisee. They should have received education and training on how to be a supervisor and the responsibilities of the role.
Clinical	CQC refer to it as supervision for all staff who care for people who use services, including registered professionals and support workers. Clinical supervision is about maintaining the professionalism of these staff groups in working with people who use services.
Safeguarding	Safeguarding is the term used to describe child protection, adult protection (especially vulnerable adults), and domestic violence.
Ulearn	LPT's electronic learning management system where all records of supervision activity must be recorded.
Supervision co-ordinator	An individual who is approved to support the recording of all forms of supervision for an identified group of staff. They have a responsibility to collate the supervision records from their staff, provide assurance that the information is accurate and submit these records to Learning and Development on a monthly basis.

1. Purpose of the Policy

This policy applies to permanent (full and part time), temporary and bank staff (excluding agency staff who are managed separately).

The supervision that the policy refers to and which staff are expected to receive is:

Table 1:

One to One (Managerial)	Clinical	Safeguarding

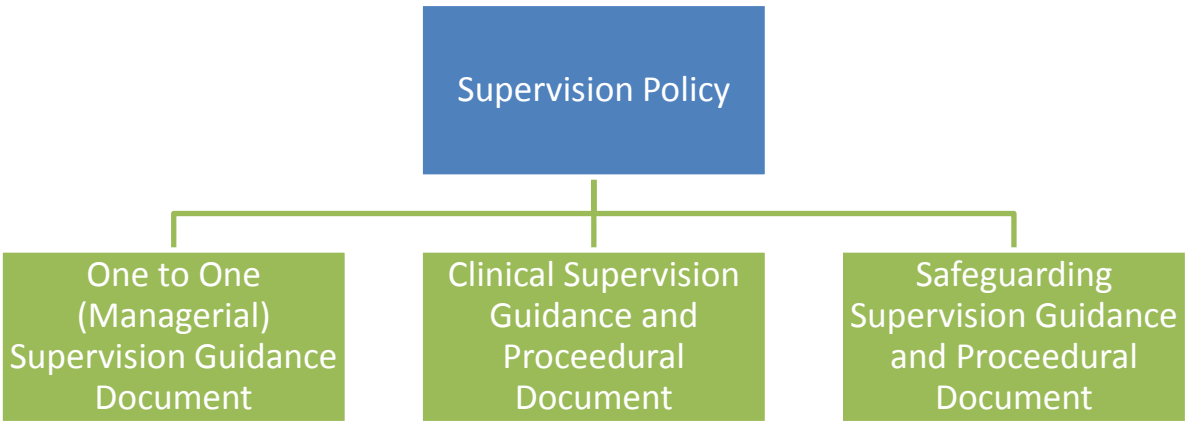
All staff who have a contract to work within Leicestershire Partnership NHS Trust will have **one to one (managerial) supervision**. One to One supervision is carried out by a line manager and entails reviewing performance relevant to a person's job description, and agreed appraisal objectives and supports staffs health and wellbeing. This will be run independently of clinical supervision.

All staff who have a contract to work within Leicestershire Partnership NHS Trust who care for patients will have **clinical supervision** (which should include consideration of safeguarding issues). Some clinical staff require formal **safeguarding supervision** in addition to clinical supervision. This includes professionally registered and nonregistered staff, (permanent and bank). It is the line manager's responsibility to ensure that the correct supervision requirements are provided to staff.

Trainee medical staff and clinical psychologists who have training contracts with the Trust are exempt from this formal arrangement for managerial supervision as they have existing arrangements in place closely monitored by the clinical tutor/supervisor with issues fed back to line managers as necessary.

This policy is the overarching supervision policy for the organisation. For detailed information about the application of supervision and ensuring it is a quality experience please refer to the relevant guidance documentation (table 2).

Table 2:



Nothing contained within this policy is intended to diminish the importance of or the need for informal supervision, which is expected to happen in a variety of settings.

All staff should have access to, and take responsibility to access, appropriate support as the need arises, whether relating to urgent matters or routine clinical work.

2. Summary and Key Points

The aims of the policy are to:

- Provide clear definitions of the types of supervision to be provided.
- Highlight the importance and benefits of regular supervision
- Provide clarity to all staff on the type(s) of supervision that is required for their role and their individual responsibilities/duties in relation to supervision systems
- Highlight the method and importance of recording all supervision contacts.
- Provide a supportive framework for managers and staff to undertake supervision.
- Demonstrate the importance LPT places on health and wellbeing for all staff by supporting them with regular opportunities for supervision thereby reducing work related stress
- Reinforce the importance of reflective learning in improving the quality of services on an on-going basis.
- Clearly identify supervision as an element of effective governance and performance management systems.

3. Introduction

Supervision is a structured conversation between individuals or groups with a focus on improvement. Leicestershire Partnership NHS Trust (LPT) places a high level of importance on the health and wellbeing of its employees and supervision is vital to this. Staff supervision plays a pivotal part in helping employees to achieve the organisation's strategy of Step up to Great. It enables staff to feel valued, inspired, supported and safe to make a difference.

Good quality supervision will support LPT in achieving its vision of "creating high quality, compassionate care and wellbeing for all" and embedding our values and behaviours in everything we do.

Supervision

"Is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team"
(Care Quality Commission)

Supervisors

Good supervisors can take you to incredible heights. They help you learn to fly, providing the wind beneath you, and providing a net when you fall. A shoulder is offered at just the right times, and assurance is given regarding your abilities.
(N White-Gibson)

How the supervision conversations take place can vary and need to be responsive to staff's way of working e.g. agile, flexible or home working. Therefore, alternatives to face to face meetings such as phone calls or internet based (e.g. videoconferencing) may be appropriate. However, for the interaction to be considered as supervision, all

parties involved must approve it as such. It may also be appropriate for all 3 forms of supervision to take place at the same time. However, those involved must be clear, and agree when the conversation moves between each form of supervision as they have different purposes.

It is advisable to undertake one to one and/or clinical supervision upon commencement into role, or following return from significant periods of leave (e.g. maternity, long term sickness absence).

As this policy is inclusive of all LPT staff it should be read, if applicable, in conjunction with individual codes of conduct and specific guidance from the relevant professional body.

Important note – if considering internet-based methods then discuss with LHIS or Data Privacy Team to ensure the chosen system has appropriate security to enable confidential or patient related matters to be discussed.

4. Frequency of Supervision

There is no limit to how frequently staff receive supervision of any type. It is important that it is available to support staff as often as required. However, there is a minimum requirement expected by the Trust of once every 3 months for one to one and clinical supervision with those staff working with children requiring safeguarding supervision also expected to undertake it a minimum of once every 3 months. This is the same for part-time and full-time staff. See Table 4.

Minimum number of supervision that bank staff are required to undertake and record each year.

Table 3:

Bank Administration and Clerical	**Bank Clinical staff caring for patients**
One to One (managerial) Supervision Once per 3 months continuous working in same role	**Clinical Supervision** Once every 3 months (4 times per year)

Table 4:

Staff Group	**All administration & clerical staff**	**All patient caring clinical staff**	**All clinical staff working in child facing roles**	**All registered clinical staff working in child facing roles in Heath Visiting, School Nursing and CAMHS**
Minimum **Supervision Sessions to be recorded**	**One to One (managerial)** Once every 3 months (4 times per year)	**One to One (managerial)** Once every 3 months (4 times per year)	**One to One (managerial)** Once every 3 months (4 times per year)	**One to One (managerial)** Once every 3 months (4 times per year)
		Clinical Supervision Once every 3 months (4 times per year)	**Clinical Supervision** Once every 3 months (4 times per year)	**Clinical Supervision** Once every 3 months (4 times per year)
			Safeguarding Supervision Once every 3 months (4 times per year)	**Safeguarding Supervision** Once every 3 months (4 times per year)
				1-2-1 Safeguarding Supervision Once every 6 months (2 times per year)
Minimum **Total**	4 sessions	8 sessions	8 sessions (safeguarding supervision can be considered clinical supervision but must be recorded separately)	10 sessions (safeguarding supervision can be considered clinical supervision but must be recorded separately)

5. Supervision Policy on a page

Type	One to One Managerial Supervision	Clinical Supervision	Safeguarding Supervision	Complementary Supervision Modes
Recorded as	**One to One on Ulearn**	**Clinical Supervision on Ulearn**	**Safeguarding Supervision on Ulearn**	**Clinical Supervision on Ulearn**
Minimum frequency	**once every 3 months (x4 per year)**	**once every 3 months (x4 per year)**	**once every 3 months (x4 per year)**	As required
Staff Group	All staff	All patient caring clinical staff - inc. Bank	All staff working in child facing roles	**Restorative Supervision** For clinicians working with complex caseloads inc. psychological support **Non-Medical Prescribing Supervision** Non-medical staff who are trained to prescribe through V100/V150 and V300 **Professional Supervision** Staff aligned to a professional group to receive profession specific supervision Discuss relevant SI's, outcomes, lessons to be learned / complaints procedure and lessons learned **Preceptorship** To support the transition from student to registered clinician for the first 6 months post qualification
Purpose	• Focus on supervisee well-being • Review of performance and appraisal and link with professional/personal development plans or probation • Provide support, discuss concerns regarding role and workload • Monitor mandatory training and compliance • Ensure competencies/role essential training/ delegated tasks are clearly recorded • Discuss relevant Trust Wide initiatives / changes. Share new ways of working • Discuss relevant SI's, outcomes, lessons to be learned / complaints procedure	• Focus on supervisee well-being • Focus on clinical practice, evidenced based practice linked to the clinical area / role / expertise and identifies risks • Reflective scenario based situational learning • Record all caseload supervision in patient notes • Update records as per Trust guidelines	• Focus on supervisee well-being • Discuss safeguarding cases • Access immediate advice, support and follow safeguarding protocols and reporting • Clearly document safeguarding discussions • Keep up to date with policy or procedure and identify its impact on practice • Record all caseload supervision in patient notes • Update records as per Trust guidelines	
Method of contact	Face to face Verbal - Telephone Skype – secure *Not Team Meetings*	Face to face Verbal - Telephone Skype – secure Groups	Face to face Verbal - Telephone Skype – secure Groups	*Supervision is an opportunity to bring someone back to their own mind, to show them how good they can be (Nancy Kline)*
Duration	No limit – variable	No limit - variable	No limit - variable	

6. Duties within the Organisation

The **Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

6.1 Director of Human Resources and Organisational Development:

- Is the responsible Director for the overall implementation of this policy

6.2 Medical Director

- Is responsible for ensuring that a structure exists to ensure all medical staff are in receipt of regular supervision and other support in accordance with relevant college and GMC (General Medical Council) guidelines (including one to one (managerial) supervision)

6.3 Heads of Service and Professional Leads are responsible for:

- Implementing and monitoring the effectiveness of the policy.
- Ensuring all staff within their Directorates comply with the policy and that professional standards are maintained. They must make certain that all staff are supported and released to undertake and record supervision.
- Ensuring action plans to address areas of non-compliance with this policy are fully implemented. They are responsible for dealing with areas that consistently non-comply with the requirements of this policy.
- Leading a supervision approach within services that focuses on quality conversations that are supportive of both supervisor and supervisee.

6.4 Line Managers and Team leaders are responsible:

- Ensuring that all staff have access to this policy – especially those without access to the Trust intranet, and that the policy has been read and understood by staff.
- Ensuring all staff (including themselves) access supervision, in accordance with the agreed guidance of their regulatory body and this policy.
- Ensuring all recommendations are addressed where issues of concern are identified via quality monitoring processes.
- Leadership support to ensure a supervision approach within services that focuses on quality conversations that are supportive of both supervisor and supervisee.
- Escalating issues to Human Resources where appropriate in line with HR protocol
- Ensuring that all services have local agreed procedures for supervision in their work area and all staff are aware of this.
- Ensuring that each new employee understands the value, reasons and benefits of regular supervision during their induction period.

Managers also need to ensure that they:

- Provide one to one (managerial) supervision.
- Professional standards are adhered to and maintained during supervision.
- Anyone required to be a supervisor is competent and has had the necessary preparation for the role.
- Each service area has a robust method for delivering, recording and monitoring all supervisory activity.
- Each staff member has an appropriate supervision agreement in place which will be reported as part of the audit process.
- They facilitate a culture of openness and approachability to support staff with diverse needs to express any concerns during supervision and develop an action plan and record in the chosen supervision template.
- They facilitate among staff an awareness of the equality, diversity and inclusion, local sources of support available for staff with protected characteristics, including EDI team, Staff Networks and the behaviours and conduct expected regarding supervision of staff.

6.5 Staff are responsible for:

- Engaging with the supervision process in the spirit of LPTs values by: demonstrating *integrity* through being open and transparent within supervisory conversations; building *trust* and *respect* between the supervisor and supervisee – following through on actions; showing *compassion* (during this supportive process)
- Arranging and attending supervision sessions with supervisor as required by this policy.
- Ensuring they actively contribute and participate in the supervisory process
- Preparing appropriately for the supervision, identifying personal development needs and areas to improve quality of service
- Co-producing an appropriate personal supervision agreement with their manager and other agreed supervisors.
- Reviewing and agreeing with manager the appropriate supervision required for their role to undertake (i.e. one to one plus clinical or one to one plus clinical and safeguarding)
- Ensuring their supervision session is recorded on ulearn within 2 working days of completing supervision. **When it is not the member of staff who records the supervision on ulearn** - **It remains the individual member of staff's responsibility to ensure their supervision records are accurate on ulearn**.
- Show their supervision record on ulearn to managers if requested and as a minimum as part of annual appraisal reviews.
- In the case of safeguarding supervision updating patient records.

7. One to One (Managerial) Supervision

One to one supervision is an opportunity for the supervisee to have regular open and honest conversations with their line manager/supervisor **and is a compulsory requirement for all staff**. It is a private but not a confidential process. This means the records are the property of the organisation, not the individual.

One to one supervision in LPT **must only be undertaken by a supervisor with authority and accountability for the supervisee**.

By definition it provides the opportunity for staff to:

- Be supported in their role giving due consideration to work life balance, any reasonable adjustments required due to a disability or protected characteristic
- Review their job role
- Set priorities/objectives ensuring that they are clear and understood
- Check skills and competencies are up to date and relevant to the role
- Check objective progression in conjunction with the overarching aims of the organisation (including during probation)
- Identify specific management/administrative tasks to be completed
- Review workload/caseload and management
- Reflect on any recent learning and consider new training opportunities
- Identify training and development needs
- Discuss career planning
- Identify and discuss new policies and /protocols and impact on role
- Plan/ monitor mandatory training
- Discuss, review and address identified improvements in relation to managerial / performance issues

One to one supervision can include:

- 6 month appraisal objective reviews
- Personal reviews as part of new starters 6 month probation

One to One (Managerial) Supervision is NOT:

- Annual appraisal
- Team meetings or time outs
- Service review meetings
- Impromptu or informal discussions that are not recorded

8. Clinical Supervision

Clinical supervision is reflective scenario based situational learning and a collaborative dynamic process which can be conducted in a number of ways. **Staff with patient care responsibilities working in clinical areas are contracted to undertake clinical supervision.**

For some professional groups, e.g. psychologists or clinicians with additional specialist training e.g. cognitive behavioural therapy, there are particular supervision requirements not addressed in this policy. The Trust policy sets out minimum supervisory requirements and is not intended to replace such arrangements that go beyond these.

It is acknowledged that there may be staff working in remotely from others in their own profession. In these cases, it is important that they are given the opportunity to receive supervision from someone from the same profession if requested. This is sometimes referred to as professional supervision and one of the forms clinical supervision can take.

Clinical Supervision is promoted as a method of ensuring safe and accountable practice for clinical staff within healthcare settings.

It also provides an opportunity for staff to:

- Reflect on and review their practice
- Discuss individual clinical cases in depth
- Review safeguarding concerns
- Change or modify their clinical practice and identify training and continuing development needs (CQC 2013)

All supervisors should have appropriate training to fulfil their role in a competent way.

Clinical supervision can occur between individuals from the same or different professional backgrounds and/or pay scale (i.e. peer supervision), provided the supervisor is appropriately experienced either in relation to professional training or clinical expertise.

It is jointly the responsibility of individuals and their line managers to ensure that they receive access to clinical supervision at the required frequency.

8.1 Models of Clinical Supervision

The literature on clinical supervision has expanded and a variety of models and approaches are provided for practitioners involved in providing and receiving supervision (refer to Clinical Supervision Guidance and Procedural Document)

The following are possible scenarios for clinical supervision:

- One to one with a supervisor from the same or different clinical setting or profession.
- One to group with a supervisor from the same or different clinical setting or profession.
- Network – similar to group supervision, but where those involved do not work together on a regular basis.
- Peer supervision - where no supervisor is identified and peers work together for mutual benefit.

Clinical Supervision is NOT:

- Personal appraisal
- Appraisal monitoring
- Personal therapy or counselling
- A route to making complaints
- An opportunity to raise or address poor performance
- Time to chat about general issues

In all cases both supervisor and supervisee must be in agreement that their interaction/conversation was of a supervisory nature and relevant to clinical practice.

There may be occasions when one to one supervision and clinical supervision will occur at the same time, i.e.. manager is also clinical supervisor. In this scenario it is advisable that both parties should identify and approve when the conversation moves between managerial and clinical supervision. Both one to one (managerial)

and clinical supervision can be recorded as having occurred on the same day in this scenario.

9. Safeguarding Supervision

The Trust recognises that safeguarding children is a difficult and stressful aspect of professional practice. The way in which that stress is recognised and managed can have a major impact both on the well-being of individual workers and, of equal importance, on the care they provide to children and families.

Safeguarding supervision is a formal process of professional support and learning which enables practitioners to develop knowledge & competencies and to assume responsibility for their own practice. It provides a safe and supportive environment that acknowledges the emotional impact of this work.

LPT provides a 3 option supervision model which includes action learning sets and 1-2-1 supervision. Please refer to LPT Safeguarding Policy for further detail.

Staff who carry out day to day work with children and families are formally required to undertake safeguarding supervision (child protection) a minimum of every 3 months.

Staff requiring safeguarding supervision must include reference to child protection training and supervision as part of their annual appraisal.

In addition any practitioner, who has a safeguarding concern no matter where they are working or whom with, may request individual or group supervision in relation to their case.

Due to the nature of safeguarding supervision (focusing on clinical care for professional registered clinical staff) it is accepted that for reporting purposes it can be included as a form of clinical supervision. However, safeguarding supervision must be recorded separately as such, and not as clinical supervision to ensure accuracy of data collection and reporting.

9.1 1-2-1 Safeguarding Supervision

Specialist safeguarding supervision is supplementary to other types of supervision (one to one and clinical) in accordance with national guidance. It is expected that Registered Staff working in Family Health (Health Visiting, School Nursing) and Child and Adolescents Mental Health (CAMHS) must complete **1-2-1 safeguarding supervision twice a year**.

- Further guidance on children's safeguarding can be found in the Children Safeguarding Policy

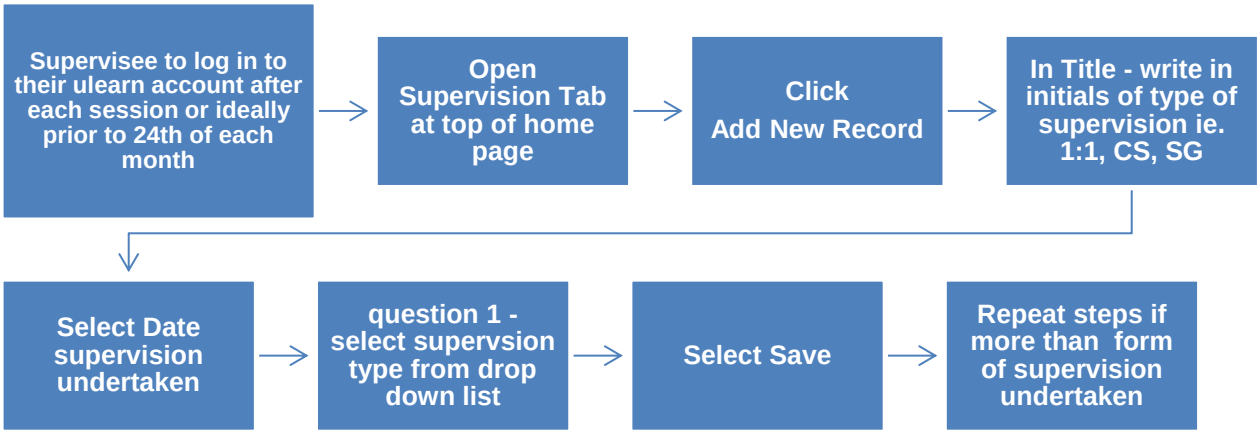
10. Recording Supervision

10.1 Recording supervision on trust wide system (ulearn)

If supervision is not recorded then it did not happen. To ensure the trust is enabled to provide staff with a supportive environment for supervision and can demonstrate

that supervision is occurring as per expectations a central system for recording all activity is required.

It is the supervisee's (employee's) responsibility to ensure their ulearn supervision

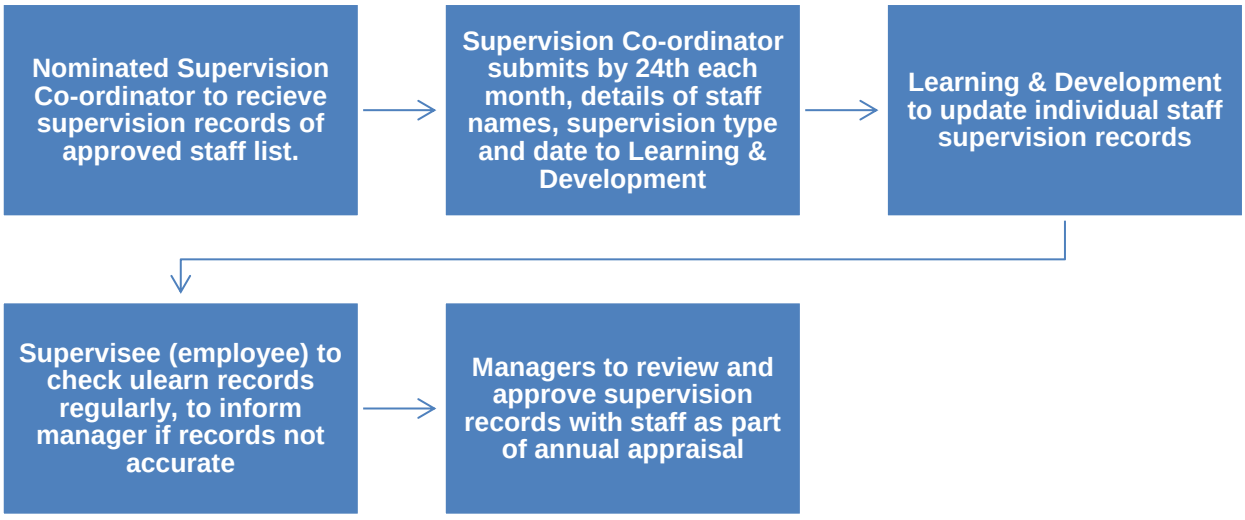


record is an accurate reflection of their supervision activity. This includes when the ulearn record is updated by someone other than the supervisee.

Ulearn is the central system where all supervision interactions must be recorded. There are two options for recording supervision interactions on ulearn.

1) Supervisee (employee) recording their supervision:

2) Supervision co-ordinator recording on behalf of supervisee



10.2 Recording supervision locally (individually/teams)

All records must be held in accordance with data security policy and guidance.

Good Practice - An effective working agreement between all parties involved in the supervision will reduce ambiguity and provide a safe framework / process within which relationships can progress and flourish in an open transparent way.

In order to ensure effectiveness of and evaluate the process of supervision it is necessary to record some basic information relating to the process in terms of frequency and basic themes discussed.

The detail included is a matter of judgement but in general the record should be detailed enough so that the issue can be revisited, if necessary, at a later date and can still be understood. A short summary of the discussion and the decisions or action points arising from it should be sufficient in most cases.

Identification of core themes brought to supervision and monitoring of these will ensure that common issues can be addressed most appropriately, for example through training initiatives, or in shaping trust policy and developing treatment or management approaches.

Records should clearly detail any decisions that have been made, the reasons for these, any agreed actions including who will take responsibility and the timescale for carrying out these actions

- **One to One (managerial) Supervision**

A specific one to one supervision file should be maintained by the line manager so that the record can be reviewed as appropriate. The staff member involved in the supervision discussion should be given a copy of any supervision discussions.

Records of supervision should be seen as transferable and should follow the member of staff in the event of transfer within the service or the Trust. In the event of a staff member leaving the Trust these records should be returned to the HR department as with personal file.

- **Clinical Supervision**

Clinical supervision must be recorded to ensure that discussions and agreed actions can be referred back to by both parties as part of an ongoing process of monitoring, development and support for the supervisees practice.

There is no stipulated time frame to keep clinical supervision records. Clinical supervision records are a personal record of development; therefore it is recommended that the records are kept in line with the standards of the individual's profession to allow for reflection if required at a later date.

The supervisee can also use any evidence of learning and development from the clinical supervision records for their portfolio and annual appraisal.

At the first meeting an agreement should be reached on who is responsible for writing the supervision record and both supervisor and supervisee should sign and retain a copy.

Any decisions made as part of the clinical supervision process regarding a specific patient or service user's care must be recorded in their clinical record in line with the Record Keeping Policy

- **Safeguarding Supervision**

There will be an approved arrangement for any supervision relationship to reflect a collaborative agreement to work together. Refer to Children Safeguarding Policy

It is recognised that different types of supervision can occur within the same discussion episode. Where the line manager is also the supervisor and/or professional lead a single session may integrate clinical, one to one (managerial) and/or safeguarding supervision. Where this is the case both staff will acknowledge during the session the change of agenda from one focus to another to ensure all are given appropriate time and necessary consideration.

11. Confidentiality

- **One to one (managerial) supervision**

Is a private but not a confidential process. This means that the records are the property of the organisation, not the individual. From time to time supervisors may need to discuss the content of supervision sessions with others, e.g. their own line managers or safeguarding leads. This should always be with the knowledge of the supervisee.

Access to supervision records should be controlled and all records should be locked away or stored securely ideally digitally. Other people may from time to time require access to supervision records.

These might include:

- Managers providing cover in the absence of the line manager
- Senior Managers (for quality assurance purposes)
- Investigating officers
- Inspectors (e.g. Inspections by regulatory bodies)
- Performance staff (e.g. for audit and quality assurance purposes).

- **Clinical Supervision and Safeguarding Supervision**

Records will be kept relating to the core themes of any session. However, the issues discussed between supervisor and supervisee are confidential, unless there are concerns regarding the content of the session, which relate to illegal activity, bad practice, unprofessional conduct or anything that compromises the safety or security of the Trust and the persons within it.

During such instances the supervisor will have an obligation to take these matters further; however, the supervisor would normally inform a supervisee of this intention. It is advisable for both parties to discuss this during the initial contracting stages of the supervisory relationship to ensure clarity regarding this issue.

12. Supervision for Supervisors

Being a supervisor is a skilled and demanding task, supervisors therefore need to ensure that they are in receipt of supervision themselves and that they:

- Receive appropriate and timely support
- Develop their skills as a supervisor by stipulating training need within the personal development plan
- Monitor the quality of their supervisory practice

- Take into account the wishes of the supervisee

Supervision for supervisors may be achieved through their own supervision process, one to one arrangement or through peer group support.

13. Reporting Supervision

Workforce Systems team will report supervision data on a monthly basis in a pre-determined format to the Directorates, who will review this and present outcomes within the Governance part of the pathway operational meetings. Feedback will be disseminated to service lines via this route with actions identified and monitored. Risks/actions or good practices will be escalated via the pathway reports (populated by the Heads of Service) to the Quality Forum for assurance.

14. Non-attendance

Non-attendance at supervision should be managed in the first instance by the individual's supervisor. Where supervision is persistently cancelled through sickness or team/ward issues, the supervisee/or supervisor must give details of this to their Line Manager who will make all reasonable adjustments to the supervisee's/supervisor's work load to ensure supervision occurs.

If supervision still does not happen the supervisee/supervisor is obliged to report this to the Line Manager – who must resolve the situation, through initially an informal process of managerial support and guidance then ultimately through trust performance/ disciplinary procedures.

15. Non-recording

The recording of supervision on ulearn is evidence that a supervision session occurred. It is the responsibility of the supervisee to ensure their individual supervision record on ulearn accurately reflects the supervision discussions.

The Trust places a high level of importance on the health and wellbeing of its employees. LPTs mission 'Step up to Great' and embedding our values and behaviours in everything we do equally apply to staff and patients/clients/service users. Therefore, support for further study and training, including funding may be withheld should evidence of supervision in accordance with this policy not be available within the requirements of quarterly reporting.

16. Training needs

There is a need for training identified within this policy. This training has been identified as Desirable

Training requirements associated with this Policy

- All staff should receive advice and guidance on how to have/provide meaningful supervision training
- All clinical staff should complete the supervisee training and/or supervisor training as appropriate
- All Safeguarding Supervisors should complete specific face to face training offered by the Children's Safeguarding Team

17. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
5. Heads of Service	Ensuring action plans to address areas of non-compliance with this policy are fully implemented. They are responsible for dealing with areas that consistently non-comply with the requirements of this policy.	Areas of responsibility are meeting compliance levels	Monthly workforce reports	Strategic Workforce Committee Directorate Workforce Groups	4 times per year.

8.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC – all staff must receive managerial supervision	85% of staff compliant
CQC – all staff who care for people must receive clinical supervision	85% of staff compliant (80% compliance for bank nursing staff)

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Appendix 1

Training Requirements

Training topic:	Supervisee and Supervisor training
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific YES - Personal development
Division(s) to which the training is applicable:	All Directorates including Enabling
Staff groups who require the training:	All Staff Groups including bank with the exception of medical staff
Regularity of Update requirement:	Once
Who is responsible for delivery of this training?	HR and OD Services
Have resources been identified?	Yes
Has a training plan been agreed?	No
Where will completion of this training be recorded?	ULearn
How is this training going to be monitored?	This can be monitored by managers during managerial supervision and appraisals.

Appendix 2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	YES
Support and value its staff	YES
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	YES
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Alison O'Donnell	Head of Education, Training and Development
Roma Boobyer	Senior Safeguarding Practitioner
Lesley Weaving	Diabetes Specialist Podiatrist
Sara Plummer	Podiatry Admin Manager
Rosie Jones	Admin Development and Quality Standards Manager
Claire Taylor	Senior HR Business Partner
Jude Smith	Head of Nursing CHS
Dr Dave Clarke	Operational Lead (R&D)
Catherine Holland	Podiatry Team Lead
Chris Moyo	Bank Workforce Supervision Lead
Carolyn Feeney	Organisational Development Practitioner
Hitesha Patel	Training & Compliance Officer
Stephanie O'Connell	Lead Therapist

Circulated to the following individuals for comment

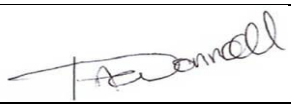
Name	Designation
Senior Leadership Forum	
Kathryn Burt	Deputy Director of HR & OD
Learning & Organisational Development Group	
HR Policy Distribution List	

Due Regard Screening Template

Section 1	
Name of activity/proposal	Supervision Policy
Date Screening commenced	December 2019
Directorate / Service carrying out the assessment	HR&OD
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison O'Donnell Head of Education Training and Development
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Outline expectations for 3 types on supervision. Introducing new expectations for managerial supervision	
OBJECTIVES: Provide all staff will appropriate supervision for their roles	

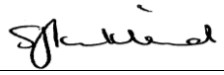
Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	no
Disability	no
Gender reassignment	no
Marriage & Civil Partnership	no
Pregnancy & Maternity	no
Race	no
Religion and Belief	no
Sex	no
Sexual Orientation	no
Other equality groups?	no

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B	No	Low risk: Go to Section 4.	

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Impacts on all staff equally and changes is about recording rather than the requirement to have supervision			
Signed by reviewer/assessor	Alison O'Donnell	**Date**	January 2020
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	January 2020

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. **The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**		
Name of Document:	**Supervision Policy**	
Completed by:	**Alison O'Donnell**	
Job title	**Head of Education Training and Development**	**Date 20/12/19**
Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	Yes	It is new to collect data on compliance with managerial supervision
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	Not individual information
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Yes	Performance/development measures as a result of outcome of supervision or non-compliance with supervision
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	May be shared if concerns identified during managerial supervision – will follow HR policies
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.	
Data Privacy approval name:	Sam Kirkland, Head of Data Privacy/Data Protection Officer 
Date of approval	23 December 2019

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure**,** the process involves service users/staff providing information about them, over and above what we would normally collect

Question 3: This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp
If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via LPT-DataPrivacy@leicspart.secure.nhs.uk