Lothian Allied Health Professional (AHP)

Support and Supervision Guidance

August 2020

(Review date – on or in advance of March 2021)

Table of Content

1.1 INTRODUCTION

This guidance has been developed by members of the Lothian Allied Health Profession[1] (AHP) Strategic Supervision working group. This working group was established in December 2018 with the purpose of implementing Scotland's position statement on supervision for AHPs (2018) across the Lothian AHP Directorate. This guidance outlines a formal structured process for supervision that is applicable across NHS Lothian; and Edinburgh, East, Mid and West Lothian Health and Social Care Partnerships. The intent is not to supersede existing guidance already in place if it follows the principles set out in Scotland's position statement.

The approach outlined in this document is based upon the premise that dedicated time for shared reflection on practice within supervision supports NHS Lothian's Values and Ways of Working:

Quality
Dignity and Respect
Care and Compassion
Openness
Honesty and Responsibility
Teamwork

National policy and drivers recognise that a well-educated, motivated, capable and supported workforce is vital to achieving Scotland's vision for health and social care by 2020 and beyond. Effective supervision can contribute to the continued development of healthy organisational cultures, ensure sustainable AHP practice, the embedding of emerging AHP roles and support staff engagement and morale. Ultimately this has had a positive impact on the people who use our services.

The benefits of supervision are well documented (Dawson, 2013). The position statement and this guidance take the position that all AHP practitioners and AHP Health Care Support Workers (HCSW), irrespective of their level of practice or experience, should have access to, and be prepared to make constructive use of supervision.

Access to regular supervision for all staff is supported by many AHP Professional Bodies. The Health & Care Professions Council (HCPC) advise that access to good quality supervision is a supportive structure to enable a registrant to meet the HCPC standards for continuing professional development (CPD).

Guidance on the HCPC website http://www.hcpc-uk.org/registrants/cpd/activities/ includes supervision as one of many CPD activities. This is also consistent with the Induction Standards for Health Care Support Workers (2009) and the Scottish Social Services Council (SSSC) Code of Practice for Social Workers and Employers (2016).

The Health & Care Professions Council (HCPC) publication "Preventing small problems from becoming big problems in health and care" (HCPC 2015) highlights poor or infrequent supervision as a potential trigger for disengagement.

1.2 PURPOSE OF THIS GUIDANCE

This guidance supports the provision of supervision for AHP staff working in NHS Lothian.

[1] The Allied Health Professions comprise of 14 distinct occupations: Art Therapy, Dance Movement Psychotherapy, Diagnostic Radiography, Dietetics, Drama Therapy, Music Therapy, Occupational Therapy, Orthotics, Orthoptics, Podiatry, Physiotherapy, Prosthetics, Speech and Language Therapy and Therapeutic Radiography.

- All staff members have the right to receive effective, quality supervision
- It is applicable to all roles and levels of practice
- It articulates the overarching principles of supervision
- It offers practical guidance
- It sets the direction for staff, their professional leads and line managers to ensure processes and systems are in place to support supervision practice.

A range of appendices are included at the end of this guidance to provide further information and example documentation. There is not a requirement to use appendices 2-6 to replace documents in use in your service area if you have resources that meet the requirements of Scotland's position statement on supervision for AHPs (2018).

2.1 SUPERVISION DEFINED

Whilst there is no agreed best or single definition of supervision, there are common purposes attributed to supervision. These include ensuring competent and safe practice, promoting wellbeing and professional practice and developing knowledge, skills and values (Dawson, 2013; IRISS, 2015; Scotland's position statement on supervision for AHPs (2018)). What evidence there is points to effective supervision being associated with job satisfaction, organisational commitment and retention of staff (SCIE, 2013). Table 1 below outlines what supervision is and is not.

The Scottish Social Services Council (2015) describes effective supervision as:

" Reflecting on practice [It] provides staff with support in the complex, responsible and emotionally challenging work they undertake. It should be conducted in the context of a supportive learning environment that actively encourages the continuous development of good practice and skills. Regular, high quality, organised, supervision is key to developing staff skills, knowledge and values."

Table 1: What Supervision is and is not

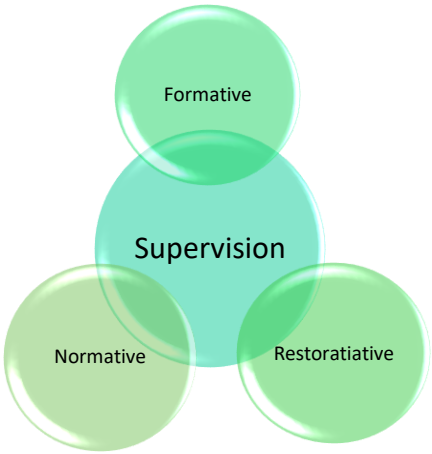
Supervision	**Supervision is <u>not</u>**
• Supports development of knowledge, skills, values and practice within a role or area. • Benefits people who use the services, their families and carers. • Promotes staff wellbeing by provision of support. • Provides a safe place for professional development, growth and accountability using appropriate questioning, challenge, affirmation and structured reflection. • Leads the individual to identify their own solutions. • Supports AHPs through challenging and complex situations.	• Psychotherapy, therapy or counseling. (although it can be therapeutic) • An opportunity to 'police' staff and check up on their actions. • Dictated by hierarchical relationships and positions within the organisation. • An opportunity for performance management or assessment (although effective and supportive supervision may identify that a practitioner is struggling/poorly performing, enabling the supervisor to provide early support to prevent a small problem becoming a big problem). • Controlled, managed and delivered by the supervisor and / or manager.

• Supports reflective practice and clinical reasoning taking account of professional standards, the legislative context and eligibility criteria for service delivery	• A place for blame, gossiping or moaning. • A place for judgement on practice.

2.2 PURPOSE OF SUPERVISION

The overall intention of supervision is to improve professional self through lifelong learning, improve professional practice and to feel, and be supported as a member of staff (NHS Lanarkshire, 2010). As previously noted, this ultimately support the delivery of safe, effective and person-centred care to the people who use health and social care services.

Diagram 1: Proctor's model of supervision



Proctor's model of supervision (cited in Clinical Supervision Toolkit, Helen and Douglas House, 2014) remains a useful way of thinking about the purpose and benefits of supervision. This model identifies three elements of supervision;

Normative (Accountability) This element focuses on supporting individuals to develop their ability and effectiveness in their clinical role, enhancing their performance for and within the organisation. The aim is to support reflection on practice with an awareness of local guidance and codes of conduct.

- Supports delivery of a high standard of safe and effective care
- Enhances performance

Formative (Learning) Learning is also referred to as the **educative** element. It enables participants to learn and continually develop their professional skills fostering insightfulness through guided reflection. It focuses on the development of skills knowledge, attitudes and understanding.

- Supports personal and professional development
- Encourages and supports lifelong learning
- Identifies further learning and development needs

Restorative (Support) This element is concerned with how participants respond emotionally to the work of caring for others. It fosters resilience through nurturing supportive relationships that offer motivation and encouragement and that can also be drawn upon in times of stress.

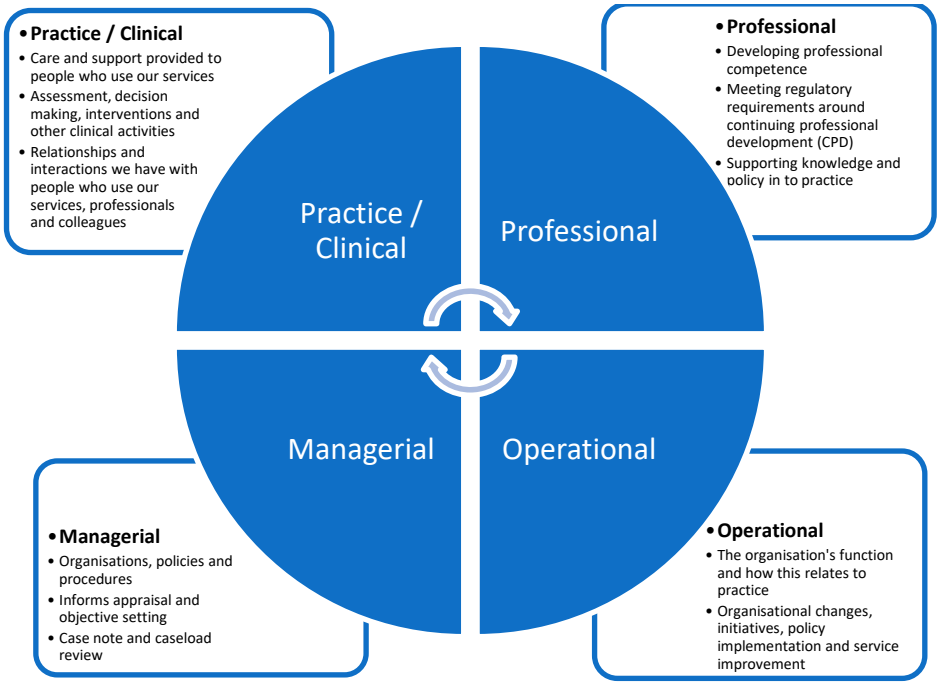
- Supports self-care and wellbeing
- Provides insight into our emotional responses
- Enhances morale and working relationships

The three interconnected elements of Proctor's model underpin the four components of supervision, as described in the national statement and the supervision model embedded within Lothian.

2.3 Components of supervision for AHPs:

It is acknowledged that the varying terminology used to describe all aspects of supervision can be confusing. Scotland's position statement on supervision for AHPs (2018) outlines the four interconnected components of supervision described below (Diagram 2).
In everyday practice, elements of more than one of the four interconnected components of supervision may be discussed in the same session. These components are intrinsically linked and therefore can and should be considered together in supervision if deemed appropriate. Further information on topics which may be covered in each of the four components can be found in Appendix 1 and in the nationally developed AHP Support and Supervision flashcards. Further information on preparing for a supervision session, examples of what a supervisee may bring to a supervision session and questions to generate discussion are also included in the flashcards. The roles and responsibilities of the supervisor and supervisee are highlighted in section 3.1 of this guidance.

Diagram 2: Four components of AHP Support and Supervision



3.1 ROLES AND RESPONSIBILITIES

Supervision requires a supportive relationship that is formed between equals and it is important that the supervisee and supervisor are clear about their individual roles and responsibilities. These include:

- Working together to create a safe environment
- Sharing preferred learning styles and agreeing ways of working
- Having a supervision contract or agreement in place (Appendix 2)
- Planning for the session including preparing an agenda– supervisees should come prepared
- There should be a review and discussion of the actions from the previous session
- The supervisee should record the actions from the session (Appendix 3)
- The supervisor should complete the Organisational Record (Appendix 4)
- Supervision should be seen as a priority and any postponed or cancelled sessions should be rescheduled at the earliest opportunity
- All staff have the responsibility to review the actions from the previous session to their next supervision session. These should be brought to each session
- The actions form the session should be discussed and agreed by both parties as a true reflection of the meeting and recorded as such

The supervisor and supervisee should complete the AHP Support and Supervision Evaluation in collaboration (usually at the same time as the review of the supervision agreement). An example of this can be found in Appendix 5. Further consideration of supervision evaluation and audit is taking place on a national basis and this guidance will be updated as appropriate.

3.2 DELIVERY OF SUPERVISION

Supervision can be delivered through 1:1 discussion, group discussion and action learning.

This guidance document refers to a formal supervision process however it is acknowledged that informal supervision happens on an ad hoc, day to day basis in many different forms and this is hugely valuable.

Opportunities are also available to deliver supervision virtually. Practical guidance is available in the Guide to Virtual Supervision available on the AHP Learning Site on TURAS.

All AHP staff should have an established supervisory relationship. A range of methods are in place in different services to 'match' a supervisor and a supervisee and method(s) should be agreed within your service. The position statement does not provide specific guidance on the matching of supervisors and supervisees. Further information on who may carry out each of the four components of supervision can be found in Appendix 1.

3.3 FREQUENCY

It is recommended that a formal supervision session will be available a minimum of 4 times per year and last 1-2 hours per session and should ensure all four components of supervision are covered over the course of one year (as per Scotland's position statement on supervision for AHPs

(2018)). Frequency of supervision sessions should be flexible in order to meet the needs of the individual.

Further advice can be found in Section 6.2 of the position statement.

3.4 RECORD KEEPING

Supervisees:

- Should record a summary of the supervision session using the standardised template developed (Appendix 3) or the equivalent on the online AHP Professional portfolio https://turasdashboard.nes.nhs.scot/. This should include a review of the previous session, topics identified for discussion, a summary / reflection of the session, future actions and an evaluation of the session.
- The supervisees record is confidential
- The supervisee's record should 'move' with them if they move post or organisations.

Supervisors:

- Should record as a minimum the dates, who was involved and any key themes or actions arising from the session (Appendix 4). This information should be stored safely and securely, in accordance with the NHS Lothian Records Management Policy.

This detail recorded would constitute the organisational record (Appendix 4) and, as highlighted in the Scotland's Position Statement (clause 6.8), would only be shared in the following instances:

I. When it is agreed that there is a specific issue or learning point that would be beneficial to share.
II. Disclosure relates to harm or risk to self or others.
III. Contravention of law, professional code, or conduct, or local policy comes to light.

All parties must be informed of the intention to disclose, before revealing confidential information. In the case of unsafe, unethical or illegal practice the supervisor should escalate to an appropriate AHP manager at the earliest point possible. The supervisor and manager should then agree about how the issue is taken forward. From a governance perspective it is important that this information is shared (appropriately) as early as possible.

Supervision agreement:
The content of supervision agreement (Appendix 2) should be discussed, and completed, prior to commencing supervision. Any questions should be clarified and a copy of the supervision agreement signed by the supervisee and supervisor. This should be stored in the supervisees personnel file in accordance with NHS Lothian Records Management Policy. The supervision agreement will be reviewed annually but can be reviewed at any time during that period if required.

3.5 CONFIDENTIALITY

Supervision Session Confidentiality:
All discussions within supervision sessions are confidential and should only be disclosed to any outside party with the consent of both the supervisor and supervisee. As mentioned the only possible exceptions to this strict confidentiality are highlighted in section 3.4 I, II, III above.

Patient or Client Confidentiality in Supervision Records:
Confidentiality relating to patients or clients in Supervision records must be maintained, except when the circumstances described above apply and the patient or client's safety or wellbeing is threatened. Patients' or clients' names and details from which they could be easily identified must always be anonymised in Supervision records – specific details regarding a patient or client's care should be

recorded only in that individual's care-plan or case notes. Similar care must also be exercised regarding references to colleagues.

3.6 KNOWLEDGE AND SKILLS

- An understanding of the purpose of supervision.
- An ability to explain the purpose of supervision.
- An understanding of the functions of supervision i.e. formative, restorative and normative.
- An ability to negotiate a mutually agreed agreement.
- Can prepare a structured approach for each session.
- Is clear about the documentation process required for supervision.
- Can set a climate that is effective and sets the boundaries of confidentiality.
- Can give and receive constructive feedback
- Can develop an effective supervisory relationship utilising appropriate interpersonal skills.
- Understand Scotland's position statement on supervision for AHPs (2018)

3.7 TRAINING

All staff will have access to supervision training and resources to support participation. A summary of resources in place and resources in development can be found below.

Resources in place – as of August 2020

An AHP Support and Supervision section of the AHP Learning Site on TURAS has been created and hosts a number of resources including:

- Guide to virtual supervision
- Questions to support each other to get through the day
- Going home checklist
- AHP Support and Supervision Flashcards: a practical resource

Nursing, Midwifery and AHP Clinical Supervision online units are hosted on TURAS Learn.

Furthermore, it is useful to be familiar with a reflective tool to help support your practice. Appendix 6 suggests two such models. The Effective Practitioner resource and TURAS Professional Portfolio also provide helpful information.
http://www.effectivepractitioner.nes.scot.nhs.uk/files/ReflectivePractice/story.html
https://turasdashboard.nes.nhs.scot/

Further resources focused on the development of newly qualified practitioners; and leadership skills for all are available in the Flying Start and Project Lift programmes respectively.
https://learn.nes.nhs.scot/735/flying-start-nhs
https://projectlift.scot/

Any additional training requirements should be discussed at your Annual Performance Review.

Resources in development – as of August 2020

A range of further resources are being developed nationally and are outlined below. Updates will be provided as they become available.

Content for an AHP specific version of the TURAS units which aligns with the principles highlighted in Scotland's position statement on supervision for AHPs (2018) is being developed and tested. It is planned the following AHP specific units will be launched within the next six months:

- Unit 1 –Fundamentals of supervision for all staff
- Unit 2 –Fundamentals of supervision for supervisors
- Unit 3 –Tools and techniques to support supervision practice
- Unit 4 –Different ways supervision can be delivered

Work is underway to turn the one day face to face supervisory skills workshop previously tested into a series of short online sessions that would include large scale webinars; and smaller local training that would focus on practical skills.

A series of supervision videos highlighting how supervision is being implemented and working in practice have been filmed to supplement the units and for use in training.

4. REFERENCES AND USEFUL RESOURCES:

Daly, E., Muirhead, S. (2015) Leading Change in Supervision, Messages from Practice, The Institute for Research and Innovation in Social Services (IRISS)

Dawson, M. (2013) Allied Health Professionals Perceptions of Clinical Supervision, Doctorate Thesis, Doctor of Public Health, La Trobe University, Victoria, Australia

Health & Care Professional Council (2015) Preventing Small Problems Becoming Big Problems

Health & Care Professional Council (2012), Standards of Continuing Professional Development

Health & Care Professional Council (2013), Standards of Proficiency

Health & Care Professional Council (2016), Standards of Conduct, Professionalism, and Ethics

Institute for Research and Innovation in Social Services (IRISS), (2015), Achieving Effective Supervision

NHS Lanarkshire (2010), High Challenge High Support, Professional/Clinical Supervision Handbook for Allied Health Professionals

NHS Education Scotland (NES) AHP Learning Site (TURAS)

NHS Education Scotland (NES) Effective Practitioner: Reflective Practice

NHS Education Scotland (NES) Flying Start (Programme for Newly Qualified Practitioners)

NHS Education Scotland (NES) NMAHP Clinical Supervision (TURAS resource)

Post Registration Career Development Framework

Scotland's position statement on supervision for AHPs (2018)

Scottish Government Induction Standards and Codes for Healthcare Support Workers (2009)

Social Care Institute of Excellence (SCIE), (2013), Effective supervision in a variety of settings

Scottish Social Services Council (SSSC), (2015), Supervision

Social Services Codes of Practice for Social Service Workers and Employers (2016)

The Helen & Douglas House Clinical Supervision Toolkit (2014)

Appendix 1

Support and Supervision for AHP Staff: Components of Supervision and Examples

<table>
<tr>
<td>Clinical / Practice:

This relates to supervision that relates to clinical or practice activity.

This could focus on:

• The processes involved in the care, support and treatment provided to people who use our services

• Assessment, decision making, interventions and other clinical activities

• The relationships and interactions we have with those who use our services, their families, carers and other professionals or colleagues

This is usually carried out with someone from the same (or related) profession or clinical area.

If this is not possible it may be appropriate to seek supervision from someone outwith your organisation or via other mechanisms e.g. attendance at special interest groups, regional forums etc.</td>
<td>Professional:

This should cover:

• Scope of practice
• Continuous professional development (CPD)
• Their role as defined in their job description
• Ethical obligations
• Other broader professional issues

Within professional supervision CPD requirements aligned to HCPC standards for re-registration are covered including:

• Addressing any development or learning requirements
• Translating knowledge and policy into practice
• Providing feedback on performance

This is usually carried out with a professional lead of the same profession.

Competency issues may arise – there are specific local and HR policies in place to manage.</td>
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<tr>
<td>Managerial:

This focusses on the management function and makes certain this is met by ensuring:

• that the organisation’s policies and procedures re understood and followed
• workload is managed
• statutory and mandatory responsibilities are addressed
• case notes / case recording meet organisation / professional standards
• case note audit
• needs and outcomes for service users are understood and any risks managed

This may be covered via appraisal, development review, objective setting etc.

This would usually be carried out by the line manager or in some circumstances your Personal Development Plan (PDP) reviewer.</td>
<td>Operational:

This focusses on ensuring staff are aware of the organisation’s function and how it links to their practice.

Examples of things covered are:
• any organisational changes
• initiatives and policy implementation
• procedure clarification
• consultation with staff and feedback to management
• briefing on financial position

This would usually be carried out by the line manager.</td>
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Appendix 2

Example AHP Supervisory Agreement

Purpose of supervision
To enable supervisee to reflect on issues affecting practice to develop personally and professionally towards achieving, sustaining and creatively developing a high quality of practice

Organisation of sessions
- supervision completed a minimum of 4 times per year
- sessions will be between 1-2 hours

Responsibilities
The supervisor and supervisee will adhere to the responsibilities outlined in the NHS Lothian AHP Support and Supervision Guidance (Page 6-7)

Recording and Confidentiality
The supervisor and supervisee will adhere to the record keeping and confidentiality requirements in the NHS Lothian AHP Support and Supervision Guidance (Page 7-8)

Problem Resolution
In the event of problems developing between supervisee and supervisor, both parties will discuss these issues with each other where possible. If this is not possible or appropriate, they may seek further advice as required.
It is advised that supervisor and supervisee discuss and agree a course of action should difficulties arise in the supervision relationship. This may include agreeing who could be approached as a 3rd party facilitator to assist in resolving issues. This should be agreed between the supervisor and supervisee and can be recorded in the supervision contract.

Cancellation
Supervision is prioritised within the service and should only be cancelled due to unavoidable absence and in discussion with your supervisor. Wherever possible the session should be rearranged to the next possible opportunity.

Contract Renewal
The Supervision Agreement will be reviewed annually or if transferring from supervisor

Statement of Agreement
□ I have read and understood AHP Support and Supervision Guidance and Annual Appraisal
□ I have read, understood and agree with the above Agreement

Supervisee: _____ Date: _____

Supervisor: _____ Date:_____

Contract Review date: _____

Appendix 3

AHP Support and Supervision record – electronic copy can also be accessed on TURAS Professional portfolio https://turasnmportfolio.nes.nhs.scot/Home/Home

Name of Supervisor(s): (This could be more than one for different components of supervision)

Contact details:

Supervision delivered: One to one ☐ Group ☐ Peer ☐ Action Learning☐

Components of Supervision covered in session*

Clinical ☐ Professional ☐ Managerial ☐ Operational ☐

Date of Session:* **Length of Session:***

Include privacy statement

Update from last session

Topics to be discussed

Section which could be completed and / or agreed jointly----------

Summary of the session including key themes, discussions or learning points (*Could be completed and / or agreed jointly and shared)*

Future actions or areas of development (*Could be completed and / or agreed jointly and shared)*

Date and time of next session

Supervisee signature

Supervisor signature

Supervisees record *(this information is held by supervisee and not shared unless the supervisee decides to do so)*

Reflection (link to reflective templates on Professional portfolio)

What worked well today?

What could have been better today?

Appendix 4

Example AHP Supervision Organisational Record

	A	B	C	D
1	Date of Supervision	Time +Duration of Session Session	Supervisor (s)	Brief bullet points on key themes or actions
2	28/11/2019	10:30-11:30am	Mickey Mouse	Caseload Management, Quality Improvement
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Joe Bloggs | A.N. Other

This is an example document created on Microsoft Excel with a separate tab for each individual member of the team within the department. It has been agreed nationally that this record should document the date of supervision sessions, the names of people who participated in each session, key topics and any actions. More detail is required than solely recording the components of supervision covered (professional, line management, etc).

This document can be stored securely in local shared drives and should be registered as an information asset:
http://intranet.lothian.scot.nhs.uk/Directory/eHealth/operationsandinfrastructure/InformationGovernance/Pages/InformationAssetRegister.aspx

Who is responsible for updating this document, who can access it and where it is stored should be agreed locally. What is documented should be agreed by both the supervisor and supervisee. As this record exists separate documents recording supervision do not need to be added to personnel files.

Appendix 5

Example AHP Support and Supervision Evaluation

To be completed in collaboration with supervisee and supervisor (usually at the same time as the review of the supervision agreement -annually or on change of supervisor).

Name of supervisee:_____
Name of supervisor:_____
Date:_____

Please complete the following evaluation of your supervision.

Basic conditions	**F/nightly**	**Monthly**	**Other-specify**
How often have you had supervision? How long does Supervision last:_____Hrs			

	Always	**Often**	**Sometimes**	**Never**
Supervision was regular				
Supervision was structured (time, place, agenda set)				
Supervision was undisturbed				
Content was negotiated				
At the end of the session issues brought had been dealt with				
Atmosphere was conducive to learning				

Comments

Process/Content	**Always**	**Often**	**Sometimes**	**Never**
A agreement was established by negotiation and open to change				
Issues covered in supervision were relevant to work				
Development of my knowledge was assisted				
Development of my skills was assisted				
Development of my potential was assisted				
Issues of time management were addressed				
Ongoing learning needs and training have been discussed				
Issues of professional and personal boundaries have been covered				
Efforts have been made to link theory and practice				

Comments

Supervision Relationship	Always	Often	Sometimes	Never
I have felt listened to				
I have felt supported				
I have been affirmed for good work				
I have been confronted and challenged appropriately				
Feedback has been constructive				
Feedback has been two way				
My supervisor's expectations of me have been realistic				
I was encouraged to use new ideas and practices				
My expectations / needs were met				

Comments

General

Please comment on:

The difference/if any, that supervision has made to your work

The effect supervision has had on your general stress, the effect of your work, on your life and relationships outside:

Any needs that are not being addressed in supervision

Any changes you would like to see in the supervision offered

Do you wish to change supervisor? Yes / No
If yes please provide reasons

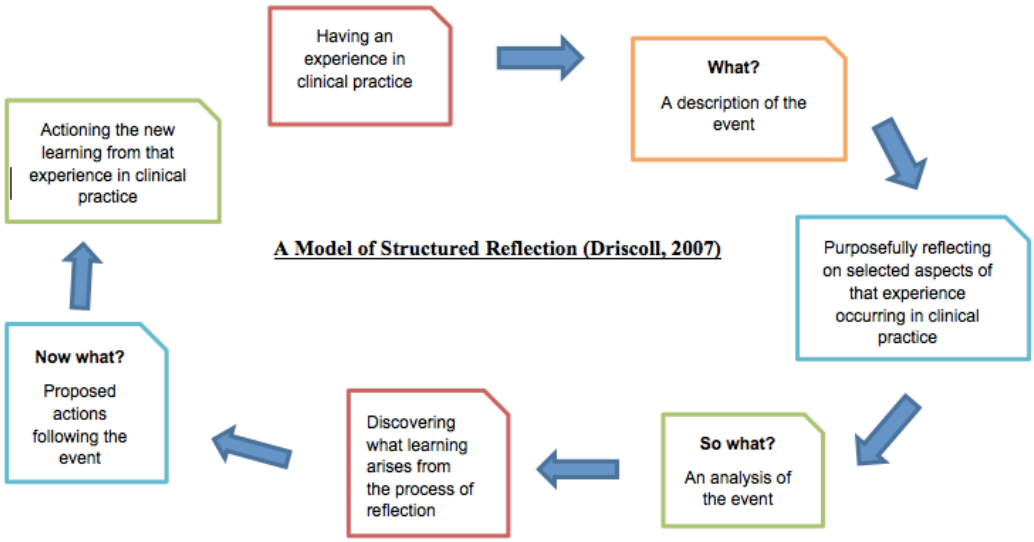
Further general comments on supervision:

Appendix 6

Reflection

These are two suggested reflection models you may wish to use to support your supervision sessions. There are other models and you should use whichever you are most comfortable with.

Gibbs' Model of reflection (1994)



Driscoll's Model of structured reflection (2007)

Reflection Template (Driscolls) (for use by the supervisee as evidence in CPD reflective portfolio)

Name:
Date:

What….	
What was your experience?	What was I trying to achieve?
What was good / not so good about the experience?	

So what ….	
So what could/should I have done to make it better?	So what did I base my actions on?
So what did I learn from this experience?	

Now what ….
Now what will I do with this learning?