Occupational Therapy Clinical and Professional Supervision Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

"At its simplest, supervision is a professional relationship and activity which ensures good standards of practice and encourages development." RCOT 2015

Introduction

This guidance document is intended to support the implementation of the new clinical and professional supervision process for the WAHT Occupational Therapy service. The implementation of the new clinical supervision process aims to increase staff confidence and effectiveness in using supervision to promote best practice. It is important to note that supervision is not performance review, monitoring, mentoring or counselling.

This guideline is for use by the following staff group:

All Occupational Therapy clinical staff who receive clinical and professional supervision. (Please note that managerial supervision will be addressed later in this document).

This guideline is intended to ensure that Trust Occupational Therapists understand the expectations upon them when providing formal clinical and professional supervision to others. This includes use of appropriate communication and coaching techniques, following suitable training, to support the development of insights into best practice. Supervision sessions will also focus on providing opportunities for staff to promote their own professional development which can in turn support departmental, service and Trust goals as well as improve the patient's experience.

Lead Clinician(s)

Rachel Latham	Clinical Practice and Education Lead OT
Charlotte Jack	Occupational Therapy Manager
Approved by *Therapy Management Team* on: 18/11/2024	18th November 2024
Review Date:	18th November 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:

Purpose of the Guideline

Supervision is a core practice component that supports individuals to build resilience, think more deeply about their practice and grow professionally. It is a learning activity that should always contribute to the maintenance of high standards of practice. The purpose of this document is to inform all OT staff about when and how to deliver supervision. This encompasses clinical, professional and managerial types of supervision.

As part of an OT staff member's personal and professional development, it is essential that they have opportunities to reflect upon and receive appropriate, and informed, feedback about their clinical practice. Clinical and professional supervision should encompass discussion of the knowledge, skills, and attributes an OT staff member possesses. It should also identify learning and development needs to support that person to enhance their practice. This feedback should be within the context of a supportive and interactive process.

1. The Case for Change – Background and Scoping Activities

Following the completion of the 2022-23 Occupational Therapy Service Reviews one of the areas that was highlighted for improvement was the supervision process itself, and the quality of the supervision documentation. It was noted during the service reviews that there had never been any formal clinical supervision training for Acute Trust OT's. On further exploration many OTs stated that they felt specific clinical supervision training would enhance the quality of the feedback on performance and development that they gave to qualified and non-qualified colleagues.

It was also noted that the current documentation used in the OT service was lacking in depth and was not linked to any specific standards such as the Royal College of Occupational Therapists (RCOT 2015) "Supervision Guidance for OTs and their Managers" or Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics specifically relating to supervision, leadership and culture:

https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/
https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/what-our-standards-say/

There are also no direct links in our existing recording template to the RCOT (2021) Professional Standards for OT Practice, Conduct and Ethics and no reference to our RCOT Career Development Framework. It is intended that the new documentation will support qualified (and non-qualified) clinical OT staff to consider making stronger links to our professional codes etc.

1a. The Case for Change: Potential Benefits to the OT Service

The potential benefits from implementing a training programme and documentation are:

- OT staff are supported and given time to reflect upon their developing practice.
- a recognised framework for clinical and managerial supervision that all OT staff understand.
- growth in confidence around clinical reasoning leading to delivery of safe and effective practice.
- increased confidence in explaining clinical reasoning to OT colleagues and members of the wider MDT.
- increased confidence and skills linked to professional development activities.
- better outcomes for our patients because of a more robust exploration of clinical reasoning and practice in individual supervision sessions.
- the ability to develop strong communication and leadership skills through coaching conversations to support patient interactions/outcomes within a challenging Acute setting.
- creation of specific action plans and time scales, as needed, to support OT's in developing their clinical and professional practice which can be more easily monitored.

1b. Benchmarking Against RCOT and HCPC Guidance

RCOT Guidance

According to RCOT's "Supervision Guidance for OTs and their Managers" (2015) it is important that the supervisor has:

"effective supervisory strategies, a 'toolbox' of techniques and skills to use…to enable the personal and professional development of the supervisee. It is suggested that occupational therapy managers have a responsibility to consider how effective supervision skills are developed and maintained in the workplace." (Section 2.3).

RCOT states that the supervisory relationship is key to the effectiveness of supervision:

"It should be supportive and enabling, building confidence and reducing stress. It also needs to balance support with challenge, so that, when necessary, it can be directive. It must be accommodating enough to allow each participant to provide comment, opinion and feedback to the other without a negative outcome." (Section 2.5)

RCOT advocates the use of supervision agreements:

"Supervision agreements or contracts are not always used, but they can be a very useful tool to support the structure and quality of supervision. One aim of the agreement is to clarify the duties and expectations on both sides."
(section 2.7).

HCPC Guidance

HCPC states that supervision is:

"a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence through agreed and regular support with another professional. It is an essential aspect to continuing professional development and plays a key part in ensuring good practice and high-quality care."

HCPC states there is a significant difference between professional, practice and managerial supervision:

"… practice and professional supervision are distinct from managerial supervision and formal appraisal, which are instead focused on ensuring that organisational and professional policies are met."

HCPC Practice Standard 4.8 states that registrants must:

"understand the need for active participation in training, supervision and mentoring in supporting high standards of practice and personal and professional conduct and the importance of demonstrating this in practice."

1c. Benchmarking against WAHT Supervision and Wellbeing Policy

This guideline ensures that any Occupational Therapy supervision carried out is aligned with Trust core values and the Trust Supervision and Wellbeing Policy. It states that the Trust is:

"committed to ensuring that all Trust colleagues can access support for their wellbeing, personal and professional development in the form of Supervision and Wellbeing conversations"

The Trust Supervision Policy states that Clinical Supervision:

"has a restorative function with the goal of supporting learning and development of the colleague through self-reflection on their practice and emotional responses to clinical work in a safe and collaborative relationship."

"is crucial for clinical colleagues in helping to deliver safe, high quality, evidence-based care for all of our patients," and that, *"it should be offered in accordance with professional body requirements."*

"Clinical colleagues must be aware of and adhere to… professional body standards with respect to professional practice and the associated supervision guidance on the details of frequency/model/duration/record-keeping…as it may be linked to revalidation or registration."

The Trust Defines (Line) Management Supervision as:

"a meeting with an allocated manager to review personal development/objectives/ achievements and performance, and to discuss any changes to expectations of job role. It also has an operational and quality improvement function."

1d. Additional Guidance

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: CQC Regulation 18

"Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

2. Clinical Supervision Training and the OT Clinical Practice Strategy (CPS 2023-2025)

The development of a strong clinical supervision training programme and its implementation into day-to-day practice is embedded into our OT Clinical Practice Strategy (CPS 2023-2025)**.** A strong clinical supervision process is intended to support person-centred care that is underpinned by our preferred practice model - Person Environment Occupation (PEO).

It is also intended to support delivery of the CPS domains of occupationally focused practice; professional resilience; clinical effectiveness; safe and high-quality patient care and clinically well-led services. The updated supervision recording documentation will enable links to be made to domains within the CPS that will support the supervisee as they discuss their clinical practice and specific learning needs relating to the delivery of patient care.

2a. Purpose of Supervision

The training programme and updated recording documentation are intended to deliver a structure where the OT workforce can provide specific examples of assessment and interventions that evidence knowledge, skills and occupationally focused practice, whilst developing resilience to operate within the pressured Acute setting.

It is intended that supervision sessions will support discussion of specific clinical cases, prioritisation and workload management, learning needs, PDR activities, CPD learning activities, thereby meeting the regulatory and professional requirements for clinical and professional supervision.

Supervision is an ongoing learning activity/environment that supports standards of safe practice. It is intended to provide both support and challenge to enable professional and personal development. The supervision sessions, and accompanying documentation, will provide evidence of what it is to “think, do and be a confident OT” in line with the current Clinical Practice Strategy. OT staff will be required to attend (refresher) training at specified times e.g. on a two or three yearly basis.

3. Types of Supervision

Clinical Supervision	Covers OT *clinical work* or activity. Reviews skills and knowledge required to implement assessments and interventions safely and effectively. Exploration of training needs. Looks at management of specific clinical presentation and diagnosis to support patients to manage their needs. Review of clinical reasoning; review of evidence-based practice; problem-solving skills; emotional impact of specific cases; review of clinical outcomes and evaluation; identification and review of safeguarding issues; review of mental capacity legislation and processes in relation to assessment

	and interventions; review of delegated activities and outcomes. Reviews of MDT working and lessons learned for future patient cases. All of which is intended to increase practice related understanding and knowledge to benefit patient outcomes.
Professional Supervision	Covers activity and work specifically relating *to performing the role of* a qualified/non-qualified OT. Likely to refer to the review of professional standards; keeping up to date with professional developments; HCPC standards and codes; CPD activity; PDR activity; education and training opportunities; career development e.g. apprenticeship or return to practice opportunities. It may involve supporting colleagues recruited from abroad re: practice and cultural differences. It may explore team dynamics and interpersonal working relationships that sometimes need to be addressed within depts to ensure quality of team work. *This type of supervision to be delivered by a very experienced OT familiar with RCOT/HCPC/CQC and professional requirements.*
Organisational and (Line) Management Supervision	Covers elements of work relating to the *organisation and management* of specific OT teams and the wider OT service. May also include supporting the delivery of Trust objectives. Likely to cover safe working practices and compliance with training; governance procedures; compliance with policies and procedures; induction processes; audits; annual leave and its links to wellbeing; mandatory training; monitoring of workload; monitoring of specific competencies. *Topics such as sickness management; attendance; performance management are likely to be dealt with in specific meetings outside of supervision, following specific HR processes.*

4. Standards for Delivery of Supervision Sessions

4.1 Frequency

The Occupational Therapy service intends to deliver a “gold standard” to be applied to our service regarding frequency of supervision. The OT Senior Leadership Group has determined that supervision should be offered **a minimum of 1.5 hours every 6 weeks** to reflect upon and review practice. This is to be protected time and should rarely be cancelled (see safer staffing guidelines).

It is acknowledged that Clinical/Professional supervision and Operational/Managerial supervision may be given by the same supervisor during the same session. The structure of supervision will focus on clinical and professional issues for the first 45 minutes to 1 hour. This will be followed by a short break and then any managerial supervision that is required will commence.

Where it becomes clear that a member of OT staff (the supervisee) is not receiving supervision as outlined above, the staff member should notify their immediate (next-in-line) senior OT/Band7/8A to resolve the issue, after they have attempted to address the situation directly with their supervisor verbally and via email.

If the supervisor becomes aware of repeated episodes of supervision being cancelled or missed, they should raise it directly with the supervisee in the first instance verbally and via email. Failure to resolve the situation should be raised with the Team Lead or relevant 8A at the earliest opportunity so that support can be offered to resolve the issue.

4.2 Clinical & Professional Supervision vs Managerial Supervision

Whilst the supervision session may need to move into the discussion of managerial based topics e.g. sickness and absence/performance issues/use of annual leave to support wellbeing /quality improvement, it is intended that **there be a very clear divide or 5 min break** between the Clinical/Professional supervision element and the Managerial supervision. This should be clearly signalled in the meeting as moving from one phase to the next.

A **separate** managerial supervision record will be created by the supervisor. It may be more effective to have a managerial session held at a different time, but it is acknowledged that this is not always possible due to clinical and other time restraints. Hence clear signals to demarcate the two will be needed to ensure clarity for both parties.

Where there are clear issues which are reliant upon HR policies and procedures, it is strongly advised that specific meetings are set up for these and recorded as per the relevant policies.

During managerial supervision the supervisor and supervisee can both take notes, but it is intended that the supervisor will maintain the electronic record for managerial supervision. This record will be shared with the supervisee after the session so the actions and comments can be agreed as a true record. Once agreed, the record will be placed in the staff member’s electronic file, securely held by the OT secretary. The supervisee can keep a copy of this record in their own files.

4.3 Creating a Supervision Contract

The Occupational Therapy service has a supervision contract proforma, which should be completed in the first session between the supervisee and their supervisor. This is particularly relevant for staff who hold rotational posts e.g. Band 5 and Band 6. If speciality teams have reviewed their supervision structure, and a staff member has been allocated a new supervisor it is important for a new supervision contract to be negotiated.

New starters should also develop a supervision contract with their supervisor in the first session. Topics covered in the supervision contract will include frequency of supervision, who records content of supervision, how to resolve issues that may occur if there is a lack of agreement about the supervision record, confidentiality, actions and timescales etc. The supervision contract should be reviewed and updated as required on an annual basis as a minimum for all staff.

4.4 Preparation for Clinical and Professional Supervision

There is a preparation document available for the supervisee to plan for their session. It is advised that the supervisee use this to create an agenda for their supervision, but it is not expected that every prompt section be completed. The intention behind the preparation document is to support the individual to adequately plan and prepare the topics they want to focus on during their supervision. (The supervisor may wish to use the same document as a prompt or reminder of things that they would like to cover in supervision. There is no expectation that this must be done).

4.5 Format of Clinical/Professional Supervision

Supervision sessions are to be carried out away from the OT dept in a suitably private space. It is good practice for the supervisee to take responsibility for booking rooms and notifying the supervisor. This means that they are empowered to keep track of the frequency of their supervision.

It is expected that each session begins with a brief recap of the previous session and any follow-up actions that needed to be carried out. An agenda is then created for the current session, with the supervisee making use of their preparation documents to guide topics for reflection and review. There should be ample opportunity given to discussion of specific clinical cases. (The supervisor may use a written proforma of potential prompt questions introduced in the training sessions if this is agreed with the supervisee).

4.6 Recording of Clinical and Professional Supervision

The OT service has decided that it is important for the supervisee to take responsibility for recording the content of their Clinical/Professional supervision. This is in line with HCPC guidance. It is not intended that highly detailed, verbatim records be created. It is more appropriate that the topics discussed are named along with specific themes, actions and time scales. Themes might be captured from clinical cases discussed and actions recorded re: seeking appropriate training and who is responsible for actions. The supervisee will be expected to complete the electronic supervision record document and submit it to the supervisor for review. It may not be relevant to record content in each box of the document. If agreement is reached about the content being an accurate record both parties will sign-off the document. The agreed signed off version will then be placed in the staff member's electronic file securely held by the OT secretary. The supervisee can keep a copy of this record in their own files.

4.7 Escalation if Supervisor and Supervisee Do Not Agree the Content of Supervision records.

If the supervisor and supervisee have a different recollection/account of the supervision session and its recommendations, and agreement cannot be reached to "sign-off" the documentation, then the Team Lead or relevant 8A OT should be approached to mediate. This disagreement may relate to evidence around performance, professional behaviours, training and development needs or specific action plans. Time may need to be given to resolve the issue. It is hoped that such escalations will be rare.

4.8 Where there is a Breakdown in the Supervision Relationship/Requests for an Alternative Supervisor

If a supervisee believes that they do not have a viable relationship with their supervisor and there is a lack of trust or "connection," then they can approach their Team Lead/8A/OT Manager to discuss a change of supervisor. However, this step should only be taken after the supervisee has reasonably attempted to discuss their concerns with the supervisor and tried to negotiate a resolution. Seeking support or mediation from another suitably experienced therapist may also help to resolve the situation in the first instance. Changes of supervisor should be agreed locally within the team. It may, on rare occasions, be necessary to find a supervisor from within a different OT specialism.

It may also be the case that a supervisor cannot formulate an effective supervisory relationship with the supervisee. This may be resolved in the first instance by sensitively discussing the situation with the supervisee to find a resolution. It would likewise be appropriate to explore ways to improve the supervision experience through mentoring by a more experienced colleague or to consider providing an alternative supervisor to the supervisee as noted above.

There may be occasions when a supervisee does not feel able to discuss a specific issue with their supervisor for a variety of reasons. It would then be appropriate for them to seek an alternative supervisor for that issue with the agreement of a Team Lead/8A/OT Manager. Records of this type of supervision would be required and would be filed in the supervisee's electronic staff record in the usual way.

NB: It should be noted that this situation does not relate to the provision of counselling or intensive emotional support. If this is required, the staff member must be sign-posted to the Trust Wellbeing site and/or Trust counselling services as well as being prompted to contact their GP and/or Occupational Health services.

4.9 Supervision Structure within OT Specialisms

It is for individual teams to establish the supervision structure that works for their staff group. This is likely to be based on the number of band 6's, band 5's and Band 4's in their teams and where the expertise lies to provide the most supportive, developmentally focused supervision. In most cases this is likely to be a structure based on seniority and experience which enables more junior staff to develop skills and expertise through their supervision discussions.

4.10 Band 7 Supervision with the OT Manager

Where there are specialisms that do not have an 8A Clinical Lead to supervise the B7's they will receive their supervision from the OT Manager. In this instance it may be that the supervisee takes responsibility for guiding the supervision from Clinical/Professional topics

into Management/Operational supervision topics using the supervision preparation proforma as a guide. It can be their responsibility to guide the structure of the supervision in this way using relevant skills obtained from the training programme where they have received these.

4.11 Structured Group Peer Supervision for B7's

It may also be an option for those B7's who do not have an 8A Clinical Lead to schedule **group** Clinical/Professional supervision three or four times a year, where they can implement the techniques from the training programme to support one another's clinical and professional development. A supervision record would need to be generated to capture overall themes and actions etc. Each group member would need to agree the content and sign it off, before it was filed in their electronic personal records. Managerial/Operational supervision would then be continued with the OT Manager on a one-one basis.

4.12 Confidentiality

It is important to state that confidentiality is a key component to effective supervision – Clinical and Managerial. Confidentiality will be maintained **except where** basic information may need to be shared with a 3rd party e.g. Team Lead or OT Manager to facilitate safe practice and accountability of actions. In these circumstances supervisors will share only the required information and be respectful of personal privacy and dignity. It is important that both supervisor and supervisee are clear about what elements of a supervision discussion would require there to be a breach of confidentiality (e.g. safeguarding, personal wellbeing, breach of professional conduct, unsafe practice etc) and if disclosure is required both are fully aware of this.

Good record-keeping (Clinical and Managerial) are key tools to support supervisor and supervisee in these circumstances i.e. what action needs to be taken, by when and why.

4.13 Delegated Activity

Clinical and professional supervision sessions can be used to enable more junior qualified staff to understand their responsibilities when delegating specific tasks e.g. initial information gathering, initial assessments, assessments of transfers and equipment fitting to an OT Assistant Practitioner (OTAP).

When delegating tasks to a non-qualified member of the OT service the delegating Occupational Therapist must ensure that the non-qualified OTAP has the skills and training in place to carry out those tasks safely and effectively. They must also give clear instructions so that the activity is fully understood by the OTAP.

The qualified OT also retains responsibility for the delegated task and must ensure that they debrief with the OTAP upon completion of the activity. Supervision sessions can support the newly qualified/junior OT to develop these skills through discussion of clinical cases.

(Occasionally conversations about how tasks were delegated and followed up may take place in the managerial supervision session if there is a "lessons learned" situation based upon an incident or repeated lack of clarity from a qualified OT to OTAPs when delegating tasks.)

5. Tools to Support Supervision

Whilst this document discusses formalised supervision sessions, some of the activities listed below can lead to more adhoc examples of supervision:

- Observation of practice (see Observation of Practice folder in OT Masters for guidance document)
- Notes audit (Sunrise/BOPP)
- Shadowing opportunities
- Review of documentation/reports e.g Community Access visit /Safer Moving and Handling Discharge Summary
- Participation or delivery of in-service training / PETAL sessions
- Involvement in supervision of students
- Use of models and techniques from supervision training sessions
- Reflection “upon action” and “within action”
- Coaching skills
- WAHT training offers on conflict resolution / communication skills etc
- WAHT Manager’s Essential Training programme

6. Monitoring and Audit

OT speciality teams will ensure there is a recording system in place to ensure that teams can accurately report upon compliance with regularity of supervision, adherence to allotted times for supervision and use of correct documentation.

Supervision records can be used for audit purposes during inspections by regulatory bodies so all staff should be aware of this in relation to the quality, accuracy and timeliness of their recording of themes, actions and timelines. This is in line with HCPC guidance.

7. Models of Supervision

There are a variety of supervision models that would be appropriate in the WAHT OT service. Models are useful to structure supervision sessions and enable you to guide your discussions with the supervisee. Below are some examples. Others are noted on RCOT and HCPC websites.

- Driscoll (1994) What? So What? Now What?
- Inskipp and Proctor Functions Model (1993) Formative, Normative, Restorative
- Nicklin Systems Model (1995) Managerial, Supportive, Educational
- Hawkins and Shohet Process Model (2006)
- Hawkins and Mcmahon (2020) Solution Focused

Remember it can be helpful for both the supervisor and supervisee to have a basic understanding of models as this will benefit both partners in the supervision relationship.

8. Skills

Below is a list of supervision skills. It is not exhaustive, but all can be utilised to support an effective supervision experience for both supervisee and supervisor. Information on these skills can be found in supervision textbooks for OT's and health care professionals.

- Setting boundaries and providing a safe space
- Attending and active listening
- Unconditional positive regard
- Empathy
- Acknowledging feelings and thoughts
- Reflecting
- Paraphrasing
- Summarising
- Clarifying statements/questions
- Use of open questions
- Providing feedback – challenging/affirming
- Identifying and challenging unhelpful thinking styles
- Information giving (upon request)
- Problem-solving
- Providing support to evidence skillset, effectiveness as an OT

See below for Appendices

Appendix 1

Individual Clinical/Professional Supervision Contract

What might need to be included in a supervision contract

It may be helpful to consider some of the following before you draw up the contract- remember that a contract can be as broad or specific as you want it to be. It is extremely valuable though as a tool to reflect upon how to structure the supervision and key responsibilities. **It would also be of benefit to you both to read and become familiar with the new OT supervision guideline.**

The following areas have been considered in drawing up the template for the contract presented below.

- How often will you meet, where and for how long?
- What activities will the supervision include e.g. case studies, focus on a specific aspect of clinical practice or a specific OT intervention?
- Who will be responsible for bringing material to the supervision? Does the supervisor also bring things to share that might be valuable?
- How will material be presented- will you have a specific format?
- Does the supervisee want advice around issues?
- What are the confidentiality arrangements for the supervision? Link this with point below:
- How will information be discussed with e.g. team lead etc.?
- How often will supervision be reviewed?
- Will the achievement of professional practice standards be an integral part of supervision or is this to be managed separately?
- How will records of supervision be kept- who will draft them after supervision but remember they must be agreed by both parties?
- Where will records of supervision be kept?

OCCUPATIONAL THERAPY SERVICE

ONE-TO-ONE CLINICAL/PROFESSIONAL SUPERVISION CONTRACT

This contract was drawn up on: Between supervisee and supervisor: Names:
A copy of this contract will be held by both the supervisor and the supervisee and will be reviewed at 12 monthly intervals or as requested by either party. It will also be securely held in the staff member's electronic staff file.

Frequency / Length

- Supervision sessions will be **……held every 4 - 6 weeks……** Future supervision sessions will be timetabled at the end of the current session.

- **…1.5hrs……** will be available for each session. If a supervision session is missed, the supervisor is responsible for arranging a suitable date as soon as possible.

Recording Mechanisms

- The Supervisee will write up the record for clinical/professional supervision.
- The supervisor can create basic notes of the session to ensure accuracy.
- The Supervisor will write up the record for managerial supervision.`
- Both records will be agreed by both supervisor and supervisee, jointly signed and a copy retained by both. These notes will be factual and will constitute "a record of supervision."
- The signed-off document will be forwarded to OT secretary for secure filing in the staff member's electronic record.
- Both parties can create additional personal reflections on supervision topics which will not be regarded as a record of supervision and will be maintained only as personal, reflective CPD evidence.

Confidentiality

- The supervisee and the supervisor are to inform each other of anything that needs to be kept confidential.
- The supervisee accepts that their supervision records will move with them in the event of either them or their supervisor changing posts i.e. be held securely in their electronic personal file and accessible only when required to address specific issues.
- The supervisee accepts that following their departure, their supervision record will be kept in their personnel electronic file.
- The supervisee accepts that discussions and reviews of their performance may be held, when appropriate, with the Team Lead/OT Manager.

Supervisee's Rights

- Is entitled to the supervisor's attention, ideas and guidance.
- To have uninterrupted time in a private venue.
- To receive constructive feedback on their performance.
- To bring items for the agenda regarding their supervision and development needs.
- To be able to ask questions and get helpful answers.
- To expect the supervisor to carry out agreed actions or provide an appropriate explanation for a particular outcome or action, within an agreed time frame.
- To explore his/her/their development/training needs.

- To challenge ideas and guidance in a constructive and respectful way.
- Is entitled to request evidence for any performance concerns and can provide relevant mitigation or evidence from others to support their perspective.
- To have an accurate record of the Management component of supervision recorded by the supervisor.
- To have the opportunity to seek an alternative supervisor for specific issues following discussion with Supervisor/Team Lead/OT Manager, but a record must be maintained and kept in the staff member's electronic personal record.

Supervisee's Responsibilities

- To be proactive and engaged in the supervision process.
- To accept feedback positively.
- To update the supervisor and provide relevant information.
- To prepare for supervision, to create the clinical supervision record, ensure its accuracy and agree the record with the supervisor before signing it off.
- To bring any issues, concerns and problems impacting upon their OT practice.
- To identify development/training needs and engage in agreed CPD/PETAL activities.
- To offer the supervisor feedback on their performance as a supervisor - ensuring this is done with fairness and respect.

Supervisor's Rights

- To be able to sensitively question the supervisee about his/her/their work and performance.
- To be able to raise issues concerning the supervisee's performance and the quality of his/her/their work. Such discussions should be respectful, open and honest, and lead to constructive and supportive methods to improve performance.
- To observe the supervisee's practice and to initiate supportive action if required.
- To be given sufficient information to support and mentor the supervisee's work.
- To receive feedback from the supervisee about their performance as a supervisor – expecting this to be delivered with fairness and respect.
- To be able to discuss any difficult issues with their own supervisor, whilst not breaching any confidentiality, unless this is to avert harm.

Supervisor's Responsibilities • To make sure that supervision sessions happen as agreed. • To give the supervisee fair and constructive feedback on his/her/their work performance. • To ensure that the supervisee is clear about his/her/their role and responsibilities. • To read and sign the electronic supervision record and ensure a copy is placed in the supervisee's electronic personal record, kept securely by OT secretary. • To discuss the agreed standards of practice and determine who will assess these, including reviewing how the supervisee performs against the standards. • To know what the supervisee is doing and how it is being done. • To deal with problems as they impact on the supervisee's performance. • To support the supervisee and the implementation of any agreed personal development plan. • To keep the record of the Management Supervision component of the session and to ensure it is accurate and agreed before signing off. Ensures a copy is placed in the supervisee's electronic personal record, kept securely by OT secretary.
Any other areas to be covered by this contract?

Signed by: .....Date: .....
(Supervisee)

Signed by: ..... Date: .....
(Supervisor)

Worcestershire Acute Hospitals NHS Trust

Appendix 2

Clinical and Professional Supervision Preparation Form

Date of planned supervision session……

This document is intended to provide a structure to support your clinical/professional supervision preparation. It contains prompts that cover clinical, professional and wellbeing topics. (There is no requirement for each area to be covered in every supervision session). Clinical supervision is intended to enable you to reflect upon/review your work. It is led by you, but within your session you should expect elements that provide support and challenge to enhance your practice.

It is intended that the **clinical aspects of your work** will be the main element of your supervision session and that this area will be completed before moving on to the other areas e.g. professional matters. It is best practice to signal that one part of the supervision is concluded before moving on to the next.

Your Current Role: Reflection on Clinical Practice *What has gone well or not so well since your last supervision. Consider…* • Discussion of specific patients (e.g. complexity e.g. intervention & goal-setting issues e.g. evidence base e.g. applying Care Aims principles e.g. possible emotional impact upon you) • Liaising with referrers, co-working with MDT • Developing understanding of evidence base and its use to promote confident practice • Use of reflective practice tools to guide your insights • Requirement for learning opportunities to support clinical skills and knowledge development – formal / informal	**Your Notes and Ideas**
Your Current Role: Developing Yourself and / or Others Professionally *What has gone well or not so well since your last supervision. Consider…* • People management (e.g. supervision of others e.g. training others). • Your understanding of governance processes • Your experiences of carrying out Observed Practice, clinical records audits etc. • Supporting service development work • Clinical Practice Strategy – any activity to support implementing the domains? • Supporting students	

Your CPD Activities and Log *You may wish to consider the following*: • Role Development and Novice to expert Documents. • RCOT Career Development Framework • Training opportunities • Post-graduate study opportunities • Observed Practice/Clinical Record reviews/Professional Behaviour Document • Use of audit tools and activities to support governance processes	

Your PDR – Preparation / Review of Progress • Completed the PDR training? • What kind of goals? e.g. understanding of governance processes clinical skills development… • Review the steps / processes needed to achieve your goals. • Review why objectives may be delayed – amend time scales as needed.	

Is there anything that you would like to link to the **Trust 4ward Behaviours**? Do what we say we will do. No delays every day. We listen, we learn, we lead. Work together, celebrate together. 	

Wellbeing: *Consider how you are feeling.* • Do you have any concerns about your wellbeing? • What have you implemented to help to maintain or improve your wellbeing (either personally or as part of your team)? • Do you have any ideas or plans to help to improve wellbeing for you and your team? • Is there anything your supervisor can do support your wellbeing?	

• Do you require a stress management plan or other tool / action being completed to support your wellbeing? • Awareness of Trust Wellbeing offer	

Any other points you would like to discuss:	

Appendix 3

Occupational Therapy Professional and Clinical Supervision Record Form

Date……

Name of Supervisee…… Name of Supervisor……

Supervision is intended to enable you to reflect upon/review your clinical and professional work. It is led by you, but within your session you should expect elements that provide both support and challenge to enhance your practice. At the start of each session an agenda should be created that covers both clinical and professional aspects of supervision. (There is no requirement for each area outlined below to be covered in every supervision session).

It is intended that the **clinical aspects of your work** will be the main element of your supervision session and that this area will be completed before moving on to the other areas. It is best practice to signal that one part of the supervision is concluded before moving on to the next.

Managerial topics such as sickness, safer staffing, monthly assurance reports are to be discussed ideally in a separate meeting **or** *it is to be clearly signalled that the professional and clinical supervision is complete before moving into managerial supervision*. *Managerial supervision will be written up by the supervisor.*

The Supervisee will write up the clinical/professional supervision record, and its contents should be agreed as a true record by both individuals before it is signed off. The agreed document will be sent to the OT Secretary and stored securely in the OT/OTAP's electronic staff record.

Reflection on Clinical Practice Discussion of specific patients e.g. goal setting; complexity; evidence base; occupationally focused; clinically effective; emotional impact on you. How are you implementing PEO & Care Aims Principles? What reflective tools might you use to support your learning?	**Areas Discussed:-** **Identified Actions and Time Scales:-**

Developing Yourself and / or Others Professionally	**Areas Discussed:-**

Use of Observed Practice Document and development plans; clinical records audits; clinical skills development in self and/or others. Developing your own understanding of governance. Helping others to understand audit and governance. How are you implementing Care Aims and the Clinical Practice Strategy? Supporting students.	**Identified Actions and Time Scales:-**
Your CPD Activities and Log Consider benchmarking self against RCOT Career Development Framework. Use of novice to expert framework? Consider skills development and training courses. Learning opportunities – formal and informal - for yourself and team members.	**Areas Discussed:-** **Identified Actions and Time Scales:-**
Your PDR Goals and Objectives Consider skills development and training to support clinical / professional development. Consider if these activities could support the implementation of the OT Clinical Practice Strategy and implementation of Care Aims Framework	**Areas Discussed:-** **Identified Actions and Time Scales:-**

Is there anything from your discussions that you would like to link to the ***Trust 4ward Behaviours?*** Do what we say we will do. No delays every day. We listen, we learn, we lead. Work together, celebrate together. 	

<u>Wellbeing:</u> Awareness of Trust offer to support wellbeing. Do you have any ideas or plans to help to improve wellbeing for yourself and/or your team?	**Areas Discussed:-** **Identified Actions and Time Scales:-**

Any other issues?	**Areas Discussed:-** **Identified Actions and Time Scales:-**

Supervisee's signature:

Supervisor's signature:

Date:

Appendix 4

OCCUPATIONAL THERAPY

1:1 MANAGERIAL SUPERVISION RECORD

Name of supervisee: **Date:**
Name of Supervisor:

Topics that may be discussed in managerial supervision include….personal or team sickness; team vacancies; safer staffing figures and protocols; monthly assurance reports; contributions to service reviews; contributions to audit work; outcome of datix or incident reporting etc.

This form is to be completed by the Supervisor, shared with the Supervisee and jointly signed off upon agreement of content. It will then be securely stored in the staff member's electronic staff file held by OT admin.

Date	Items discussed	Action Required	When and Who

Appendix 5

hcpc health & care professions council

Key characteristics of effective supervision

www.hcpc-uk.org/supervision

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
All	• Quality of OT clinical documentation evidencing strong assessment and clinical reasoning through participation in robust supervision processes • Improved quality of supervision documentation (preparation preforming and recording docs)	Informal and formal documentation audits	X3 per year per team	Team leads	OT Manager	X3 per year
All	• OT staff able to report improved experience of supervision and the	• Informal and formal opportunities e.g short questionnaires	X2 per year	CPEL OT and Team leads	OT Manager	X2 per year

	impact it has upon their clinical work, professional and personal development	e.g feedback to supervisor within supervision. • Feedback can be captured in annual service reviews via team leads • Feedback can be captured when supervision contract is renewed	Annually Annually			Annual Annual
All	• Emphasis on wellbeing in supervision sessions should enable staff to report that they are feeling supported and more resilient.	• Informal and formal opportunities e.g short questionnaires e.g feedback to supervisor within supervision. • Feedback can be captured in annual service reviews via team leads • Feedback can be captured when supervision contract is renewed	X2 per year Annually Annually	CPEL OT and Team leads	OT Manager	X2 per year Annual Annual
All	• Annual Service quality and performance reviews	Quality auditing	Annual	8A Clinical Leads and Team Leads	OT Manager	Annual

References

[You should include external source documents and other Trust documents that are related to this Policy]

https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/ accessed 19.08.2024

https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/what-our-standards-say/ accessed 19.08.2024

https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/approaching-supervision/key-characteristics-of-effective-supervision/ accessed 19.08.2024

RCOT (2015) Supervision guidance for occupational therapists and their managers

RCOT (2017) Keeping Records: Guidance for occupational therapists Third Edition ISBN 978-1-905944-65-1

RCOT (2021) Professional standards for occupational therapy practice, conduct and ethics

WAHT Supervision and Wellbeing policy

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Charlotte Jack OT Manager
Helen Baldwin Strategic Clinical Lead for frailty
Natalie Morris Strategic Clinical Lead for Medicine
Bev Phillips Strategic Clinical lead for T&O, Elective Orthopaedics and Surgery
Eleanor Wild Clinical OT Site Lead, Alexandra Hospital
Band 7 OT Team Leads

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Therapy Management Team

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Rachel Latham Clinical Practice and Education lead OT**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Rachel Latham	**Clinical Practice and Education lead OT**	**Rachel.latham3@nhs.net**
Date assessment completed	**16.08.2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Occupational Therapy Clinical and Professional Supervision Guideline			
What is the aim, purpose and/or intended outcomes of this Activity?	To improve the quality of supervision within WHAT OT service			
Who will be affected by the development & implementation of this activity?	❑ ❑x ❑x ❑	Service User Patient Carers Visitors	❑x ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑x Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	HCPC website RCOT website Chief AHP's Strategy for England 2022-2027 RCOT Supervision Guidance 2015 HCPC standards of proficiency WAHT Supervision and Wellbeing Policy Occupational Therapy Dept Service Reviews 2022-2023
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not engaged with public or patients as supervision processes are already embedded into our OT practice following our regulatory and professional guidelines. This is not about introducing a new innovation, but it is an introduction of specific training and a review of current processes resulting in the development of new guidance.
Summary of relevant findings	See above

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X			Supervision is an environment for OT professionals and non-qualified OT staff to review their clinical and professional practice alongside their personal development. Any of the characteristics in this grid can come up in supervision discussion, either from a patient's needs perspective or to support a staff member's physical and mental wellbeing. It is hoped that the ability to address such topics in supervision can only add to a positive impact on staff insights and understanding to support the wider community that we serve.
Disability	x			See above
Gender Reassignment	X			See above
Marriage & Civil Partnerships		x		See above

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity	X			See above
Race including Traveling Communities	X			See above
Religion & Belief	X			See above
Sex	X			See above
Sexual Orientation	x			See above
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	x			See above
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			See above

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	**N/A**	**N/A**	**N/A**
How will you monitor these actions?	**Through any audits of supervision records and structures**			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Every 2 years**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Rachel Latham
Date signed	16.08.2024
Comments:	
Signature of person the Leader Person for this activity	Rachel latham
Date signed	16.08.2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.