Southern Health and Social Care Trust

Policy Checklist

Name of Policy:	**Nursing Supervision Policy**
Purpose of Policy:	**To ensure that a culture of nursing supervision is embedded in the Southern HSC Trust and that the processes through which supervision is carried out are integral to the organisational arrangements for the delivery of safe and effective care.**
Directorate responsible for Policy	**Executive Director of Nursing**
Name & Title of Author:	**Regional Nursing Supervision Policy Forum**
Does this meet criteria of a Policy?	**Yes**
Staff side consultation?	Yes/No/Not Applicable **No**
Equality Screened by:	**Yes**
Date Policy submitted to RM&PC:	**July 2008**
Members of RM&PC in Attendance: S Hanna, C Graham, R Toner, D McKevitt, M Austin, F McConnell, J Mc Conville, P.Trainor.	
Policy Approved/Rejected/ Amended	Approved
Communication Plan required?	Yes/no/not applicable
Training Plan required?	Yes/no/not applicable
Implementation Plan required?	Yes/no/not applicable
Any other comments:	
Date presented to SMT	30 July/6 August 2008
Director Responsible	Mr F Rice
SMT Approved/Rejected/Amended	30th July 2008 –amendments required, see below. 6th August 2008 – approved subject to amendment to paragraph 6.2
SMT Comments	30th July – amendment required to paragraph 6.2 and inclusion of paragraph on role of Directors 6th August – amendment required to paragraph 6.2
Date returned to Directorate Lead for implementation (Board Secretary)	18th August 2008
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Date for further review	2 year default

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<tr><td colspan="2" align="center">POLICY DOCUMENT – VERSION CONTROL SHEET</td></tr>
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<tr><td>Supersedes</td><td>Supersedes: all other Nursing / Health Visiting Supervision Policies developed and in place in the legacy Trusts.

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Circulation List:

Nursing Supervision Policy

April 2008

Contents

1.0 Introduction

The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review (2003)[1], Murtagh Review (2005)[2] and McCleery Report (2006)[3]. The Quality Standards for Health and Social Care (DHSSPS 2006)[4] recommend that an effective system for supervision across H&SC can help organisations meet each of the clinical and social care governance standards.

1.1 Supervision processes have also been recognised as a method of improving organisational recruitment and retention of nursing staff and already have an established association with job satisfaction, increased autonomy and reduced absenteeism[5].

1.2 This policy and the attached guidance document has been produced to support the implementation, continuing development and maintenance of a robust system of supervision for nursing staff who work within the Southern Health and Social Care Trust.

1.3 In July 2007 the Chief Nursing Officer for Northern Ireland published *Standards for Supervision for Nursing*[6]. A Supervision Regional Forum began work in October 2007 to give direction and support to the implementation of the two standards. The aim of this work was to inform a standardised approach in Northern Ireland to organisational policy, recording, documentation, learning and development activities and evaluation processes supporting supervision activity in nursing. This policy will therefore be similar to those in other Health and Social Care Trusts in Northern Ireland.

1.4 The Supervision Regional Forum was afforded the opportunity to revise the standards subsequent to the work of the project. The revised standard statements are:

Standard Statement 1

Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

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[1] Lewis, RJ, Cole, D, Williamson, A (2003). Review of Health and Social Services in the case of David and Samuel Briggs. Belfast, DHSSPS.

[2] Regional Quality Improvement Authority (2005). Review of the lessons arising from the death of the Late Janine Murtagh, Belfast, RQIA.

[3] McCleery Inquiry Panel (2006). Executive summary and recommendations from the report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board. Belfast, DHSSPS.

[4] Department of Health, Social Services and Public Safety (2006). *The Quality Standards for Health and Social Care*. Belfast, DHSSPS.

[5] Hyrkäs, K., Appelqvist-Schmidlechner, K. and Haataja, R. (2006). Efficacy of clinical supervision: Influence on job satisfaction, burnout and quality of care. *Journal of Advanced Nursing*. 55(4), 521-535.

[6] Chief Nursing Officer for Northern Ireland (2007) *Standards for Supervision for Nursing*. Belfast, DHSSPS.

Standard Statement 2

An organisational framework supporting effective leadership and performance management will ensure that supervision will become an effective tool to improve the safety and quality of care.

2.0 *Aim of the policy*

This policy identifies supervision in nursing as a key organisational objective for all Health and Social Care (HSC) Trusts in Northern Ireland. The aim of this policy is to ensure that a culture of nursing supervision is embedded in the Southern HSC Trust and that the processes through which supervision is carried out are integral to the organisational arrangements for the delivery of safe and effective care in the Southern HSC Trust.

2.1 The implementation of an effective system of supervision for nursing will help ensure: -

- The promotion and maintenance of nursing care standards;
- A competent and skilled workforce
- Delivery of safe and effective care; and
- A supportive professional environment for nursing staff.

2.2 Senior management teams in Southern HSC Trust will ensure that appropriate measures are in place to enable supervision activities for both clinical and non-clinical teams.

2.3 The main purpose of nursing supervision is to support: -

- The development of knowledge and skills within a role or clinical area, the focus being safe and effective practice and benefit to patient care;
- Nurses in non-clinical roles through providing an opportunity to discuss issues pertinent to the delivery of safe and effective care and / or professional issues;
- Nurses through difficult circumstances such as challenging patient caseloads or difficult interpersonal contact with other team members; and
- The development of competence, knowledge and skills through facilitation of personal and professional growth.

3.0 *Policy Statement*

The Southern HSC Trust acknowledges the importance of Nursing Supervision in ensuring the delivery of safe and effective nursing care and the essential role it plays in protecting the public.

The Trust will ensure that all nurses employed by the Trust are able to avail of a minimum of two supervision sessions per year. The Trust will facilitate this by ensuring that there are effective systems in place to support supervision processes including ensuring that all supervisors have the appropriate knowledge and skills to competently undertake this role.

4.0 Definition and Scope of the Policy

The Department of Health, Social Services and Public Safety (DHSSPS) adopted the following definition of supervision for nursing following *The Review of Clinical Supervision for Nursing in the HPSS* undertaken by NIPEC in 2006:

'Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety', NIPEC 2006[7].

4.1 Southern HSC Trust intends that each registered nurse will undertake a minimum of two formal supervision sessions per year. Registrants are likely to engage in other activities which could also support the supervision process. The Regional Forum acknowledged that a variety of diverse approaches and activities could be employed in implementing supervision.

4.2 It should be noted that the scope of Safeguarding Children supervision differs from supervision referred to in this policy. Safeguarding Children is separate from, but complimentary to, other forms of supervision. Safeguarding children supervision provides specialist professional advice, case management and support to staff in their safeguarding children. This includes children in need of protection; children in need; looked after children and families of concern. The Safeguarding Children Supervision process includes the assessment of staff performance, professional development in relation to safeguarding children and families and quality assurance of practice to ensure compliance with best practice guidelines.

Further information is available from the DHSSPS *Safeguarding Children Supervision policy for Nurses (2008).*

5.0 Supervision and Appraisal

It is important that supervisors and supervisees in the Southern HSC Trust recognise and differentiate supervision activity from other processes such as appraisal. Whilst supervision activity informs and is informed by the Agenda for Change Knowledge and Skills Framework annual review process, neither activity should be substituted for the other, each activity having a different purpose.

6.0 Responsibilities

In the Southern HSC Trust there are key individuals in posts with responsibility for ensuring nursing supervision is implemented. They are: -

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[7] Northern Ireland Practice and Education Council (2007) The Review of Clinical Supervision for Nursing in the HPSS 2006 on Behalf of the DHSSPS. Belfast, NIPEC.

6.1 **Chief Executive**

The Chief Executive of the Southern HSC Trust accepts responsibility and accountability for quality service provision at Trust Board level which includes systems, such as supervision in nursing, which support clinical and social care governance.

6.2 **Executive Director of Nursing**

The Executive Director of Nursing in conjunction with the Operational Directors in the Southern HSC Trust is accountable to the Chief Executive for the implementation and maintenance of supervision in nursing. The Executive Director of Nursing presents the Trust report to both the Trust Board and the Chief Nursing officer for Northern Ireland on an annual basis. In addition, s/he may act as a supervisor for Assistant Directors and other senior professional roles when appropriate.

6.3 **Directors**

All Directors have responsibility for ensuring that arrangements are in place within their directorate to evidence compliance with this policy and that resources are available to support nursing supervision, monitoring and reporting processes.

6.4 **Assistant Director of Nursing Governance**

The Assistant Director of Nursing Governance has responsibility to co-ordinate, facilitate, evaluate and maintain a system of supervision in the nursing workforce. S/he is accountable to the Executive Director of Nursing and for presenting information relevant to the quantity and quality of Southern HSC Trust supervision activity in governance reports or accountability reviews.

6.5 **Operational Assistant Directors**

Operational Assistant Directors have responsibility to co-ordinate and facilitate implementation and maintenance of supervision for nurses within their individual directorates. They are responsible for agreeing the models of supervision to be employed with the division / directorate and must ensure appropriate resources are in place to enable nurses to undertake at least two formalised sessions of supervision annually. They are responsible for monitoring the ongoing level of supervision activity within individual directorates and will facilitate the Assistant Director of Nursing Governance in collation of reports.

6.6 **Heads of Services / Nurse Managers**

Heads of Services / Nurse Managers have a responsibility to promote, co-ordinate and facilitate implementation and maintenance of supervision for nurses within their individual directorates/divisions. They are accountable to the Operational

Assistant Director and can act as supervisors for ward managers and team leaders within their own directorate/division, see Appendix 1 – Guidance on Nursing Supervision.

6.7 Ward Managers / Team Leaders

Ward Managers / Team Leaders have a responsibility to role-model and facilitate implementation and maintenance of supervision for nurses within their staff teams. They are accountable to the Heads of Services and must submit the quarterly Sessional Collation returns received from supervisors within their team. They can act as supervisors for other members of staff, either within or outside their own team.

6.8 Supervisors

Supervisors have a responsibility to maintain and develop their own skills and competencies relative to supervision activity, contributing to the models of learning and to the approaches used. They must seek and undertake supervision themselves, maintaining records for both their personal supervision and professional supervision of others. They must provide at least two formal sessions of supervision annually for each supervisee, whether group or individual. They must adhere to ground rules identified and conduct supervision sessions within the principles and process identified in these procedures. They are accountable to their line managers for this activity.

6.9 Supervisees

Supervisees have a responsibility to engage fully in the nursing supervision process, adhering to identified ground rules. They have a responsibility to prepare for, and participate in, a minimum of two formal supervision sessions per year, keeping accurate records of relevant actions. Activities undertaken between sessions should be used to inform formal supervision sessions. They are accountable to their line manager to engage in a minimum of two formal supervision sessions annually.

7.0 Legislative Compliance, Relevant Policies, Procedures

This policy should be read in conjunction with the: -
- Southern HSC Trust Supervision Policy 2008 and
- Southern HSC Trust Child Protection Supervision Policy for Nurses and Midwives Draft 1 February 2008.

8.0 Equality and Human Rights Considerations

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

9.0   Further Information

DHSSPS *Safeguarding Children Supervision policy for Nurses (2008).*

Guidance on Nursing Supervision

April 2008

Contents

1.0   Purpose of Nursing Supervision

The main purpose of nursing supervision is to support: -

- The development of knowledge and skills within a role or clinical area, the focus being safe and effective practice and benefit to patient care;
- Nurses in non-clinical roles through providing an opportunity to discuss issues pertinent to the delivery of safe and effective care and / or professional issues;
- Nurses through difficult circumstances such as challenging patient caseloads or difficult interpersonal contact with other team members; and
- The development of competence, knowledge and skills through facilitation of personal and professional growth.

2.0   Supervision Processes

2.1   Training

The skills and competence of a supervisor is crucial to the effective supervision of nurses. The skills required for supervision will build on existing communication and facilitation abilities learned through initial training, post-registration professional development and experiential learning.

2.2   Frequency of supervision

Formalised supervision sessions for nursing staff should take place at least twice per year. Other activities nurses engage in throughout the year may impact on the process of supervision. Registered nurses should reflect on their own practices as they engage in ongoing learning and development activities in their working environment. This experience should be used to inform the supervision sessions. Nurses can access guidance on reflection and keeping a portfolio with corresponding templates at www.nipedf.org which can assist with this process.

2.3   Preparation for supervision

In order to benefit from supervision, nurses should prepare appropriately. Preparation will include reflection on, and agreeing to, the Ground Rules for the supervision session, see Appendix B. Preparation will also include a review of any previous supervision session and action plan and reflection on the learning activities that have been undertaken between sessions. A Supervision Preparation template to help structure this process can be found at Appendix C. General information and guidance on nursing supervision is available in the Southern Trust's *'Nursing Supervision Information Leaflet - Frequently Asked Questions'.*

2.4   Issues of concern

Where an issue of unsafe, unethical or illegal practice is identified, it should be dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information.

2.5 **Use of Patient/Client Records**

If necessary, patient/client records may be used for the purposes of supervision activity. The NMC[8] states that where this happens, principles of access and confidentiality apply, namely: -

- Patients'/clients' health records should only be accessed where necessary;
- The patient/client reserves the right to refuse access to, or limit the information from, his/her records; this should be respected; and
- The Southern HSC Trust Records Management Policy and associate procedures should be adhered to.

3.0 **Recording Supervision**

It is essential that written notes of individual sessions are taken, remain confidential and record clearly any agreed actions. Individual sessional notes are the responsibility of the supervisee. The supervisor should, however, keep brief notes and maintain quarterly Sessional Record information which is submitted to the ward manager, team leader, or appropriate line manager. Copies of the Record of Supervision form can be found in Appendix D.

3.1 Each formalised supervision session must have a written record signed by both supervisor and supervisee(s). The Nursing and Midwifery Council (NMC) *Record Keeping Guidance 2007* states that organisations employing professional staff who make such records are the legal owners of those records.

3.2 *Storage of Records*

The Southern HSC Trust has its own policy for the safe storage of records, however, each registrant should be mindful of his/her professional accountability with regard to the principle of confidentiality of information. Nurses must, therefore, take responsibility for making sure that the system used is managed in such a way that it is appropriately protected to ensure the security of confidential information.

4.0 **Monitoring and Evaluation**

Monitoring and evaluation of supervision activity are essential to ensure that resources required for professional supervision within an organisation can be justified. It is also necessary to monitor the benefit to individual registrants, since the quality of supervision activities can influence effectiveness.

4.1 At an organisational level monitoring will take place in governance reports or accountability reviews. The quantity and quality of supervision activity may be included in the Southern HSC Trust performance indicators for the nursing workforce.

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[8] Nursing and Midwifery Council (2007) *NMC Record Keeping Guidance.* London, NMC.

4.2   Individual supervisors must record quarterly the number of sessions they engage in and make these returns available to line managers for collation. This information will, in turn, be collated by directorate managers and communicated to the Assistant Director Nursing Governance who is responsible for monitoring nursing supervision within the Trust.

4.3   The Southern HSC Trust may seek qualitative information periodically from individual registrants to assist in the ongoing evaluation of supervision processes.

4.4   The Southern HSC Trust will be audit this policy every two years and make appropriate changes where necessary.

Range of Supportive Activities

A range of activities can support supervision in the nursing workforce. Whichever activity is used each registrant must ensure he/she has the appropriate skills and competencies required to engage in the activity.

Nurses should use the many learning opportunities within their work environments to reflect on their own practice. These *informal* experiences can be used to inform *formal* supervision sessions.

When an informal opportunity arises during the course of any given working day, it can be difficult to find time to document the learning experiences. www.nipecdf.org contains a learning and development log template which can be used for recording informal experiences, providing a quick method of capturing the lived learning nurses engage in on a daily basis. To make a quick record of learning activities go to: http://www.nipecdf.org/portfolio/learn.asp

Examples of activities which support supervision can be found in Table 1. below

Many activities inform supervision processes; it should, therefore, be noted that this is not a definitive list of activities, merely examples to guide professional teams. For definitions and access to a list of other activities which may be useful go to: http://www.nipecdf.org/learn/actList.asp

Range of Supportive Activities

Reflective Practice

Reflective practice is the process of thinking about your own practice and that of others in a structured way; this leads to new and better ways of working and helps you develop new levels of knowledge and competence. You will learn to think critically about your practice and about what you need to do to improve it and the care you provide. Reflection allows you to describe your experience, think about it, and evaluate the outcomes. This should help you to have new understandings and insights. Reflection is what turns experience into meaningful learning, making sense of the world around you, and building on what is happening. You may also find it helpful to use one of the many reflective tools that have been developed.

Work-Based Learning

A work-based learning programme is provided by an education institution, using a negotiated, project-led approach; this is managed by you and provides the best opportunities for learning and professional development in the workplace. Work-based learning acknowledges that everyone learns in different ways. It gives you control over how and when you learn and takes learning out of the classroom into the workplace. The learning is gained through work-related projects. Work-based learning opens your eyes to the fact that you can learn from anything. Work-based learning in multi-professional teams, making full use of modern technology, can produce benefits to you, the organisation and the profession. Successful completion of the programme will provide you with accredited learning and lead to an academic qualification. It is concerned with helping you to bridge the practice/theory gap.

Post Incident Review

This happens when an incident has occurred in the workplace that has caused you and/or other members of the healthcare team a level of distress. The incident has usually resulted in a miss or near-miss, where there has or could have been damage to a patient or client. A post-incident review involves the reviewing of specific incidents, either individually or as a team, within a setting that provides emotional support to each person. The incident is analysed with your involvement and the involvement of all team members, using reflection, self-evaluation and/or facilitated learning to establish how the incident happened and how it could be avoided in the future. If you are involved in a post-incident review, it should result in good support from your team members and outcomes and actions for yourself and the team, with possible organisational implications. The final outcome must provide a clear description of risk factors and required action. You should also use the review process to identify personal action plans and required development. This is a learning event for all involved, with the objective of learning to improve practice.

Learning Sets

The term refers to a group of people who meet regularly to work and learn together, using a structured format. The learning set can comprise of uni- or multi-professional groups and the focus is on self-directed learning; the participants decide the particular issues to be addressed. This provides you with a confidential forum in which to test issues that concern you, discuss new ideas and help you and the others to challenge working practices in new and creative ways. It is important to set ground rules to deal with issues such as confidentiality. Each member of the group is facilitated and supported by the others in the solving of issues and problems.

Critical Incident Review

A critical incident is a significant event or experience that has occurred in your workplace and that you feel has had an impact on you or the people you work with. This could be negative or positive; it could be a personal experience or it could result from observing how other people work. You need to examine the incident through a process of reflection, using an evidence-based approach, to identify lessons to be learned. This could also take place with a group of practitioners working together. This should result in new learning for you and/or the group you are working with and result in a short action plan to bring about improvement in practice.

Group Supervision

This is a valuable learning activity as it helps to develop critical thinking and collaborative working and brings about improvements in nursing practice. Group Supervision needs to be set up within a structured format to ensure that nurses have the required skills and are supported by experienced colleagues.

Supervised Practice for Competency Development

This is a negotiated period of supervised practice, with agreed learning and competency outcomes and may be provided for you if you require to develop specific, identified competencies. It is also likely to be arranged for you if you have poor or failing clinical competence in an area of practice. This is a period of practice where you are supervised and monitored by an experienced practitioner. The length of the supervised practice and the required outcome are set before the exercise begins. You are required to work closely with your supervisor throughout the entire period of practice. You will also be assessed at the end of the supervised practice to demonstrate that you have the necessary knowledge and competence.

Preceptorship / Mentoring

A mentor is someone who has skills of working with individuals who can provide guidance and support to help you achieve your potential. Your mentor may not be from your own field of practice but should be a person with mentoring experience. Mentoring is achieved through a process of relationship building between yourself and your mentor and takes place over a period of time. The purpose of the mentoring process is to enable you to recognise your own skills and capabilities and maximise the development opportunities available to you.

Opportunistic Experiences

Often in the course of a working day there is the opportunity to learn from other people or situations in which you might find yourself participating. These experiences are not planned but provide us with a rich learning ground.
Examples of these could be: a medicine round where you learn about a new drug regimen; a community patient visit with a tissue viability nurse; discussing the difficulties a palliative patient in your care is experiencing with a colleague; supporting a colleague who has experienced challenging behaviour from a client. All of these situations provide learning which we often reflect on without recording. It is important to make a brief note of the learning provided by these experiences as it can inform other more formal processes in the future.

Table 1. Range of activities to support supervision

GROUND RULES for 1:1 SUPERVISION

Prior to supervision session the SUPERVISEE will have: -

- Read all relevant/associated policies, procedures and guidance
- Prepared for the session and will have considered and identified practice areas for open discussion
- Undertaken relevant action(s) as agreed at previous supervision session(s)

During each supervision session both **SUPERVISOR** and **SUPERVISEE** will: -

- Maintain mutual respect
- Have an attitude of open learning
- Maintain strict confidentiality
- Be open to constructive feedback
- Engage in reflective practice
- Deal appropriately with areas of disagreement according to the ground rules
- Ensure that identified unsafe, unethical or illegal practice is dealt with supportively via appropriate procedures.
- All parties must be informed of the intention to disclose, before revealing confidential information
- Explore the supervisee's expectations appropriately using appropriate knowledge, skills and experience

At the end of the supervision session both **SUPERVISOR** and **SUPERVISEE** will: -

- Agree a suitable time and venue for the next session

After the session the **SUPERVISEE** will: -

- Engage in learning and development activities that will inform subsequent supervision sessions
- Record and reflect on significant activities using a portfolio approach
- Evaluate the perceived benefit of the session
- Maintain and store records in line with Trust policy

After the session the **SUPERVISOR** will: -

- Complete the Trust's Sessional form(s)
- Maintain and store records in line with Trust policy
- Provide the supervisee with a copy of the session if not already provided
- Evaluating the perceived benefit of the session to the supervisee

GROUND RULES for GROUP SUPERVISION

Prior to supervision session the SUPERVISEES will have: -

- Read all relevant/associated policies, procedures and guidance
- Prepared for the session and will have considered and identified practice areas for open discussion
- Undertaken relevant action(s) as agreed at previous supervision session(s)

During each supervision session both **SUPERVISOR** and **SUPERVISEES** will: -

- Be sensitive to the needs of individuals and the overall dynamics within the group
- Maintain strict confidentiality by not disclosing or discussing information provided by any other members of a group
- Be supportive of other members of the group
- Listen to and allow other members of the group to speak.
- Maintain mutual respect
- Have an attitude of open learning
- Be open to constructive feedback
- Engage in reflective practice
- Deal appropriately with areas of disagreement according to the ground rules
- Ensure that identified unsafe, unethical or illegal practice is dealt with supportively via appropriate procedures
- All parties must be informed of the intention to disclose, before revealing confidential information.
- Explore the supervisee's expectations appropriately using appropriate knowledge, skills and experience

At the end of the supervision session both **SUPERVISOR** and **SUPERVISEES** will: -

- Agree a suitable time and venue for the next session

After the session the **SUPERVISEES** will: -

- Engage in learning and development activities that will inform subsequent supervision sessions
- Record and reflect on significant activities using a portfolio approach
- Evaluate the perceived benefit of the session
- Maintain and store records in line with Trust policy

After the session the **SUPERVISOR** will: -

- Complete the Trust's Sessional form(s)
- Maintain and store records in line with Trust policy
- Provide the supervisees with a copy of the session if not already provided
- Evaluating the perceived benefit of the session to the supervisees

PREPARATION FOR SUPERVISION

Name
_____

Date ____/____/____ Venue _____ Time from ____ to ____

Agreed actions from previous session	**Progress on action points**

Reflection on Learning from Previous Session

Issues to be brought forward and discussed at next meeting

RECORD of 1:1 SUPERVISION

Date _____/_____/_____ Venue _____ Time from _____ to _____

SUPERVISEE
PRINT NAME:
SIGNATURE:

SUPERVISOR
PRINT NAME
SIGNATURE

Review of Action Points from Previous Supervision Session

Issues / Topics for Discussion

Key Points from Discussion

Agreed Action Plan for Supervisee	
Actions	**Timescale**

Agreed Action Plan for Supervisor (if applicable)	
Actions	**Timescale**

If a significant issue requires onward reporting, record below outline of issues for onward reporting, to whom and when it will be reported.		
Issue	**Report to**	**Timescale**

Issues / areas of disagreement	

Date and Time of Next Session			
Date		**Time**	

Session Evaluation

Copy to supervisee ☐   **Date** ____/____/____

RECORD of GROUP SUPERVISION

Date _____/_____/_____ Venue _____ Time from _____ to _____

SUPERVISEES	SIGNATURE
SUPERVISOR(S)	**SIGNATURE**

Review of Action Points from Previous Supervision Session
Topic / Issue for Discussion

Agreed Action Plan for Supervisees	
Actions	**Timescale**

Agreed Action Plan for Supervisor (if applicable)	
Actions	**Timescale**

If a significant issue requires onward reporting, record below outline of issues for onward reporting, to whom and when it will be reported.

Issue	Report to	Timescale

Issues / areas of disagreement

Date and Time of Next Session			
Date		**Time**	

Session Evaluation

Copy to all supervisees ☐   Date _____/_____/_____