

HSE HR Circular 002/2015

13th February 2015

**To: Each Member of the Directorate and Leadership Team HSE
Each Hospital Group CEO
Each Chief Officer, CHO
Each Assistant National Director, HR**

From: Ian Tegerdine, Interim National Director of Human Resources

Date: 13th February 2015

Re: Supervision Guidelines for Health and Social Care Professionals

Dear Colleagues,

Please find attached a HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals for onward circulation and implementation across the Health and Social Care Professions.

The impetus for creation of this document came from both issues arising around support for supervision from the professions and through dialogue with professions in the context of development and implementation of the performance management system.

The document was created by a subgroup of the Health and Social Care Professions Education and Development Advisory Group which included representation from HR performance management, HSCP Education and Development and the professions.

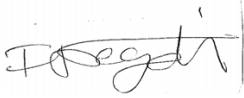
The document has been for consultation across the professions with feedback and modifications incorporated. Because of the diversity of professions, history, structures, practices and work settings the document is intended to provide a framework that would be supportive and flexible enough to allow for appropriate development.

The guidance has deliberately avoided being prescriptive in terms of procedure or model as it is not believed that 'one size will fit all' in this instance. Ultimately the intention is that a supervision process within the HSCP in the HSE should serve to strengthen the quality of care and also staff engagement with the goal of improving and maintaining safe, quality, effective and efficient care for service users.

Now that this guidance document is in place, I hope that you will circulate to relevant managers and HSCP in your area and support and encourage implementation of appropriate professional supervision.

If you have any queries in relation to this guidance document should be referred to HSCP Education and Development for the attention of Jackie Reed who may be contacted at jackie.reed@hse.ie

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ian Tegerdine', is written over a horizontal line.

Ian Tegerdine
National Director of Human Resources

Encl.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



***HSE/Public Health Sector Guidance Document on
Supervision for Health and Social Care Professionals;
Improving Performance and Supporting Employees***

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Draft HSE/Public Health Sector guidance document on supervision for Health and Social care Professionals; Improving Performance and Supporting Employees

“Supervision is critical to quality of service delivery and the experience of users”

Supervision’s overriding priority is to promote and protect the interests of service users”

Morrison 2005

1.0 Introduction to this policy

It was decided following consultation with the health and social care professions to establish a group to develop a health service policy on supervision for health and social care professions; and to consider and make recommendations in relation to the training needs arising from implementation of the supervision process across the professions.

This is a HSE employer policy aimed at all qualified HSCPs working within the HSE remit, at all stages of their career progression – the central aim of which is to support employees in delivering a quality, client focused service.

This HR policy is intended to complement the overall performance management framework in the HSE.

This is the first HSE HR policy on supervision. It is developed in recognition that supervision while long a part of professional working in some professions is growing both nationally and internationally, as a recognised, essential part of professional working life for an increasing number of the health and social care professions. Many professional bodies now have policy and guidance documents about supervision requirements in place. This HSE policy is intended to be an overarching policy that outlines the general principles that apply to supervision – it is not attempting to offer procedural guidelines or detail on how the policy should be applied because of the diversity of professions and practice in this area and the wide variety of working contexts.

It is intended to be a generic policy that is not prescriptive but rather supportive of ensuring that health and social care professionals have access to appropriate regular engagement and support with their line manager or appropriate other supervisor with the ultimate aim of delivering safe, quality services. It is intended that practices within the HSE will be based on and build on what the professions already have in place – professions will look to their own policies and those of their colleagues for guidance on implementing a policy on supervision.

It is acknowledged that different professions may use different terminology to describe the support provided through supervision to qualified staff to assist them in their work – for the purposes of this document the word supervision will be used through-out.

1.1 Policy statement

Supervision is a workforce development strategy that can contribute to higher quality service outcomes for patients/ service users, improve practitioner skills and inform and consolidate training and development. It contributes to employees having a positive employment experience through which they are appropriately engaged with their job, their team, their profession and their organisation. The supervision engagement also contributes to employee well-being and reduces incidents of burnout.

For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision improves the quality of practice, supports the development of integrated working and ensures continuing professional development. Supervision contributes to the development of a learning culture by promoting an approach that develops the confidence and competence of all involved in the process. It is therefore at the core of individual and group continuing professional development. (Children's Workforce Development Council, Providing effective supervision 2007)

It is a public health sector policy objective that all health and social care professionals should participate in regular, high quality, consistent and effective supervision that is appropriate to their profession, that is aligned with the stated governance standards and which meets the priorities, aims and principles described below. In general the process of supervision should continue throughout the professionals' career.

A sustained engagement in the supervision process will serve the health and social care professionals well as it will identify compliance with statutory and professional ethical guidelines, ensure practitioners work within their scope of practice and meet regulatory requirements and contribute to Continuous Professional Development (CPD). See **4.0**

It is envisaged that this engagement will ensure clarity of roles and responsibilities and create structured opportunities to discuss work, review practice and progress and plan for future development.

2.0 Purpose

This policy has been developed to provide a support, quality assurance, accountability and development mechanism for Health and Social Care Professionals employed in the public health services. The introduction of the supervision policy is part of a process to strengthen employee engagement as a support mechanism for employees, thereby enhancing performance, employee satisfaction, service quality and ultimately service user satisfaction. It is applicable to qualified HSCPs employed in the public health service at all stages of their career progression from entry level through to management. The overall aim is that the policy will support the implementation of supervision in the professions within the HSE. The diversity of professions and the differing histories and approaches to supervision which apply based on the nature of the work, workforce and needs in each case is recognised. This policy therefore sets out to provide a framework for supervision while

allowing for the necessary operational variations in application across professions, roles/grades and service delivery context.

The **aim of supervision** is to ensure the provision of safe, quality service, delivered by employees who are supported, engaged and participate in continuous professional development. The aims of supervision are often described using the four distinct but equally important functions of **Management, Support, Learning / Development and Engagement / Mediation. (Adapted from Morrison)**

➤ **Management**

- to provide a regular, structured, opportunity to discuss work, review practice and progress and plan for future development.
- to hold the professional accountable for performance and practice, to ensure safe, quality, care for service users.
- to improve /ensure service quality, safety and clinical practice
- to provide oversight of the practitioners practice
- to ensure good practice and to challenge and manage poor practice

➤ **Support**

- for the individual in what is a demanding and potentially stressful working environment
- to ensure that health and well-being at work issues are addressed
- to ensure the supervisee meets the health service objectives
- the development of supportive and positive climate for evidence based practice and performance

➤ **Learning and development** of each individual

- to identify their knowledge-base, attitudes, learning style and skills;

- to identify learning needs and the strengths and areas for development; and
- to plan and set targets for ongoing professional development (CPD)
- to develop employees' skills in and capacity for reflective practice

➤ **Engagement/Mediation**

- to ensure healthy engagement with and communication between the practitioners and with the organisation.
- supervision is an important working relationship
- supervision is about feeling and thinking as well as doing
- supervision is part of the intervention process

3.0 Scope of the policy

This policy applies to Health and Social Care Professionals across all grades and all levels of experience. It is envisaged that the operation of the policy would be facilitated by service management and human resources functions.

3.1 Supervision framework

Supervision is acknowledged as a component of professional practice development and is an individual and organisational response to meeting the needs of service users for safe quality care at times of need, (O' Neill 2004). The HSE has considered the many definitions, (see **5.0**) models and functions of supervision, and those currently in use among health and social care professions in the health sector. The appropriateness of the application of these practices by the health and social care professional as dictated by their profession and the professional service characteristics is acknowledged.

Supervision operates alongside many other professional and management practices and processes. While these may over-lap and complement each other, **supervision is not**

- counselling
- formal appraisal
- mentoring or coaching
- consulting
- preceptorship
- an internship process
- formal disciplinary or grievance processes

The supervision dialogue may surface issues that require referral to or initiation of one or more of the above processes; it is the responsibility of the supervisor to ensure these processes are dealt with in a separate forum, notwithstanding the appropriate level of confidentiality surrounding the supervision dialogue.

3.2 Principles and beliefs underpinning the supervision process

- **Service user focused;** Supervision's primary focus must always be on the needs of the service user/client/patient while supporting the professional development of employees.
- **Quality and safety;** Supervision is critical to quality of service delivery and the experience of users
- **Supporting performance¹;** Managing performance in a supportive way, taking account of clinical professionalism and autonomy in the organisational setting with measurement of the patients and staff

¹ Clinical governance principle and descriptor , HSE 2013

experience being central in performance measurement (as set out in the National Charter, 2010).

- **Is accountable:** The practice of supervision is accountable to service users and organisations employing the supervisee. This means that the roles of all parties are explicitly identified, as are the boundaries of these roles
- **Management of risk:** Effective Supervision contributes to the management of risk through the development of high standards of performance and professional practice
- **Maintaining competent staff:** Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare² while identifying and addressing issues of under-performance.
- **Management support:** A culture of supervision is developed and fostered within the organisation. Resources are provided to implement and sustain the process.
- **Individual responsibility:** The individual practitioner is expected to seek and participate in supervision sessions and to engage in reflection on their practice
- **Participation by all health and social care professionals:** Supervision is appropriate and beneficial regardless of an employee's level of experience, their professional background or organisational role. It is as important for a new entrant, as it is for an advanced practitioner and a practitioner with managerial responsibilities.

² HSE QA+I Tool, Theme 6, Workforce, National Standards for Safer Better Healthcare 2012

- **Has clear and balanced purpose:** The functions of supervision; management, development, support and engagement /mediation are each addressed in a balanced way
- **Is flexible:** The professional supervision process is sufficiently flexible to ensure that it meets the needs of the supervisee, regardless of the stage they are at in their development.
- **Principles of adult learning:** Supervision should be based on the principles of adult learning. Knowles identified six principles of adult learning. Those principles are: adults are internally motivated and self-directed, bring life experiences and knowledge to learning experiences, are goal oriented, relevancy oriented, practical and like to be respected
- **Challenge and affirmation:** The professional supervision process maintains an explicit, but delicate, balance between challenge and support or affirmation. Both are essential to further the supervisee's learning, and to help them gain new perspectives on their professional experience.
- **Regular and sustained:** A regular time is scheduled for the supervisee to review their practice and role. The frequency will depend on the supervisee's stage of development, level of experience or experience in their current work area.
- **Confidential:** While the supervision dialogue is bound by the necessary confidentiality appropriate to a professional engagement confidentiality cannot be absolute as issues that emerge may require referral to processes or parties outside the supervision framework

- **Appropriateness of the model:** The model of supervision used takes into account the profession, the roles/grades and service delivery context. The following are some of the commonly found types of supervision.

- Professional supervision
- Clinical supervision
- Management supervision
- Peer supervision
- Group supervision

See **5.0** below for more information.

4.0 Relevant legislation, policies and documents

- HIQA Standards for Safer better Healthcare Theme 6 – Workforce outlines the following:
 - Standard 6.3 Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.
 - 6.3.3 Facilitation of members of the workforce to maintain necessary competencies to meet their relevant professional registration requirements.
 - 6.3.6 Supervision, monitoring and review of the provision of care to ensure all members of the workforce work within their competencies.
- Children First: National guidance for the Protection and Welfare of Children 2011 states in 6.1.2 that the HSE should ensure that there is a Staff Supervision and Support Policy in place that supports the staff involved in the delivery of child protection and welfare services.
- HIQA National Standard for the Protection and Welfare of Children July '12 Standard 5.3 states that 'all staff are supported and receive supervision in their work to protect children and promote their welfare'.
- Health and Social Care Professions Act 2005 and amendments. CORU - Regulating Health and Social Care Professionals, is the body responsible for the regulation of 14 health and social care professions. One of the functions of the registration boards is as follows:

(c) give guidance to registrants concerning ethical conduct and give guidance and support to them concerning the practice of the designated profession and continuing professional development, Part 3, Section 27, (3)(c).

5.0 Models of supervision

There are a number of different approaches to supervision commonly used in the professions. The following are some of the models in common usage:

- Professional supervision
- Clinical supervision
- Line manager supervision
- Peer supervision
- Group supervision

The appropriateness of the different forms is generally dictated by factors such as the level of experience of the practitioner, the demands or requirements of the particular professional discipline, the models advocated by the relevant professional body, the resources or opportunities available. Sometimes more than one model may be used together depending on the needs. While different professions may recommend different approaches, elements that they all share is that they should be properly set up, formally structured, contracted for and managed with appropriate records kept.

Supervision can take place across disciplines where professionals at the same clinical level agree to provide supervision to each other but must have an understanding of professional and practice issues across both disciplines.

6.0 Roles and responsibilities - governance

A strategic approach to supervision requires the application of employee governance standards that are conducive to achieving the required engagement and quality outcomes.

The governance standards required are that the HSE ensures that employees:

- are well informed;
- understand the management and clinical governance structures;
- are clear and confident in their roles and responsibilities;
- are appropriately trained and developed;
- are involved in decision making;
- receive feedback on their contribution and role in their team and
- are constructively challenged

The standard also requires all employees to:

- keep themselves up to date with developments relevant to their role
- within the organisation;
- commit to continuous personal and professional development;
- adhere to the professional standards set by regulatory bodies or professional associations;
- maintain professional competence and registration with the relevant regulatory authority;
- be clinically responsible for their own practice;
- adhere to the standards of conduct set by their employer;
- actively participate in discussions on issues that affect them;
- seek support and feedback on their operational and professional development

6.1 Review

The development of profession specific supervision practices will be reviewed at regular intervals by Leadership, Education and Development to assess the advances made by the professions in developing, enhancing and implementing supervision.

7.0 Procedure

It is recommended that all members of a profession at all levels avail of structured supervision but the frequency and duration of the supervisory meeting will depend on where the professional is in their career progression and may also depend on the healthcare setting. The allocation of time and a formal structure to supervision is key to the success of the meeting – it is a shared responsibility between the supervisor and the supervisee. New graduates would normally have a supervision meeting on a more frequent basis, particularly in the very early stages, from a more senior supervisor in their profession and in a one to one situation. Where a professional is working in a specialist area they may receive general supervision from a more senior grade but may also require specific clinical supervision in their specialist area from someone with appropriate experience and training. All grades of staff including supervisors must have access to supervision.

8.0 Training to support the supervision framework

The quality and impact of a supervision event is not only dependent on the mind-set of the parties involved but also on the supervisor having the appropriate competencies and experience. Supervisors can develop the relevant competence through avenues such as engagement in their own supervision, self-study and through training. This policy supports the provision of training and information for supervisors and supervisees through the various existing resources i.e. Regional Performance and Development Units, HSCP CPD officers, HSCP Education and Development and the HSCP Hub on www.hseland.ie . The policy also envisages the use of cross disciplines training events as a means of sharing learning, migrating best practice and contributing to a sustained professional approach to supervision.

Appendix 1

Supervision documents and professional body contacts

The following professional bodies have supervision policies or guidance documents in place for members.

- Professional Supervision in Occupational Therapy, AOTI 2010
Association of Occupational Therapists in Ireland (AOTI)
<http://www.aoti.ie/>

- Supervision Guideline Document for Psychologists working in the HSE South East Region

Psychological Society of Ireland PSI <http://www.psihq.ie/>

- Social Care Workers have recently formed a new professional association called Social Care Ireland which is made up of three representative bodies. The Irish Association of Social Care Workers also has a website. Details of both are below.
<http://www.iascw.ie/>
<http://socialcareireland.ie/>

- Social Work - Irish Association of Social Workers IASW
<http://www.iasw.ie/>

The IASW launched its CPD policy April 2009 and within the policy, one of the core requirements is for social workers to have access to 20 hours of supervision from a qualified social worker within a 2 year cycle.

- Speech and Language Therapy - Irish Association of Speech and language Therapy IASLT <http://www.iaslt.ie/>

Supervision guidelines are available to members of the IASLT. IASLT recommends that all members avail of structured supervision to support professional development, CPD and reflective practice.

- Nutrition and Dietetics - Irish Nutrition and Dietetic Institute INDI
<http://www.indi.ie>

INDI Guidelines on Practice Supervision include

- Guidelines for introductory supervision meeting between supervisor and supervisee

- Nutrition and Dietetics Non-managerial Clinical Supervision Protocol
- Health and Social Care Professionals Reference Group - Guidance Framework March 2013 can be viewed on www.hseland.ie