This Supervision and Appraisal policy aims to ensure that the Trust (EPUT) sets out and maintains high standards of performance amongst its employees to ensure high standards of service delivery and practice.

The Trust monitors the implementation of and compliance with this policy in the following ways;

This is detailed in section 5 of the policy. The trust collects performance information on both appraisal and supervision and this is reported monthly to SMT, EOSC and the Finance and Performance Committee.
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SUPERVISION AND APPRAISAL POLICY

1.0 INTRODUCTION

1.1 The purpose of supervision and appraisal is to enhance and develop individual performance and practice. This will be achieved through effective management and clinical supervision.

1.1.1 Discussion of individual performance and practice, to identify strengths and areas for development agreed by the manager and the employee.

1.1.2 Clarification of the responsibilities and standards expected of the individual (e.g. clinical practice, professional standards, clinical safety, professional codes of conduct and the NHS Code of Conduct for Managers, and health and safety responsibilities).

1.1.3 Agreement of a personal development plan, in line with organisational strategic objectives, values, team objectives and individual goals.

1.1.4 The supervision and appraisal process and its outcomes e.g. the provision of development opportunities within the Trust are provided in line with the Trust Policy on Equality, Diversity and Human Rights.

2.0 DUTIES

2.1 The Executive Team will ensure:
- that the principles of this policy and procedures and other associated policies are implemented across the organisation;
- any necessary financial resources and agreeing any financial resource in collaboration with the Chief Finance Officer.

2.2 The Executive Director of People and Culture will ensure:
- that this Policy and its Procedures are embedded into working practice as well as ensuring they are updated regularly using national guidance and guidance from professional bodies;
- the identification and implementation of training and educational needs arising from any relevant monitoring and lessons learnt;
- that regular monitoring of the implementation of the Supervision and Appraisal Policy and Procedure is carried out, reporting back to the Executive Team on the findings.

2.3 Directors and Associate / Deputy Directors / Senior Managers will:
- ensure that Procedural Guidelines For Supervision For Social Care Staff, are available for all social care staff;
- ensure that robust and up to date arrangements are in place to ensure all social care staff receive one to one professional and managerial supervision;
• ensure that all allied professional groups, including Occupational Therapy, Physiotherapy, Speech and Language, Pharmacy and Nursing are aware of any specific, professionally-determined supervision requirements;

2.4 Clinical Managers / Consultant Practitioners will ensure that:
• risk issues are discussed at every supervision session;
• safeguarding issues are discussed;
• complex needs issues are discussed.

2.5 Line Managers will ensure that:
• named staff are identified, who will provide supervision and appraisal;
• the quality of supervision and appraisal is maintained;
• the practice and uptake of supervision within the team is monitored on at least a monthly Basis

2.6 Supervisors and Appraisers will:
• record supervision and appraisals on centralised recording systems for each individual they provide supervision and appraisal for

2.7 For Board Members - All Board Members of providers registered with the Care Quality Commission must meet a fit and proper person test. Specific requirements apply to all board level positions. Discussions regarding the criteria under the Fit and Proper Person Test should be had during supervision sessions and appraisals. Each Board Member will complete an annual declaration in line with the Fit and Proper Test. This declaration will be accompanied by a separate assurance statement from either the Chair, Chief Executive or Senior Independent Director as appropriate. This assurance statement will be based on the supervision meetings held during the year.

3.0 DEFINITIONS

3.1 This policy applies to all Trust staff except medical staff.

3.2 The supervision and appraisal process for bank-only workers is dealt with in the Policy on Deployment of Temporary Workers. The supervision and appraisal process is dealt with by this policy and the procedures to this policy.

3.3 This policy incorporates supervision, individual appraisal and personal development plans. Staff seconded from local authorities are still required to complete appraisals using local authority agreed protocols

3.4 All qualified social care staff are also required to receive professional social care supervision. This individual supervision must be provided by a qualified social care practitioner. The overall management of social care staff lies with the line manager (see procedural guidelines for supervision for social care staff).
3.5 All Approved Mental Health Professionals (AMHPs) are required to have access to professional supervision in the role. The professional supervisor is also required to be an AMHP. AMHP supervision can be a standing item as part of professional supervision arrangements (where the supervisor is an AHMP) or it can be held separately (Please see AMHP Supervision Policy CLP74).

4.0 PRINCIPLES

4.1 In line with the principles of employee engagement the supervision process will be led jointly by both the person being supervised (supervisee) and the supervisor. This means that the supervisee will accept his/her responsibility for providing information proactively and will participate actively in the process. Both parties have a responsibility to prepare for supervision and appraisal meetings, including setting agenda items, in accordance with the procedures to this policy.

4.2 The Duty of Candour sets out that all healthcare organisations have a duty to support their employees to report adverse incidents, and to support staff to be open and honest with patients if something goes wrong with their care and should be addressed in line with organisational policies. Further discussion and learning can be undertaken in supervision sessions and appraisals where issues can be discussed openly.

4.3 Employees who have concerns which remain outstanding post supervision or which they feel cannot be discussed in this setting should consult the Trust’s Raising Concerns Policy and Procedure which provides details of the Trust’s Freedom to speak up Guardian service in order to raise their concern.

4.4 The supervisor will be the supervisee’s line manager unless the task is delegated or there is a need for specialist clinical supervision. We expect that management and clinical supervision are integrated for most clinical staff.

4.5 It is recommended that one individual ideally does not provide supervision for more than eleven individuals and therefore they utilise delegated supervision periods or structured group supervision with alternating individual supervision.

4.6 Supplementary supervision can be provided in addition and as an exception for some clinical staff to help process specialist clinical practice. It does not replace management supervision or the need for the supervisee to discuss clinical practice pressures with their manager.

4.7 Supplementary clinical supervision provided by an external supervisor requires Executive Director approval and must be funded through the appropriate service budget.

An exception to this are cases where practitioners are working with children and families and a safeguarding issue has been identified. In these cases supervision must be provided by a supervisor who has received specific training for that purpose, in accordance with the East of England Supervision Policy. Such supervision is targeted and potentially time-limited i.e. it is provided for the identified cases only and does not extend to the practitioner’s
caseload as a whole. Therefore ‘safeguarding supervision’ would be provided in addition to supervision by the practitioner’s line manager.

4.8 The criteria for supplementary clinical supervision are:
- The individual works in a specialist clinical role
- The individual delivers specialist clinical interventions
- There is no-one working in the service or Trust who can provide the required clinical supervision to the necessary level.

4.9 Supplementary clinical supervision will involve a contract regarding activity and clear expectations regarding:
- Number of sessions attended and total time supervised
- Feedback of any supervisor concerns (e.g. safeguarding; probity)

4.10 Performance and practice will be measured by reference to:
- Customer feedback e.g. compliments, complaints, friends and family test outcomes
- The Trust’s Competency Framework
- Trust Values and Service Standards
- Professional standards (where applicable)
- Maintenance of professional registration (where applicable)
- Core clinical competencies
- Local service standards
- Evidence that leaders have developed their staff
- Achievement of objectives and targets
- Compliance with mandatory training requirements

4.11 Development needs are identified from a review of the above and clinical, practice and performance gaps (e.g. patterns of behaviour); and new developments.

4.12 Supervision for all staff will take place at designated intervals in accordance with the procedures to this policy.

4.13 Supervision’s main aim is to provide support and ensure staff have the necessary skills and competencies to undertake their roles. This should prevent performance becoming a conduct and/or capability issue. The move from supervision to conduct and/or capability procedures is a cumulative process and should be carried out in accordance with the procedures to this policy.

4.14 Appraisal is carried out on an annual basis.

4.15 Appraisals for non-clinical staff employed on Bands 1-3 may be carried out on a group basis where there are common objectives. The appraiser should notify the group in advance of the appraisal meeting that the objectives will be discussed. Under no circumstances should group appraisal be used to address individual concerns and personal circumstances. Please note that the personal development must be discussed with staff on an individual basis.
4.16. Ensure staff have the opportunity to discuss their individual learning needs a separate meeting should be held to discuss and the individuals personal development plans.

4.17 Individual appraisal should also be made available to individuals within this staff group who have expressed an interest in receiving an individual appraisal.

4.18 Supervision and appraisal are mandatory for each employee. Staff will be afforded time for supervision and appraisal during their working hours. If an individual refuses to participate this will be addressed through the Trust’s relevant disciplinary / capability policies.

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

5.1 It is essential that the Trust monitors and evaluates the commitment to supervision.

5.2 An audit will be undertaken to monitor compliance and adherence to the policy standards, undertaken by the Head of Organisational Development / Medical Workforce and Associate Director of Workforce Development & Learning.

5.3 Reports on compliance with this policy will be reported to various Trust committees as requested.

5.4 Managers/ service directors will be able to review individual staff data via central recording system.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

Clarification of the responsibilities and standards expected of the individual include but are not limited to:

- clinical practice,
- professional standards,
- clinical safety,
- professional codes of conduct and the NHS Code of Conduct for Managers,
- health and safety responsibilities,
- Duty of Candour,
- adhere to Regulation 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that all employees are fit and proper (namely of good character,
- possess the requisite qualifications,
7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

7.1 This policy should be read in conjunction with the following Trust policies:

- Corporate health and safety
- Equality, Inclusion and Human rights
- Training and study leave
- Induction and mandatory training
- Probation period policy
- Dignity, Respect, and Grievance
- Disciplinary
- Capability
- Employee wellbeing and sickness absence
- Freedom to speak up
- Raising concerns

8.0 PAY PROGRESSION

The pay progression procedure is detailed in HRPG48B of the Supervision & Appraisal Policy.

END