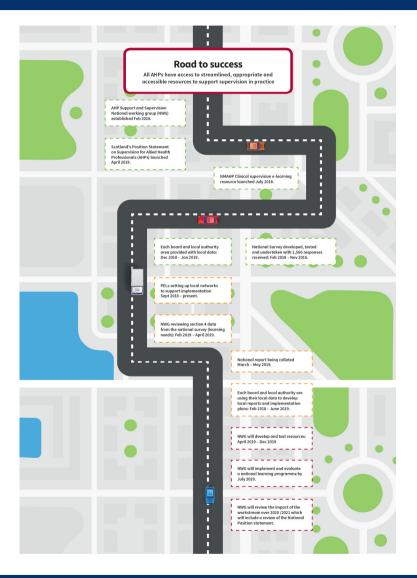


Greater Glasgow and Clyde -Supervision 21st June 2019

Support and Supervision for AHPs A 'Once for Scotland' approach

@nesnmahp
#AHPs #nesnmahp
#supportandsupervision



Support and Supervision national working group summary

- Literature review
- Launched Scotland's Position Statement
- Local policies / guidance aligned to national statement
- National survey
- Local infrastructure
- •Educational resources and learning opportunities
- Sharing practice

Scotland's Position Statement







Scotland's Position Statement on Supervision for Allied Health Professions "A working alliance between practitioners in which they aim to enhance clinical practice, fulfil the goals of the employing organisation and the profession and meet ethical, professional and best practice standards...while providing personal support and encouragement in relation to professional practice."

Kavanagh et al (cited in Dawson, 2013)

HCPC – Triggers for disengagement
Workload pressures

- Operating outside scope of practice
- Poor or infrequent supervision
- Under-utilising skills
- Professional isolation
- Lack of autonomy

- Lack of support for CPD
- Poor management
- Dysfunctional relationships
- Personal circumstances (bereavement, divorce, financial pressures)
- Blame culture
- Working patterns

HCPC – consensus views on ways to prevent problems

- Being valued
- Good team dynamics
- Good supervision
- Regular appraisal
- Performance management
- Buddying schemes
- Mentoring

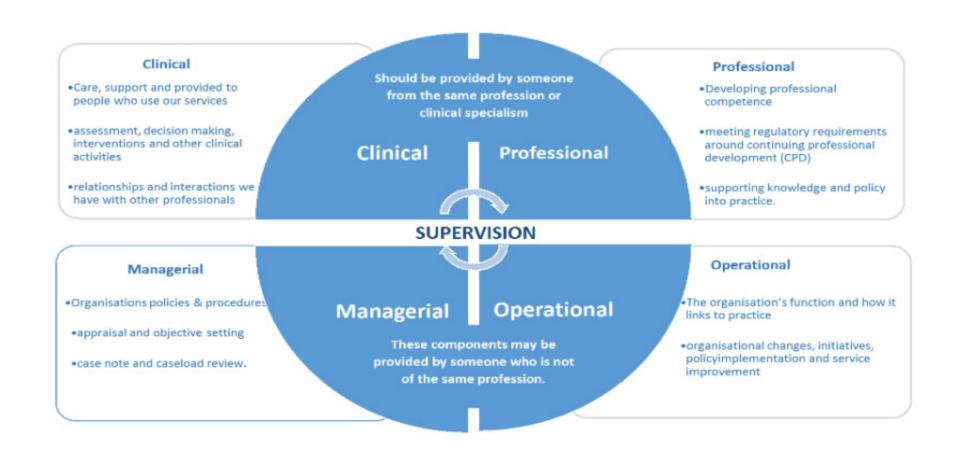
- Team building exercises
- Professional networks
- Reflective practice
- Self-awareness
- Keeping up to date
- No blame culture

Purpose of statement

Offers principles and guidance to support the provision of supervision for all AHPs and AHP Health Care Support Workers working across health and social care in Scotland: in the NHS; Local Authority and Health & Social Care Partnerships

Clinical / Practice	Professional	Managerial	Operational		
Mainly relates to the care, support and treatment provided to people who use our services	Mainly relates to scope of practice, professional development, identity and professional issues	Mainly focusses on ensuring competent, accountable performance	Mainly focusses on staff engagement with organisational function		
	ther and referred linical supervision	Often linked together and referred to as Line Management			
Support (restorative)					
Learning (formative)					
Accountability (normative)					
Functions of Proctor's Model					

Four components of support and supervision



	Supervision is		Supervision is not
•	Supports development of knowledge, skills, values and practice within a role or area	•	Psychotherapy, therapy or counselling (although it can be therapeutic)
•	Benefits people who use the services, their families and carers	•	An opportunity to 'police' staff and check up on their actions
•	Promotes staff wellbeing by provision of support	•	Dictated by hierarchical relationships and positions
•	Provides a safe place for professional development, growth and accountability using appropriate questioning, challenge, affirmation and structured reflection	•	An opportunity for performance management or assessment - although effective and supportive supervision may identify that a practitioner is having difficulties, enabling the supervisor to provide early support to prevent a small problem becoming a big
•	Leads the individual to identify their own solutions		problem
•	Supports challenging and complex situations	•	Controlled by the supervisor and / or manager
•	Supports reflective practice and clinical reasoning	•	A place for blame, gossiping or moaning
		•	A place for judgement on practice

Benefits

For the individual and team:

- Increased morale
- Increased confidence
- Better communication
- Better team working
- Job satisfaction
- •Improved scope of practice
- •Improved relationships
- Better standardisation
- •Improved staff sickness rates

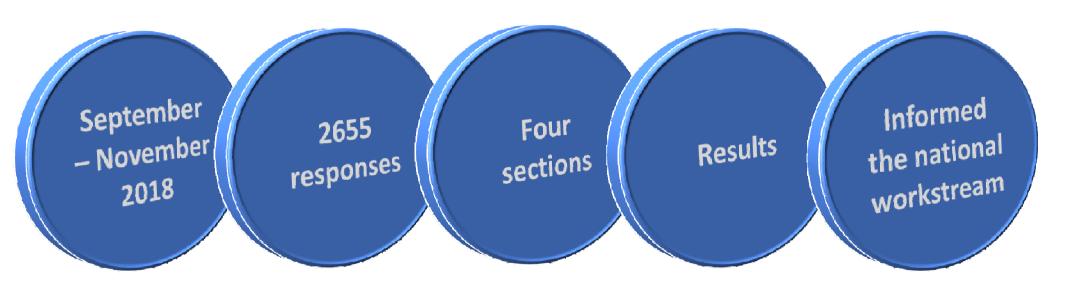
For the service user:

- More efficiency
- •Increased confidence in clinician
- Increased quality of care
- Better patient experience
- Less complaints

For the organisation:

- Increased team morale
- •Less staff sickness through a reduction in stress
- Decreased complaints
- •Working more effectively to reduce costs, increase patient care and reducing mistakes
- Consistency across teams
- Improved learning

National AHP survey



What does the data tell us about

314 responses 87% receiving supervision

33% No process 26% No time 16% No supervisor

85% 'good' supervision provided

60% providing supervision

57% hadn't been asked
22% Not required
7% No time
7% No confidence

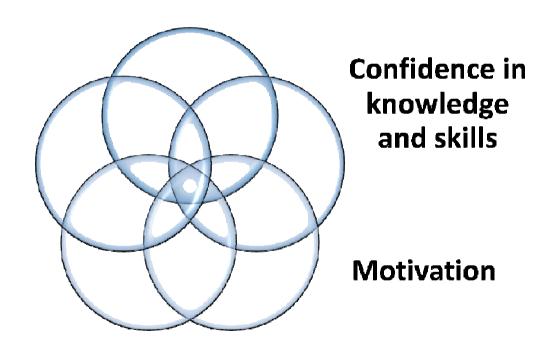
77%
supported to
provide
'good'
supervision

Barriers

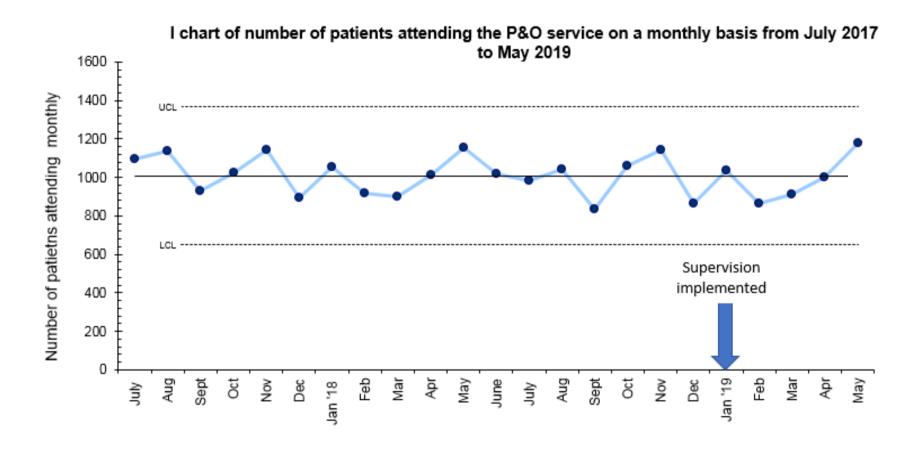
Culture

Time and capacity

Working patterns



Perceived or real barrier.....

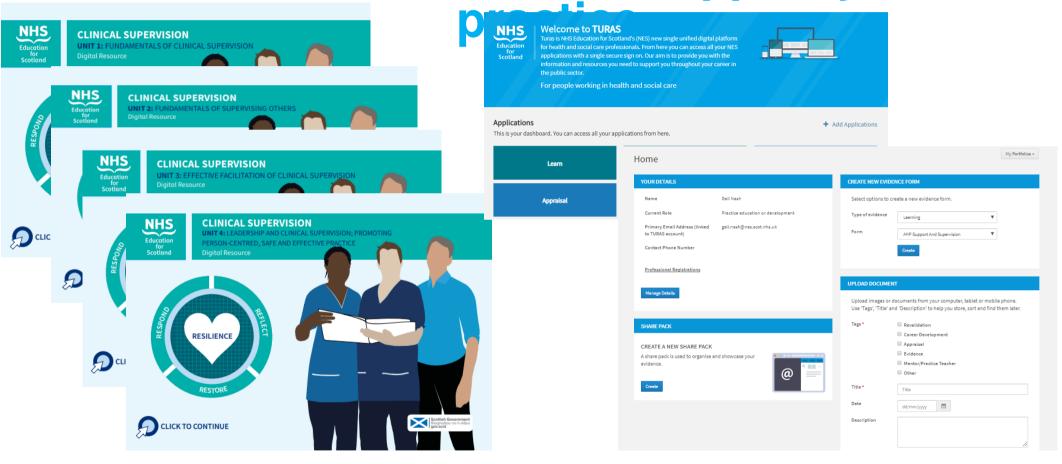


Making connections...





Current resources to support your



Planned resources to support your

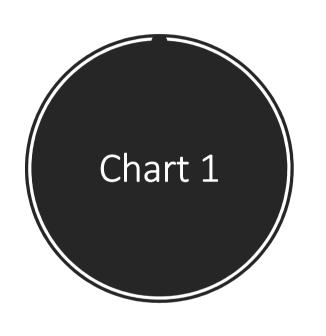






CLINICAL SUPERVISION

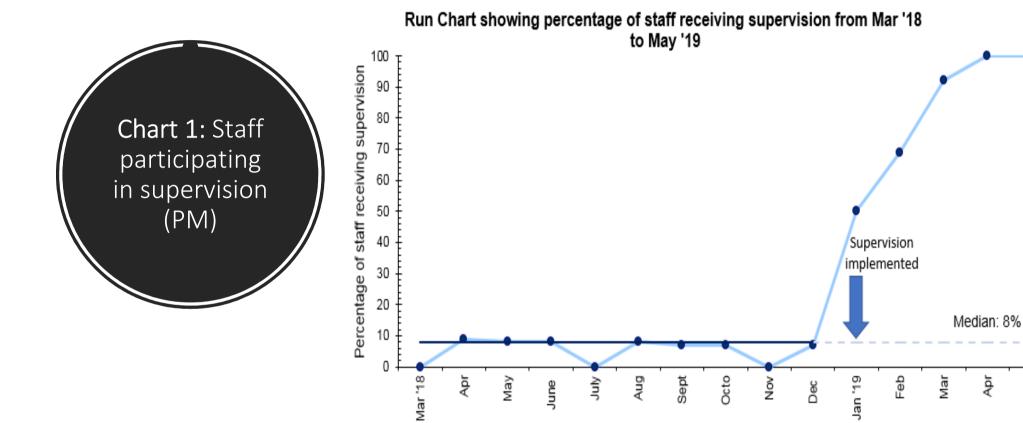




Implementing supervision in Prosthetic and Orthotic Department

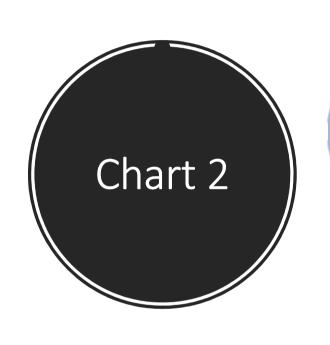
22% of staff were participating in supervision

Average from national survey was 84%



Apr

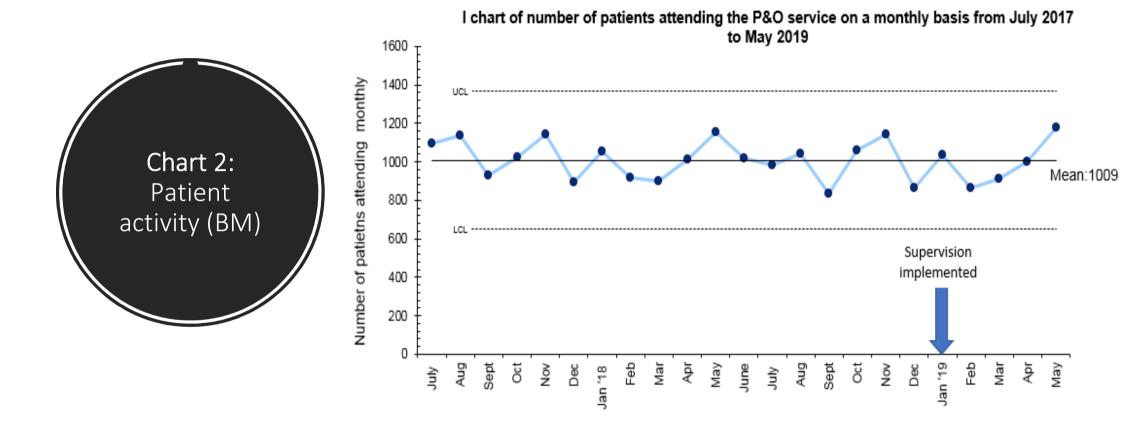
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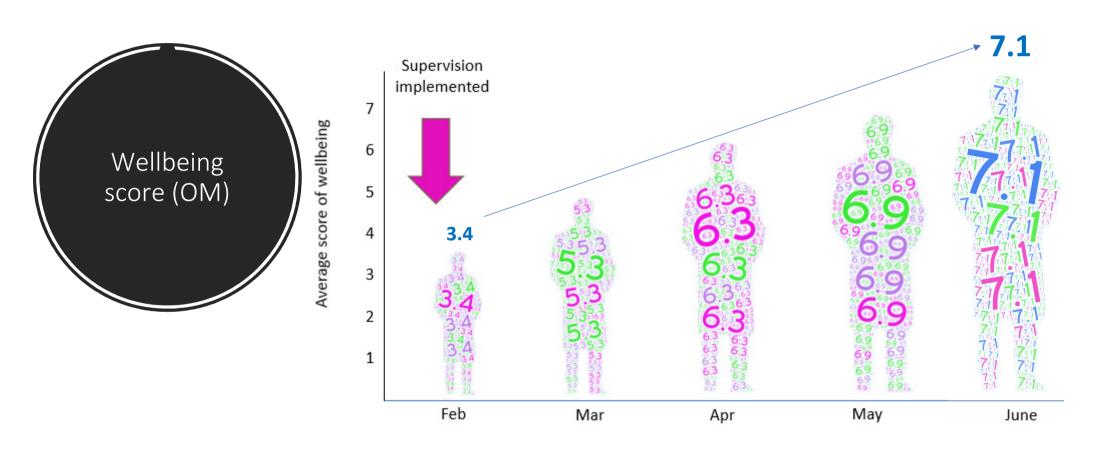
Implementing supervision in Prosthetic and Orthotic Department

Staff reported time was major barrier to implementation

Staff concerned that their patient activity would decrease as a result of implementation



Self reported monthly average wellbeing score from February to June 2019



Words to describe supervision....

Prosthetic and Orthotic Staff asked to chose one word to describe how they found supervision that month

January 2019

May 2019





