

Table Top Discussions on Supervision

Summary Feedback

1. What do you value?

- Checking on staff wellbeing, ensuring this is individualised to each supervisee
- Also using the start of supervision to reflect on the week
- Honest and confidentiality
- Privacy (supervision not being conducted in an open office)
- Group supervision can help improve confidence
- Regular supervision and protected time
- Supervision sessions that are kept to time
- Working with supervisee trainees can help to refresh own knowledge
- Relationship building / checking in with PWPs
- Taking stock, recognising who is being supervised and how many people – ensuring that the sessions are individual and like a tread mill
- Undertaking shared decision making and risk discussions

2. What is working well?

- Supervision gives decisions a reliability and validity to undertake actions such as stepping up
- Supervision gives weight to decisions made
- Supervision provides alternative perspectives
- Supervision is supported by the management team by ensuring time is blocked out
- Teams are also allowed a couple of whole team/supervisee group half days per year
- Supervision allows appreciation of the pace of work
- Different types of supervision are embraced i.e. individual or group
- A supervisor's forum is in existence
- It provides consistency in decision making
- It helps to avoid drift

3. What are the challenges?

- Being pulled away from supervision to deal with other problems
- Keeping to time
- Some services do not have weekly case management
- Supervising on subjects not undertaken by self can be difficult i.e. providing supervision on Silver Cloud when not a Silver Cloud user

- Mandatory supervision on clinical skills
- Time!
- Conflict of interest issues when supervisor is also line manager
- Room availability
- Co-ordinating diaries
- Conducting supervision over the telephone – cues can be missed and time management not adhered to
- In case management there can be little time for reflection and there are time pressures to get all supervisees seen

4. What improvements could be made?

- Collate how different services operate supervision and then share good practice and potentially create regional standards
- Clearly separate case management and clinical supervision
- Have standard supervision templates
- Follow basic guidelines
- Structure clinical skills
- Link supervision to line management – keep a log and make it accountable