


## Scope for Growth Policy (Supervision, Appraisal and Development)

Author:	Emma Byrom, Organisational Development Manager
Sponsor/Executive:	Stephen Legood, Director of People and Business Development
Responsible committee:	People & Culture Committee
Ratified by:	People & Culture Committee
Consultation & Approval: (Committee/Groups which signed off the policy, including date)	Joint Consultation & Negotiating Partnership 15 June 2023
This document replaces:	Learning & Development and Study Leave policy, Supervision policy and Appraisal Policy
Date ratified:	10 <sup>th</sup> February 2025
Date issued:	10 <sup>th</sup> February 2025
Review date:	10 <sup>th</sup> February 2028
Version:	1.1
Policy Number:	HR100
Purpose of the Policy:	Process for supporting staff through supervision, appraisal, and development.
If developed in partnership with another agency, ratification details of the relevant agency	
Policy in-line with national guidelines:	



**Signed on behalf of the Trust:** .....

**Steve Grange, Chief Executive**



**Signed on behalf of JCNP:** .....

**Dean Calvert, JCNP Secretary**

Elizabeth House, Fulbourn Hospital, Fulbourn, Cambs, CB21 5EF Phone: 01223 219400.

### Version Control Page

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Comments</b>
1.0	12/06/23	Emma Byrom	New policy, bringing together the Supervision, Appraisal and L&D and Study leave policy
1.1	05/02/25	Saffron Rolph-Wills	Supervision Target Reviewed at PRE's and revised Responsible Committee changed to People & Culture Committee

### Policy Circulation Information

Notification of policy release: All recipients; Staff Notice Board; Intranet;	
Key words to be used in DtGP search.	Supervision, Appraisal, Career, Continuing Professional Development, CPD, Development, 1:1

CQC Standards	CQC Regulation 18
Other Quality Standards	NHS Employers People Performance Management

## Contents

Section		Page
1	Introduction	3
2	Purpose	3
3	Scope	4
4	Definitions	4
5	Duties	5
6	Appraisal, Supervision and Development processes 6.1 Appraisal 6.2 Supervision 6.3 Development	7
7	Medical	15
8	Education and Training Requirements	16
9	Monitoring and Compliance	16
10	Links to Other Documents	17
11	References and Acknowledgements	17
<b>Appendices</b>		
Appendix 1	Application Process	18
Appendix 2	Supervision and Appraisal Minimum Standards	19
Appendix 3	Funding arrangements for Continuing Professional Development	20

### 1 Introduction

Cambridgeshire and Peterborough NHS Foundation Trust (hereby known as CPFT or the Trust) values the contribution that all staff make to the achievement of the Trust's strategy and purpose and aims to ensure all staff are fully motivated and engaged in achieving this. Managing people and their performance compassionately and positively is key to ensuring staff are supported in their chosen role, progression, or career journey. This includes regular supervision, an annual appraisal as a minimum, and access to development opportunities, career and wellbeing conversations to maintain and improve the person's skills and knowledge, enhance career opportunities and support any additional personal or profession specific requirements

This policy has been developed in accordance with Trust policy, national legislation, NHS and CQC guidance.

### 2 Purpose

The purpose of supervision, annual appraisal, career conversations and access to development for all staff is to:

- a.) Support the Trust's Just and Learning culture, supporting Equality, Diversity and Inclusion by ensuring fair and equitable access to training and development to enhance knowledge, performance and skills.
- b.) Encourage and support necessary reflection and feedback on performance to improve the staff experience and work and contribute to quality services.
- c.) Enable quality performance, with staff that are supported by the Trust around their own wellbeing, development needs, professional registration requirements (including revalidation) and future career plans.
- d.) Create direction and purpose for all through objective setting and development.
- e.) Promote the establishment of mutually supportive relationships, focused on ensuring staff have the skills and opportunities to undertake their role competently and confidently. That through these mechanisms, staff feel listened to, supported with their wellbeing and are able to have influence in their own career, development and practice.

### **3 Scope**

This policy applies to all staff employed by the Trust, including those staff that are hosted. There may be specific partnership arrangements and an agreement with those partners will be in place. Specific arrangements are in place for Medical and Dental staff which can be found in section 7.

### **4 Definitions**

**Appraisal:** This is an opportunity for staff and their line manager to engage in a fair and transparent conversation about their role, their wellbeing, their current performance including reviewing previous objectives and their competencies and behaviours that support the CPFT PRIDE values and the quality of care and delivery. Enabling development needs and opportunities to be discussed and agreed alongside objectives for the year ahead.

**Career Conversation:** This is an opportunity for staff to discuss their wider career aspirations alongside what support and development is required from the manager and Trust to support their growth.

**Development (inc. Continuing Professional Development/CPD):** 'Personal and professional development helps manage your own learning and growth throughout your career. Continuous learning helps open up new doors in your career, keep your skills and knowledge up to date and ensure you practice safely and legally.' ([Health Careers](#))

**Operational (management) Supervision:** This is a regular conversation between staff and their line manager / supervisor, which provides the opportunity to reflect on wellbeing, performance, address support issues, discuss development needs and review objectives. This can be formal or informal as seen in section 6.

**Professional Supervision (inc. Clinical Supervision):** This provides a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice to support safe and effective care.

**Safeguarding Supervision:** This policy and associated guidance support the organisation's commitment to having in place clear processes to ensure the safeguarding of vulnerable people. Any safeguarding concerns should be discussed in operational supervision and specific Safeguarding Supervision is available through the Safeguarding team.

## **5 Duties**

### **5.1 Chief Executive**

As the accountable officer, the Chief Executive has overall responsibility to ensure implementation of this policy is delegated to the appropriate Lead Director(s).

### **5.2 Director of People and Business Development**

The Director of People and Business Development has overall responsibility to ensure compliance with this policy, including the provision of training and development to support the delivery of supervision, appraisal, and development within the Trust.

### **5.3 Associate Director – Learning and Organisational Development**

The Associate Director of Learning and Organisational Development is responsible for:

- a.) Ensuring the appraisal, supervision and access to development processes are reviewed annually, reflecting the feedback of staff and ensuring they are fit for purpose.
- b.) Reporting compliance to the Trust's Executive Team and People Board through performance dashboard reports and to the Directorates.
- c.) To ensure training and support is available for managers to support effective conversations and inclusive and equitable access to development.
- d.) Reviewing the development allocation per Directorate annually.

### **5.4 Joint Consultation & Negotiating Partnership**

The Joint Consultation & Negotiating Partnership has overarching responsibility for the development, approval, monitoring and review of this policy.

### **5.5 People & Culture Committee (P&C)**

The People & Culture, Committee and board subcommittees have overarching responsibility for the ratification of this policy, to seek assurance and to receive reports pertaining to the implementation of this policy, as required.

### **5.6 Service Directors / Associate Directors**

It is the responsibility of the Service Directors / Associate Directors to:

- a.) Ensure that appropriate resources are available to staff to meet the requirements set within this policy and its associated guidance, including Trust targets relating to take up (compliance).
- b.) Creating clear opportunities for progression by using workforce planning to establish career and development opportunities.
- c.) Monitor equity of opportunity and access to development and progression within Directorate.
- d.) Approve development opportunity requests. Feedback to be given when access to development is declined.

#### 5.7 **Professional Leads**

The Professional Leads are responsible for:

- a.) Ensuring the policy reflects professional and regulatory body standards for supervision, appraisal and professional development and sets out clearly the expectations of safe, competent, and contemporary practice within a supportive framework.
- b.) To update Operational Leads around future development roles within your profession, to support workforce planning.

#### 5.8 **Line Manager / Appraiser / Supervisor**

The Line Manager is responsible for ensuring:

- a.) All members of staff within their team have access to appropriate and adequate supervision, an annual appraisal (as minimum), and are offered a career conversation within the timeframes and standards set out in this policy.
- b.) Create a fair process of development authorisation, in line with Directorate priorities, workforce plans and standards, to ensure equity of access. Feedback to be given when access to development is declined.
- c.) That all staff are offered development opportunities to support their identified development goal and they are supported through the period to achieve this, whether this be informal or formal development.
- d.) They are trained and kept up to date with best practice around appraisal, supervision, and career conversations. Ensuring that processes are followed correctly, staff are supported with their wellbeing and in preparing for and having conversations, which are meaningful for the individual.
- e.) Appraisal conversation, development requests and supervision are recorded in a timely way, with records being held by both parties for reference.
- f.) That staff are given the time required for reflective practice, operational supervision and appraisal. To manage this demand it is recommended that a line manager supports a maximum of 8 people and that if needed they should delegate appraisal and operational supervision duties to another appropriately trained supervisor or more experienced member of the team. The same person should, where possible, conduct the appraisal and operational supervision conversations. It is the overall responsibility of the manager to ensure that everyone within the team has an appraisal, appropriate levels of supervision, access to development and a career conversation.

- g.) Maintain or create a compassionate culture with their teams, one that is inclusive, just and focussed on learning; where skills, knowledge and evidence practice are shared.
- h.) Support staff to escalate any safeguarding concerns raised during supervision. Safeguarding concerns should be raised immediately.
- i.) Monitoring arrangements for compliance with this policy are in place.

### **5.9 Professional Supervisors**

It is the responsibility of the professional supervisor to ensure that they are appropriately trained and skilled to undertake the role and receive their own supervision to support them in undertaking this important role. They are responsible for ensuring conversation notes are recorded, shared and agreed with participants. Professional supervisors are also responsible for raising issues of concern for the wellbeing of the supervisee or the patient in their care. This may be brought to their attention through their own observation or requested by the supervisee's line manager.

### **5.10 Staff Member / Employee**

The staff member is responsible for:

- a.) Being aware of what is required of them as outlined in their job descriptions, competencies and behaviours set out by the Trust values and professional regulatory requirements.
- b.) They prepare for and actively participate in their appraisal, including bringing examples to support the review of their performance and behaviours.
- c.) To raise concerns and seek support as soon as possible.
- d.) Leading the appraisal and career conversations, reflecting on areas for development as well as acknowledging areas of high performance.
- e.) Record that appraisal and supervision conversations have taken place in a timely manner.
- f.) Take responsibility for own development and engage with line manager in accessing appropriate development, using supervision and appraisal conversations to identify development goals and specific learning opportunities, access to development funds for example, as well raise issues with development being undertaken.
- g.) Ensuring appraisal and supervision are planned / undertaken in line with this policy and including professional supervision (if required for role/registration).
- h.) To prepare an agenda in preparation for formal supervision sessions, including around equality, diversity and inclusion and safeguarding.

## **6 Appraisal, Supervision and Development processes**

Professor Michael West et al's research suggests that a culture of supportive teams with compassionate team leadership is linked to reduced levels of stress, errors, staff injuries, harassment, bullying and violence against staff, staff absenteeism and (in the acute sector) patient mortality. The below processes are in place to support and develop this culture. All are intrinsic parts of how we support our people well.



## 6.1 Appraisal

A key part of the process is giving people reflective space, setting clear goals, and offering feedback to support improvements.

All staff are expected to have an appraisal conversation every 12 months with their line manager or designated supervisor. This conversation should include:

- a.) Review their current role, including wellbeing, how have they performed in terms of expectations around competencies and CPFT values and the achievement of their last set of objectives.
- b.) What their highlights of the last year have been.
- c.) Discussion on their future aspirations and development including how to access this.
- d.) Staff members can choose if they would like to have a career conversation which can be with their line manager or someone else.

### *Pay Progression*

A member of staff must have completed an appraisal in the last 12 months to move to their next pay step point. Those who are line managers must have completed all due appraisals for their members of staff too. Further information is available in the Pay Progression Policy and in line with Agenda for change annex 23. Where factors beyond the individual's control, such as organisational or operational issues, have prevented compliance with any of the requirements in paragraph 19 these should not prevent the employee from progressing. Managers should ensure that they take full account of such factors and staff should bring these to the attention of their line manager as soon as possible

(not waiting until the pay step review) so that these can be addressed and remedied.

*New Starters*

A new member of staff is expected to have an Appraisal Conversation within 3 months of starting the post, this includes pastoral support, how the staff member is settling in and also supporting them with discussion regarding future aspirations, identifying and addressing development needs and setting objectives together for the year ahead.

Once the appraisal has been completed this should be reported by the staff member. Both should have a copy of the appraisal conversation notes, this could be electronic, scanned or in paper.

Guidance on appraisal and career conversations, how to prepare, record and accessing development can be found on CPFT Academy, alongside printable documents, supporting information and training.

Conversations about the appraisal should continue throughout the year as set out within operational supervision below.

**6.2 Supervision**

Supervision can be delivered in a number of ways. Services and individuals may choose or require different models according to their own or professional requirements, including whether they require evidence or not around what was discussed. Here are some of the common modes of delivery for supervision:

<b>Formal Supervision</b>	
One-to-one supervision between a supervisor and supervisee	
Group supervision in which two or more practitioners discuss their work with a supervisor	
Peer supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor	
Safeguarding Supervision	
<b>Informal Supervision</b>	
<ul style="list-style-type: none"> <li>• Clinical Restorative Supervision</li> <li>• Action Learning Sets</li> <li>• Schwartz Rounds</li> <li>• Staff Network Meetings</li> <li>• Team Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Learning environment – with reflective practice</li> <li>• Coaching / Mentoring</li> <li>• Case Discussions</li> <li>• Debriefs</li> <li>• Safety Huddles</li> <li>• Informal catch up with manager</li> </ul>

It is possible these could be used in combination, whilst ensuring they are appropriate for the individual's requirements. **Some regulatory and professional bodies may be specific around the type and nature of supervision.**

[Skills for Care \(2020\)](#), highlights that effective supervision plays a key role in supporting our staff deliver high-quality care and support. This should be regular and the frequency may be increased for those new to role, or where it's been identified that additional support and supervision is necessary for them to carry out their roles and responsibilities.

Supervision is a supportive and developmental measure. The focus of all conversations around supervision needs to be the value for the supervisee, for all the reasons described in this policy. Frequency of supervision might increase or decrease as set out above and additional support to wellbeing services, counselling or coaching is available, particularly if a member of staff is experiencing personal difficulty. As such, the standards below should be seen as the **minimum** required to support a colleague in the workplace, not the target to aim for.

All staff should receive regular supervision, at least quarterly and in line with their regulatory/professional guidelines, whichever is greater. These should be used as required and can be Operational/ Professional/ both depending on individual need. Those working in a clinical role will be required to have both, whereas non-clinical staff may choose only Operational supervision. Whilst informal modes may be used (if in line with professional/statutory guidelines), at least 4 per year (quarterly) should be formal and records maintained as set out below. Appendix 2 includes a quick reference guide of minimum requirements.

### **Operational Supervision**

Operational Supervision will be recognised by regular, planned, private, one-to-one meeting between a member of staff and their line manager or supervisor. This should, where possible, be the person who conducts their annual appraisal. An agreement around details of these meetings, responsibilities and expectations should be made on the first meeting and monitored / updated accordingly.

Each formal operational supervision should include as a minimum a conversation about the individual's wellbeing and plans around supporting this, revisiting the previous actions agreed and a conversation around more long-term actions agreed in the appraisal (development plans and objectives). It may also include a discussion around equality, diversity and inclusion issues, or safeguarding concerns/ongoing cases (as well as in professional supervision), if worried seek support from the safeguarding team. The rest of the conversation should feature an agreed agenda by both parties for what is required at that time. Any performance issues should be addressed within a formal supervision session.

Additional informal supervision is recommended to staff, whereby they may spend some time with their line manager to discuss their role, career or any challenges, alternatively this may be sourced in other ways captured above.

### **Professional Supervision**

As well as Operational supervision, those in a clinical role or with defined expectations from their professional body must also receive regular reflective Professional Supervision to develop knowledge and competence, as well as maintaining personal responsibility for their own practice and enhancing the quality and safety of those using our services. Safeguarding concerns should be discussed with their line manager, if worried seek support from the safeguarding team.

It can occur between individuals from the same or different professional backgrounds provided the supervisor is appropriately experienced either in relation to professional training or clinical expertise. It can also be held alongside an operational supervision conversation, with due clarity on roles and responsibilities to support a reflective conversation. As with the operational supervision an agreement between professional supervisor and supervisee should be drawn up (in a 1:1 situation) and ground rules around confidentiality and scope set out for all modes of delivery.

Professionally registered members of staff are bound by the appropriate code of conduct from their professional and/or regulatory body to maintain their professional registration and high-quality care. Individual professional groups should refer to their own professional body guidance which should be considered in conjunction with this policy. For Non-Medical Prescribers please refer to additional supervision and continuing professional development (CPD) requirements in the Non-Medical Prescribing Policy or contact the Non-Medical Prescribing Lead.

### **Safeguarding Supervision**

This is available through the [Safeguarding team](#) and should be completed as required. All those requiring level 3 safeguarding training also require 1 hour safeguarding supervision per year and Specialist Community Public Health Nurses require quarterly safeguarding supervision.

### **Recording of Supervision**

All supervision sessions should be recorded as having taken place on the on-line supervision system by the staff member, any notes from the supervision should be held safely either electronically or stored securely inline with GDPR in the individual's personal file. The line manager (or delegated supervisor) has responsibility for the written notes from formal operational supervision sessions; these should include detail of any decisions made, reasoning and any agreed actions including responsibilities and timeframes. The notes which must be agreed by both parties (this can be an email confirmation of agreement with content) should also be detailed enough so that the issues can be revisited at a later date and still be understood.

For formal professional supervision, the format of recording is not prescriptive but should reflect the content and outcome of the supervision. Basic notes including date, length of session and basic themes discussed should be recorded for audit purposes and in a group setting this should include who was in attendance. The responsibility for note taking and sharing, as well as storing will be agreed as part of the supervision agreement. For non-formal sessions such as Schwartz Rounds certificates of attendance should be requested, and the responsibility of evidence is held by the staff member, these can be used to support revalidation and other professional requirements.

### **Confidentiality & Access**

Operational Supervision is a private but not a confidential process. This means that the records are the property of the Trust, not the individual. From time-to-time supervisors may need to discuss the content of supervision sessions with others, e.g. their own line managers or safeguarding leads. This should always be with the knowledge of the supervisee.

For Professional supervision, unconditional confidentiality cannot be agreed and there may be circumstances when a confidence must be passed to a third party, for example, if there are concerns regarding the content of the session which relate to illegal activity, fitness to practice concerns, concerns relating to competence, unprofessional conduct or anything that compromises the safety or security of patients, the Trust, and the persons within it. In such instances the professional supervisor has an obligation to take these matters further. The professional supervisor would normally inform the supervisee of this intention. This will be discussed during the initial contracting stages of the supervisory relationship to ensure clarity regarding this issue.

Access to supervision records should be controlled and all records should be stored safely and securely by the supervisor (paper or electronic). Other people may from time to time require access to supervision records. These might include:

- a.) Managers providing cover in the absence of the line manager
- b.) Senior managers (for quality assurance purposes)
- c.) Investigating managers
- d.) Inspectors (e.g. Inspections by regulatory bodies)
- e.) HR/L&OD staff (e.g. for audit and quality assurance purposes)

### **External Professional Supervision**

This may occur where professional supervision is required but it is not able to be provided by a member of staff of the Trust, e.g., when a staff member is practising a specific specialist psychological therapy. This would be as well as internal professional supervision.

The external supervisor is not automatically bound by Trust policies, it is therefore necessary to use the Trust external supervision contract – please refer to the [Guidance on Supervision](#). This contract outlines the responsibilities of each party – the line manager, external supervisor and supervisee. Particular reference is made to confidentiality, service user

information, the type of supervision and the relationship between the three parties.

All parties should be clear that service user safety and care override any confidentiality concerns of the external supervisor and supervisee. Any serious safety or safeguarding concerns should be reported to the persons line manager immediately. Staff must discuss and agree any external supervision arrangements with their line manager and there will be an expectation that external arrangements will only be authorised if there is no relevant expertise or capacity within the Trust. The frequency of external supervision, over and above professional supervision provided within the Trust must be discussed and agreed in advance.

### **6.3 Development**

CPFT is a learning organisation and is dedicated to supporting all staff to continue their personal and professional development. Development opportunities and equity of access to development funds applies to all Trust staff whether clinical or non-clinical, see appendix 3 for funding arrangements. Medical staff have different procedures and guidance, see section 7. All line managers should have processes in place to support staff develop and grow in their roles.

#### **Identifying Development Opportunities**

It is recommended that all staff have identified a broad development goal which may require formal or informal development. Staff are responsible for their own education and development, and this should be identified and discussed through supervision, appraisal and/or career conversations. Development may be for a range of reasons; improving practices, meeting professional expectations, supporting the team, service, Trust to deliver on our statement of purpose. It should add benefit to individuals, their team and patient experience. All development undertaken should be in line with the Trust's PRIDE values.

Below are some examples of types of development:

- Training
- Formal courses & programmes (inc. Apprenticeships)
- Self-directed learning
- Schwartz Rounds / team time
- Action learning sets
- Mentoring
- Coaching
- Work-based projects
- Research and scholarly activity
- Job shadowing and secondments
- On-the-job learning
- Peer observation and review
- Reflective practice

Development that has already been funded is available through CPFT Academy, but many identify opportunities through searching elsewhere;

education providers; professional bodies and unions for example. Attaining additional funding for education and development opportunities is subject to availability and a fair share's model has been applied to the Directorates split based on headcount, to ensure equity across the organisation. This will be monitored by the L&OD team with the Directorate leads and reviewed annually.

### **Applying for development:**

Once a development opportunity has been identified, consideration of study time required (including potential additional supervision), whether the opportunity meets the agreed development goal and how this will be funded should be discussed with the staff members line manager. Mandatory training should be up to date before progressing on other formal courses or applying for development funds.

On receipt of an application, the line manager can review before accepting or declining (with feedback). The application process and authorisation requirements will differ depending on the development requested, due to financial investment required, organisational and directorate priorities, competition for places, entry requirements and external provider processes. Consideration will be made around service objectives, post-registration requirements and personal career development. All development requests will be managed in a fair and transparent way, monitored for equality of opportunity via the L&OD team. A process map can be seen in appendix 1. Support is available from [Union Learning Representatives](#).

Directorate leads will make decisions based on strategic objectives and workforce planning. Should applications be declined feedback will be given, which may include an opportunity to resubmit should time allow. Any disagreement or dispute should follow the Early Resolution Policy.

Once applications are successful through the Trust process staff can apply or enrol on programmes. All applications will include an agreement for the staff member to evaluate the course and the impact on their work. **Development must be agreed before applying direct to the provider. Applications will not be considered retrospectively.**

### **Study Release Time**

Release and study time must be negotiated with your supervisor / line manager. If your supervisor is not the team manager with whole team responsibility, they will need to confirm the required study leave can be granted. This should be considered and agreed when signing off support for development.

### **Examination Leave**

Staff members will be granted paid leave through their departmental budget to sit any examinations that are essential to their role. In addition, it is suggested that for qualification-based programmes, staff should be granted matched study leave e.g. if the exam lasts half a day half a day's study leave should be

granted to prepare for examinations. In the event of examination failure, re-sits will not normally be funded by the Trust.

### **Conferences**

Requests for funding attendance at conferences will only be considered if the staff member is presenting or is the only/most cost-effective way to maintain professional registration or skills for role. In all other instances conference fees and associated expenses are the responsibility of the line manager and should be met through the departmental budget.

### **Where to Study?**

Staff can choose to study with almost any provider / Higher Education Institute, either online, face-to-face, or blended (online and face-to-face). When applying for an apprenticeship, in most cases the provider will already have been identified.

### **Expenses**

All associated expenses, including travel costs, accommodation, and meals etc for approved development courses is the responsibility of the line manager and will be paid for from the individual's team budget, not from the Learning and Organisational Development Team. Support may be available from your trade union for learning expenses (not including time to attend).

### **Non-Attendance on Courses/Non-Completion**

In order to maximise the benefit of limited development funds for all staff, staff are asked to commit to their development in line with CPFT PRIDE values. Should a staff member not attend or withdraw from a course, the reason and the funding will be used in consideration of future applications.

### **Embedding the development**

Consideration on application is required for how the development will be embedded back in the workplace. To acknowledge considerable investment and deliver return, the Trust asks that those who undertake formal development opportunities stay within CPFT for at least 24 months. This seeks to enable the skills and knowledge learnt to be put into practice and make an impact on CPFT services.

Staff should reflect on their experience, share their learning with colleagues, and evaluate the experience.

## **7 Medical**

Each consultant and non-consultant and non-training grade doctor in the Trust is subject to annual appraisal. During the appraisal they are required to produce a certificate of good standing for continuing professional development with their royal college. This certifies their participation in a personal development plan group which monitors their education, peer supervision and continuing professional development. It also certifies their participation with mandatory training and internal and external hours of supervision and training.

The training is monitored by the personal development plan group and signed off by them as evidence and sent to the relevant royal college who conduct independent audits of compliance and issue a certificate of good standing. The certificate of good standing and the record of training also form part of the annual appraisal which is monitored and signed off by the Medical Director as the Responsible Officer at revalidation, monitored and approved by the General Medical Council.

Each member of career grade medical staff is expected to take part in a personal development plan group, where group supervision takes place. More information is available on the [Medical Appraisal and Revalidation Policy](#).

## **8 Education and Training Requirements**

Anyone providing supervision and appraisal (including authorising development) needs to be familiar with the contents of this policy and the appraisal preparation, development tools & process, appraisal conversation and career conversation tools. Training is recommended for all managers / supervisors (including in a professional capacity) and is available through CPFT Academy and additional guidance and support is available through the 'Support for Managers' section of CPFT Academy.

## **9 Monitoring Compliance & Reporting**

Compliance reports are available for all managers through [MI Reporting](#). Operational Managers have the responsibility for scrutinising their team/s' compliance of supervision and appraisal in-line with this policy and performance will be monitored within the Operational management structures of each Directorate. The following targets apply:

Supervision – 90% compliance on staff having a minimum of 1 formal supervision per quarter.

Safeguarding Supervision – 90% compliance on staff requiring it within expectations set out on page 12.

Appraisal – 95% compliance on staff completing an appraisal every 12 months, with new starters completing within the first 3 months.

The quality of the appraisal, supervision and career conversations will be monitored by the Learning and Organisational Development team through feedback from staff and the annual staff survey. Findings (including good practice) and recommendations will be shared with the Directorate Management Teams.

All development logged or applied for on CPFT Academy can be used for personal reporting and professional registration purposes.

The Learning and Organisational Development team will regularly report on the following per Directorate:

- Development activity (including rejections by staff groups / ED&I metrics / band

- Development Evaluation

Additional reporting can be requested to support audit processes and projects. People & Culture Committee

## **10 Links to Other Documents**

Other related Trust documents include:

- a.) Statutory and Mandatory Training Policy
- b.) Early Resolution, Grievance and Dignity at Work Policy
- c.) Capability Policy
- d.) Disciplinary Policy
- e.) Safeguarding Children Policy
- f.) Non-Medical Prescribing Policy
- g.) Pay Progression Policy
- h.) Maintaining Professional Registrations Policy

## **11 References and Acknowledgements**

Health Careers, *Continuing Professional Development*, Available at

<https://www.healthcareers.nhs.uk/career-planning/career-planning/developing-your-health-career/developing-your-health-career/continuing-professional-development-cpd/continuing#:~:text=The%20NHS%20offers%20continuous%20professional,volunteering>

Michael A West, *Compassionate Leadership Sustaining wisdom, humanity and presence in Health and Social Care*, 2021

NHS Employers

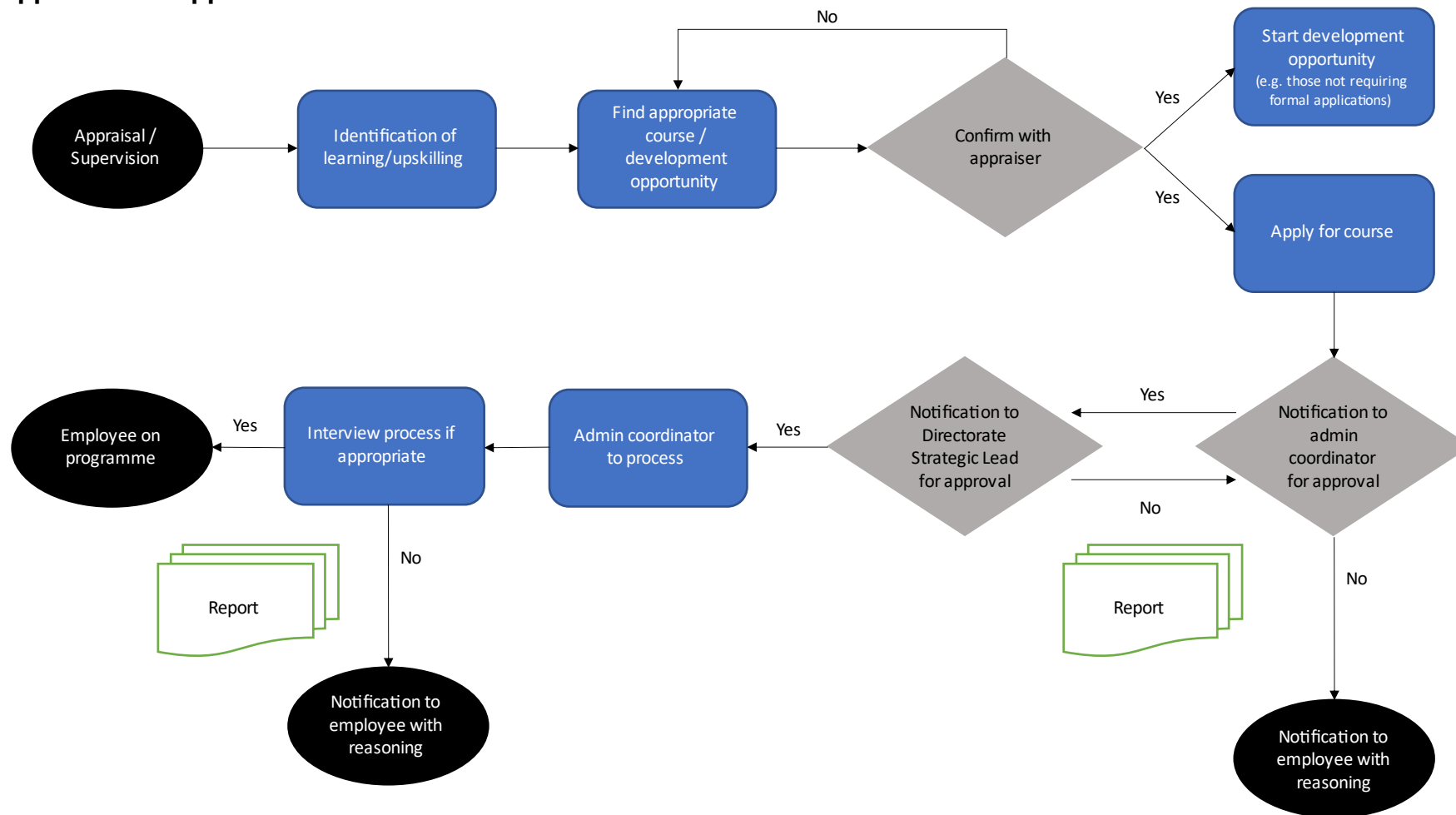
NHS Leadership Academy

Professional and regulatory bodies – standards and guidance

Skills for Care

Regulation 18: Staffing – Care Quality Commission (cqc.org.uk)

## Appendix 1 – Application Process



## Appendix 2 - Supervision and Appraisal Minimum Standards

Supervision is a supportive measure and whilst the below sets out the minimum standard, frequency may increase or decrease in line with personal needs. See the Scope for Growth Policy for detail.

### Minimum Standards:

Supervision (Operational and Professional)	Appraisal	Safeguarding Supervision
<p>1 formal supervision per quarter (4 per year)</p> <p>These should be used as required and can be Operational/Professional/ both depending on individual need.</p> <p><b>Check your regulatory/professional requirements for whether you need more.</b></p>	<p>An appraisal conversation every 12 months.</p> <p>New starters should have an appraisal within 3 months of starting their post.</p> <p>Optional career conversations available for all.</p>	<p>All those requiring level 3 safeguarding training also require 1 hour supervision per year.</p> <p>Specialist Community Public Health Nurses require quarterly supervision.</p>

### Modes of Delivery:

Formal Supervision	
<p>One-to-one supervision between a supervisor and supervisee</p> <p>Group supervision in which two or more practitioners discuss their work with a supervisor</p> <p>Peer supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor</p> <p>Safeguarding Supervision</p>	
Informal Supervision	
<ul style="list-style-type: none"> <li>• Clinical Restorative Supervision</li> <li>• Action Learning Sets</li> <li>• Schwartz Rounds</li> <li>• Staff Network Meetings</li> <li>• Team Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Learning environment – with reflective practice</li> <li>• Coaching / Mentoring</li> <li>• Case Discussions</li> <li>• Debriefs</li> <li>• Safety Huddles</li> <li>• Other, including informal catch up with manager</li> </ul>

### **Appendix 3 - Funding arrangements for Continuing Professional Development (CPD) where required**

As illustrated, development can be achieved in a variety of ways. Where necessary funding may be required and is accessed via a few routes.

On an annual basis we are invited to request places for apprenticeships, courses and training which Health Education England (HEE) commission e.g., Specialist Community Public Health Nursing (Health Visitors). It is essential that managers contribute to these requests to ensure we have the number of places required to meet our workforce needs.

HEE currently manages the distribution of funding to support the continuing professional development (CPD) for registered nursing associates, nurses, midwives, and allied health professionals (AHPs). This funding is provided directly to CPFT to manage in line with the guidance in 6.3. HEE provide funding for Psychology and Pharmacy at a Regional level and is managed by CPFT Professional Leads. Medical CPD funding arrangements are separate to this process.

The amount provided varies across the years as determined by the Department of Health and is allocated based on the Trust's headcount data.

In addition to this funding stream, CPFT annually provide CPD funding for staff not registered with the Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC) e.g., administrative and clerical staff, and additional clinical services/support workforce.

Occasionally there are opportunities to bid for additional CPD funding.

NOTE: Health Education England have joined NHS England as a joint organisation from April 2023.