

Supervision and appraisal

1 Introduction

This is the sixth in a series of briefings to assist managers of drug treatment services to develop effective management policies and procedures.

The briefing outlines principles of good practice for developing comprehensive policies on the supervision and appraisal of staff. It looks at the benefits of supervision and appraisal and covers the different types of, and approaches to, supervision. This document provides information and general guidance only. It is not, nor is it intended to be, legal advice. This briefing should be read with reference to the briefings in this series on *Disciplinary issues, capability and grievances, Recruitment and retention* and *Equal opportunities and diversity*.

2 General principles

There is no legal obligation for employers to introduce supervision or appraisal policies. However, it is important for all drug services to incorporate effective supervision and appraisal into their organisational practices for a number of reasons:

- It is a requirement of *Quality in alcohol and drug services (QuADS)* standards that drug services “have a policy that is designed to monitor, motivate and support staff” and that “all staff who provide counselling/therapy receive regular supervision” (DrugScope/Alcohol Concern, 1999).
- Drugs and Alcohol National Occupational Standards (DANOS), require staff to make use of supervision and to support and challenge others on specific aspects of their practice (Skills for Health, 2003).
- It is a requirement of some professions (e.g. counselling).
- Conditional pay systems (such as performance-related pay) may use supervision and appraisal to support and gauge improvements in skills and knowledge (e.g. the NHS's Agenda for change pay system links pay progression (at two points on the scale) to assessment of the knowledge and skills that staff are applying in their jobs. This requires that staff are supported in their personal development).
- It benefits employers, managers, service provision and the individual staff member (see 3.2 *Benefits of supervision* and 4.2 *Benefits of appraisal* in this briefing for details).

It is illegal to discriminate against an individual (including through supervision and appraisal) on grounds of gender, sexuality, marital status, race, disability, or trade union membership or non-membership. It is good practice that drug treatment services do not discriminate on any other grounds. See the briefing in this series on *Equal opportunities and diversity* for more information.

A drug treatment service may have a single policy or, ideally, two separate policies covering supervision and appraisal. A single policy can outline the processes and emphasise the distinction between supervision and appraisal but separation into two policies will provide further clarity about the different processes involved. The policies should clearly set out the service's statement of intent, clarifying the need for, and benefits of, both supervision and appraisal. Reference should be made to step-by-step procedures for supervision and appraisal, so that all staff members are fully aware of the systems in place. Appraisal and supervision policies should be adopted and understood at all levels of the service. The processes should be separate but interlinked: supervision providing the continuous process of management and support between appraisals and reviews.

HR in the NHS plan (Department of Health, 2002) recognises that good human resource management can make a positive difference to the performance of an organisation and "lead to better outcomes, clinically and for staff". Good human resource management will include effective supervision and appraisal policies and practices. A knowledge and skills framework has been developed to help managers and staff identify core knowledge and skills required for each career stage, with annual reviews (appraisals) to assess training and development needs. The NHS framework for lifelong learning, *Working together, learning together* (Department of Health, 2001), commits the NHS to provide learning and personal development, ensuring that staff are:

- equipped with the skills and knowledge to work flexibly in support of patients
- supported to grow, develop and realise their potential.

This document states that there should be a system of appraisal for all NHS staff and that all NHS staff should have a personal development plan (PDP), which supports their learning needs on an individual basis.

The NTA's workforce strategy, *Developing careers - improving treatment* (NTA, 2003a), aims to develop staff with the skills, qualifications and experience necessary to respond effectively to the needs of service users. Effective supervision and appraisal policies will be essential to achieving this aim. The Drug and Alcohol National Occupational Standards (DANOS) can be used to ensure a drug service has a competent workforce by identifying individual development needs, and appraising and developing competence. The NTA is working towards recognised qualifications for the substance misuse sector and developing a framework within which to set the qualifications and the learning programmes.

The NTA has developed two staff development toolkits, one for registered care homes and one for all other drug services (NTA, 2003b and 2003c) to provide straightforward practical guidance on staff development and human resource issues for drug services.

3 Supervision

3.1 Basics

Supervision sessions should be a vital part of "managing, motivating, supporting and training staff" (DrugScope, 2003). Supervision is one of the management tools that assists drug treatment services to deliver quality services. The extent to which someone is meeting a service's aims and the tasks outlined in their job description is assessed and monitored by the supervision process.

The three principal functions of supervision include managerial, personal and clinical (specialist or practice) supervision. These may be provided separately or in different combinations.

Managerial supervision

Managerial supervision involves issues related to an employee's job description or their workplace and includes:

- prioritising workloads
- monitoring work and work performance

- sharing information relevant to work
- clarifying task boundaries
- identifying training and development needs.

Personal (or pastoral) supervision

Personal supervision relates to personal issues raised through work and includes:

- discussing how outside factors are affecting work
- enabling people to deal with stress.

Clinical (or practice/specialist) supervision

As well as the managerial and personal supervision outlined above some individuals working in drug services (e.g. counsellors, nurses and social workers) will require specialist, practice or clinical supervision. The name given to this type of supervision will depend on the culture of the work setting and content of the supervision (e.g. nurses may have clinical supervision while social workers may have practice supervision).

Clinical, practice or specialist supervision is a professional relationship between the practitioner engaged in professional practice and a clinical, specialist or practice supervisor. Clinical supervision is defined as “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations” (Department of Health, 1993). “In essence, clinical supervision is both a structure and a process through which the principles of reflective practice may be facilitated” (Cottrell, 2000). Practice or specialist supervision will be similar to clinical supervision, though the content may be less medically-based.

Clinical, practice or specialist supervision should monitor the employee’s work with service users and maintain ethical and professional standards. It can be on a one-to-one or group basis and either be provided by the employee’s manager or by professional peers. The frequency will vary depending on the experience and work setting of the employee but it should be an ongoing commitment, and should extend throughout an individual’s career. The roles of the supervisor and supervisee should be clearly outlined in a supervision or separate clinical, specialist or practice supervision policy. This type of supervision is not compulsory for every drug professional but employers may require specified staff to receive clinical, specialist or practice supervision as a mechanism to ensure professional accountability. Although not compulsory in some fields (e.g. social workers and nurses) it is increasingly recognised as good practice.

3.2 Benefits of supervision

Effective supervision should benefit the service, manager, employee, and service user.

Benefits for the manager and the service are that:

- problems can be identified at the earliest possibility
- the employee’s objectives can be monitored
- the service’s objectives can be clarified
- staff retention rates may be increased
- a relationship can be developed with the employee
- there may be improvements in staff performance
- leadership can be exercised (e.g. clarifying and affirming the vision of service delivery)
- communication may be improved between the employee, supervisor and employer
- there may be a decrease in complaints about the service.

Benefits to the employee are that:

- they have “space” away from their work in a private one-to-one setting
- the employer gives time and focus to the individual worker
- potential problems can be discussed
- areas of their work that need improvement can be identified at an early stage
- training and development needs can be identified
- they can receive feedback about their work
- they may have increased feeling of being valued by the service
- a relationship can be developed with their supervisor
- they can develop clarity about their work role
- their motivation and job satisfaction may be increased
- communication may be improved between the employee, supervisor and employer.

Benefits to the service user are that:

- they should receive an effective service, benefiting from increased employee motivation, job satisfaction, clarity about job role and early resolution of any problems.

3.3 Supervision meeting

The policy should state that it is the manager’s responsibility to ensure that supervision happens regularly, usually every four weeks but ranging from every two to eight weeks. New recruits, newly qualified staff and those for whom there is a performance issue may need more frequent supervision. Dates should be set in advance and prioritised by both the supervisor and employee. It is important that both the employee and supervisor prepare for the supervision session, considering what they want to discuss and to achieve from the meeting.

Any relevant documents should be made available (e.g. recent appraisal records and the employee’s training plan). Supervision is part of an ongoing process of management, so links should be made to previous supervision sessions or informal sessions. A standard format can be helpful, as long as time is allowed for other issues. A mutually agreed agenda will ensure all relevant issues are covered. Records of meetings should be kept and retained on the staff member’s file. The staff member should receive a copy. All documents should be treated as confidential with only management and the staff member having access.

3.4 Supervision in residential drug services

It is a requirement of the *National minimum standards for care homes for adults (18-65)* (Department of Health, 2003) that all staff in residential services must receive structured foundation training.

Topss standards were introduced in 2001 to provide a benchmark for the induction and development of all social care staff. The induction and foundation standards provide a description of the minimum understanding required for social care work. The foundation standards provide a basis for the next stage of learning and skill development for new staff during their first six months of employment, after induction training. Standard 3.1.3 requires the member of staff to demonstrate effective use of supervision. For more information see www.topss.org.uk.

3.5 Group supervision

Many of the principles and aims of individual supervision can be applied to group supervision. Group supervision can be particularly effective, providing a range of different perspectives on clinical issues. However, group supervision can provoke anxiety, as individuals may feel

vulnerable in front of colleagues, although some individuals may prefer the less intimate approach. Whilst the group may learn from group processes, the group dynamics may interfere with the supervision process. There can also be competition between group members for time and attention.

Clear group roles need to be established and reviewed at the start of each session. The supervisor will need to manage the development of the group and the process of individual supervision. The role of the facilitator may be allocated to a different group member each session, enabling each participant to develop group leadership skills.

3.6 Peer supervision

Peer supervision in pairs or groups must be formalised and regular. It should involve meeting with a colleague or group of colleagues with equal experience and sharing supervision tasks equally.

Peer supervision may have more credibility with the individuals involved and create stronger ownership of the supervision process. However, there need to be firm boundaries or sessions could deteriorate into a non-structured conversation. There may also be deficits in knowledge, and competition among participants to get their needs met.

4 Appraisal

4.1 Basics

The objective of appraisal "is to help improve individual performance, realise potential and achieve better results for the organisation" (Lawson, 1992). The appraisal policy should state that the appraisal process is annual, mandatory and covers all staff. It should also state who does the appraising and that employees can see their appraisal reports. The main objectives of an appraisal system are:

- providing feedback on past and current performance
- identifying training and development needs
- setting objectives/targets for the future.

(NTA, 2003c).

For appraisal systems to be effective it is necessary to:

- ensure senior managers are fully committed
- consult with managers, employees and trade union representatives about the structure and implementation of appraisals before they are introduced
- monitor schemes regularly
- give appraisers adequate training to enable them to make fair and objective assessments and to carry out effective appraisal interviews
- keep the scheme as simple and straightforward as possible.

(ACAS, 2003).

Some organisations will link appraisals to a salary review. The NTA's *Staff development toolkit for drug and alcohol services* (NTA, 2003c) supports the view that it is not best practice to have a direct link between appraisal and salary review/promotion, since the goal of a frank and open discussion may not be achieved. However, the NHS Agenda for change pay system will link progression at "gateway" points on the pay scale, to an assessment of the knowledge and skills that staff are applying in their jobs.

4.2 Benefits of appraisal

A clear and effective appraisal policy will benefit staff, managers, the service and the service user.

Benefits for the manager and service are that:

- employees' expectations can be clarified
- new ideas from the manager or employee can be explored
- problems can be recognised
- the relationship between the manager and the staff member can be strengthened
- a visible demonstration that the service values its employees can be provided
- service objectives and strategy can be clarified.

Benefits to the employee are that:

- they are able to discuss their work role
- they can receive clarification on how they can contribute to team objectives
- their work successes can be acknowledged
- areas for development in their work can be identified and possible solutions suggested.

Benefits to the service user are:

- the improvement of service delivery through new ideas and employee development.

4.3 Meeting

Good preparation is important for conducting a successful appraisal meeting. Appraisal meetings should take place at least annually. The employee should be given the appraisal policy and time to prepare a self appraisal form before the meeting. For an example of a self-appraisal form see the *Staff development toolkit for residential drug and alcohol services* (NTA, 2003c). The manager should look at the previous appraisal form, job description and relevant national occupational standards (particularly Drugs and Alcohol National Occupational Standards [DANOS]), noting any points for discussion.

The manager should record the appraisal, including any objectives set and any commitments made by the employee or manager. Both the appraiser and employee should sign and date the form to indicate that it is a true record of the discussion held, and keep a copy. The appraiser's line manager should then check this record for consistency and fairness. The Human Resource department may also need a copy, especially if the appraisal process is linked to pay progression.

4.4 Setting objectives

The whole appraisal process should be a cycle of setting, reviewing and then re-setting key objectives. The employee should be involved in setting objectives and they should have control over the objectives' outcomes. Each objective should be specific, measurable, agreed, realistic and time-related (SMART):

- Specific: clearly identify the task which needs to be achieved.
- Measurable: a method should be in place, which can measure the progress towards the objective.
- Agreed: both the manager and employee should agree the objective.
- Realistic: goals should not be set too high or too low.
- Time-related: there should be a start and finish date to achieve the objective.

4.5 Monitoring

A manager should be nominated to monitor and co-ordinate the appraisal system to ensure consistency in the assessment of employees. Monitoring should also identify if certain groups (e.g. women or members of Black and minority ethnic communities) are treated less fairly in appraisals, which can affect promotional opportunities. It can also help determine whether the process needs to be changed to meet the needs of the service or staff. Read more about monitoring requirements in the separate briefing in this series on *Equal opportunities and diversity*.

5 Training

It is important that all staff are trained in supervision and appraisal processes, so that they are clear what is expected of them and can benefit fully from the process. Supervision and appraisal can involve dealing with problems in a staff member's work performance or conduct. Managers and staff must be trained to give and receive constructive feedback respectively.

Supervision and appraisal training and support are available in a variety of delivery formats (e.g. classroom, online, telephone coaching and peer-to-peer discussion). For more information contact the Chartered Institute of Personnel and Development 020 8971 9000 or see the website at www.cipd.co.uk.

6 Appeals

There should be an appeal process for any employee who believes that the appraisal or supervision process was unfair or unsatisfactory, or that meetings are not frequent enough. In most drug services this will involve employees using the grievance procedure. See the briefing on *Disciplinary issues, capability and grievances* in this series for more details.

7 Recommended references

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Developing drug service policies

Briefings for managers of drug treatment services

The National Treatment Agency is publishing a series of briefings to enable the managers of drug treatment services to develop effective management policies and procedures. The briefings will provide managers with:

- a summary of key policies and related issues
- guidance on implementation.

The guidance does not constitute legal advice. Individual guidance will indicate if the NTA considers it necessary to seek legal advice.

There will be ten briefings within the *Developing drug service policies* series - all of them available at www.nta.nhs.uk.

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