



Public – To be published on the Trust external website

Clinical Supervision Policy

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Contents

1	Introduction	3
2	Why we need this policy	3
2.1	Purpose	3
2.2	Objectives.....	3
3	Scope.....	4
3.1	Who this policy applies to	4
3.2	Roles and responsibilities	4
4	Clinical Supervision Overview	5
4.1	Frequency of supervision	6
4.2	Supervision arrangements.....	7
4.3	Supervision contracts	7
5	Recording of Supervision.....	8
5.1	Confidentiality.....	8
5.2	Non-attendance at supervision.....	9
5.3	Supervision and safeguarding of children and vulnerable adults.....	9
6	Definitions.....	9
7	Related documents	10
8	How this policy will be implemented	10
8.1	Implementation action plan.....	11
8.2	Training needs analysis.....	11
9	How the implementation of this policy will be monitored.....	11
10	References	12
11	Document control (external).....	14
	Appendix 1: Equality analysis screening form.....	16
	Appendix 2: Approval checklist	19

1 Introduction

This is the clinical supervision policy for the organisation and has been developed to support registered clinical and social work staff, plus peer workers and chaplains to meet the professional standards of various professional bodies and Care Quality Commission (CQC). Clinical Supervision is a core requirement of all registered clinicians.

Although this policy specifically refers to those who hold a professional registration, all staff who work with patients should be provided with regular space to think about their work and its impact. However, this remains the responsibility of the professional registered practitioner/ operational manager that they report to.

Staff who hold responsibility for a caseload of patients should also refer to the [Community Caseload Supervision Policy](#). However, this is not a replacement for clinical supervision.

All staff should have access to, and take responsibility for accessing, appropriate support as the need arises, whether relating to urgent matters or routine clinical work.



This policy highlights that clinical staff **must** have an opportunity to reflect on their clinical interactions to practice safely, to maintain and improve the quality of their practice, and to address their own needs for support and well-being.

This policy aligns with and supports the strategic and regulatory requirements of the Trust.

2 Why we need this policy

This policy supports registered clinicians, social workers, peer workers and chaplains to meet the requirements of their professional standards and the CQC Regulation 18 which states:

“Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.”

2.1 Purpose

To set out the minimum level of clinical supervision that all registered clinical practitioners and social workers, chaplains and peer workers, who are delivering clinical care must receive, and the processes for recording, reporting, and monitoring these standards.

Each profession may have additional and specific professional guidelines, procedures and protocols (see section 7 Related documents).

2.2 Objectives

The policy objectives are to:

- To set a minimum standard of supervision frequency
- Clarify responsibilities / duties in relation to supervision.
- Highlight the method and importance of recording all supervision contacts.

3 Scope

3.1 Who this policy applies to

This policy applies to all registered clinicians, social workers, chaplains and peer workers. This includes staff that are permanent (full and part time), temporary (fixed term), and bank staff and those in roles which are not providing direct care but require registration for their roles.

Agency staff should request clinical supervision from their work area or contact the temporary staffing service / medical staffing who will provide clinical supervision if necessary.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive,	• On behalf of the Trust Board, has overall responsibility for ensuring that the organisation complies with its statutory obligations.
Executive Clinical Directors	• To ensure that the principles within this policy are embedded in practice.
Clinical and Professional Leads	• To embed and monitor compliance within their area of responsibility and address any areas of non-compliance.
Operational Managers	• Support clinical leads to provide job planned time to access, record and monitor clinical supervision. • Ensure all staff comply with the policy and that professional standards are maintained. • Ensure all staff have access to this policy – especially those without access to the Trust intranet - and that the policy has been read and understood by staff. • Support clinical leads to address issues of concern and provide support for supervision to be a meaningful, high quality and safe conversation. • Ensure that all services have local agreed procedures for supervision in their work area and all staff are aware of this. • Ensuring that each new employee understands, during their induction period, the expectations and benefits of regular supervision.

Clinical Supervisor	Has a joint responsibility with the supervisee for ensuring supervision occurs, that a supervision contract is in place and confirming record keeping arrangements, including recording on the Trust system. The supervisor should: • Ensure that they operate within their sphere of competence and personal boundaries. • Undertake supervision training which should include reflections on personal bias. • Facilitate a critical reflective discussion ensuring psychological safety • Ensure the supervisee is working within their sphere of competence. • Ensure maintenance of supervision standards. • Record (on TEWVision for most staff; for Talking Therapies and medical staff the system may be different) the date and length of the supervision episode
Supervisee	Has a joint responsibility with the supervisor for ensuring supervision occurs, a supervision contract is in place and confirming record keeping arrangements, including recording on the Trust systems. The supervisee should: • Be honest, open, and constructive and committed to the process. • Communicate any requirements for reasonable adjustments, accessibility needs, or preferred methods of communication to support their participation. • Raise concerns if barriers are affecting their ability to access or benefit from supervision • Engage in critical reflection of their practice • Ensure that they operate within their sphere of competence and personal boundaries. • Jointly contribute to the supervision agenda. • Prepare for the supervision session. • Accept constructive criticism and challenge and act on any outcomes / actions from the supervision session in a timely manner. Supervisees should ensure their supervision session is recorded within 2 working days of completing supervision. This is a matter of personal accountability.

4 Clinical Supervision Overview

Clinical Supervision is a practice focused professional relationship, involving a practitioner reflecting on their practice guided by a skilled supervisor. Its focus is the care provided to the patient, providing a space to enable the clinician to reflect on their practice. The supervisory relationship is critical in providing a psychologically safe space where clinicians can critically reflect on their practice, develop self-awareness and insight, supervisors can safely challenge in order for the supervisee to learn and develop.

During supervision the clinician will be supported to:

- Consider the patient / family members / carer and their journey through the service inclusive of risk, safeguarding, assessment, analysis / formulation, and intervention (care / action plan), and the promotion of anti-discriminatory practice.
- Be professionally open to questions about clinical work, power and the impact of the clinician on the patient's care.
- Reflect on new skills and translate learning into evidence-based practice
- Review and evaluate assessments, formulations, care planning and outcomes.
- Review any engagement or interpersonal issues with patients or carers.

4.1 Frequency of supervision

All clinical staff must actively participate in a mandatory minimum of **eight episodes of clinical supervision, level loaded throughout the year**. These episodes must be meaningful in length. The policy does not set out minimum length of each episode and registered practitioners are expected to ensure that the duration and conversation have a material impact on their work. TEWVision will ask how long each session lasts so that we can, if needed, review patterns of engagement and support.

Four of these eight episodes must be one to one clinical supervision; the remaining four episodes may consist of one-to-one clinical supervision, peer or group supervision.

(For medical staff these may all be group supervision)

Any member of staff experiencing barriers to meeting the minimum standard for supervision **must** inform their line manager.

Individual job roles may have additional and specific governance requirements regarding supervision frequency and mode (group or individual and internal or external provision - see section 4.4).

Supervisees need to have as much supervision as they need to fulfil their role. As such, the standards above are seen as the **minimum** required to support practitioners not the target to aim for. Supervision arrangements will frequently exceed the Trust minimum standard to meet the professional and other requirements of the role.

Expected practice is that:

- Protected time is arranged to enable planned regular sessions to take place
- Sessions are planned in advance
- Sessions are conducted in a private space that promotes psychological safety and is free from interruptions

4.2 Supervision arrangements

In discussion with their line managers and professional leads, supervisees will be responsible for identifying supervisors and negotiate appropriate supervision arrangements taking account of:

- The requirements of the supervisee's role and area of clinical practice.
- The supervisee's development needs
- The skills and competencies of supervisors.
- For medical staff a peer group will be allocated on starting work in the Trust

When establishing supervision arrangements, the supervisee and supervisor should consider their relative availability and accessibility, both in relation to their existing workload and to minimise any travel incurred.

It is recognised that clinical acuity may occasionally impact on the delivery of clinical supervision. It is an operational and professional responsibility that arrangements are made to ensure clinical supervision takes place and staff can meet the minimum requirements. The relevant professional and accreditation standards for the required duties performed must be maintained.

It is the responsibility of the line manager and supervisor / the Professional Leads to agree arrangements that balance the required clinical capacity of an operational service with the quality and safety standards that include appropriate supervision arrangements. Advice and support can be obtained from the Professional Heads/Leads.

4.3 Supervision contracts

Note: **this section does not apply to medical staff** who follow their own professional body's guidance on how supervision is overseen.

For clinical supervision, a supervision contract must be drawn up between the clinical supervisor and the supervisee(s), shared with the line manager and kept on the supervisee's personal file. It should be reviewed every twelve months, (more frequently if for example there is a change in role / relationship between supervisor and supervisee). Example contracts are available on TEWVvision. It should include:

- The name(s) of the supervisor(s) / supervisee.
- The frequency, timing, and typical venue of meetings.
- The model and mode of clinical supervision being undertaken.
- Responsibilities for record keeping and documentation.
- Statement regarding the limits to confidentiality within supervision, including the disclosure of unsafe and unprofessional practice where appropriate.
- Agreed responsibility for addressing safeguarding issues that arise within supervision

- The duration of the supervisory contract and the review and / or termination of the supervisory contract.

Where clinical supervision is offered in a peer format, a supervision contract must still be in place, detailing the arrangements for all parties and the mechanisms for all parties to raise any professional or practice concerns with each supervisee's line manager. This contract must be shared with each person's line manager and saved in the personal file for each supervisee.

Group-based supervision should have agreed terms of reference including:

- Responsibilities for facilitation.
- Agenda setting and prioritisation of discussion.
- Aims of supervision (for example the percentage of agenda that is supportive and percentage that is focussed on clinical case work).
- Responsibilities of attendees.

Expected participation of members in agenda and discussion. Where group supervision is amongst peers, the supervision records must be overseen by a named member of the group.

Informal / ad hoc supervision or case discussion is an opportunistic time to reflect on a clinical case, formulate care and plan interventions and can be at a point of crisis or after a difficult interaction at work. It does not require a contract but requires a reflective log entry to be made if used as supervision hours (for professional accreditation or revalidation purposes).

5 Recording of Supervision

The date and duration of all clinical supervision **must** be logged electronically on the Trust's electronic recording system (TEWVision for most staff) so it can be made available to the organisation for auditing purposes as required and in accordance with all relevant legislation and policy.

A record of the content of the supervision episode must be kept by both the supervisor and the supervisee (external to TEWVision). For group supervision all participants must keep a copy of the record of the content of the session

If discussions about a patient lead to a change in decision, action or risk, this must be recorded in the Electronic Patient Record.

All other notes should be kept securely and must not include any identifiable clinical or personal information. At the end of a clinical supervision relationship, notes must be retained for a period of time as defined by the clinical recording policy.

5.1 Confidentiality

The content of discussions within clinical supervision will usually remain confidential. If the supervisor has any concerns about the practice or welfare of the supervisee, they have a

professional duty to break confidentiality and raise these with the line manager and potentially the professional head. Any such concerns raised must be documented by the line manager within the supervisee's personal file and appropriate action taken to ensure the safety of all concerned and that quality of practice is maintained. It should be noted that these records may in some circumstances be called on as part of investigations or reviews, following appropriate Information Governance processes.

5.2 Non-attendance at supervision

Attending supervision and co-reflection sessions is a mandatory expectation. If you are at work you must attend these sessions unless you gain prior approval from your supervisor. Non-attendance at supervision should be managed in the first instance by the individual's supervisor / medical manager. Where supervision is persistently cancelled through sickness or team / ward issues, the supervisee or supervisor must give details of this to their Line Manager who will make all reasonable adjustments to the supervisee's / supervisor's workload to ensure supervision occurs.

If supervision still does not happen the supervisee / supervisor is obliged to report this to the Line Manager – who must resolve the situation, initially through an informal process of managerial support and guidance (including consideration of competing demands such as caring responsibilities whilst ensuring clinical supervision requirements are still met), then if deemed ultimately necessary through trust performance / disciplinary procedures.

5.3 Supervision and safeguarding of children and vulnerable adults

It is essential that the welfare and safeguarding needs of patients, their families and those close to them are discussed in every supervision session. There are additional requirements for specialist safeguarding supervision. For further information refer to the [Safeguarding Children Policy](#) and [Safeguarding Adults Policy](#). For example, but not limited to, child protection processes, for MARAC cases, organisational abuse, and media interest about the child or vulnerable adult which may exacerbate the vulnerability.

There are additional requirements for specialist safeguarding supervision for CAMHS. For further information refer to the [Safeguarding Children Policy](#) and [Safeguarding Adults Policy](#)

6 Definitions

Term	Definition
n/a	•
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7 Related documents

- [Community Caseload Supervision Policy](#)
- [Information Governance Policy](#)
- [Staff Development Policy](#)
- [Human Rights, Equality Diversity and Inclusion Policy](#)

Professional standards are detailed in the links below:

PLEASE NOTE SOME OF THESE DOCUMENTS ARE BEING CONCURRENTLY UPDATED

- [Allied Health Professional Staff](#) : AHP's in non AHP specific roles will follow the main supervision policy and follow AHP professional clinical supervision protocols for any AHP therapy delivery within these roles
- [Non-Medical Prescribers](#)
- [Peer Work Supervision Protocol](#)
- [Professional Nurse Advocacy](#)
- Psychological Professions Supervision Procedure (in development for release summer 2026)
- [Governed Psychological Therapies \(GPT\) : \(Psychological Therapies, Low Intensity Interventions and Psychological Well-Being Interventions\) procedure](#)
- [Social Worker Staff](#) (in development for release summer 2026)

8 How this policy will be implemented

• This policy will be published on the Trust's intranet and external website.
• Line managers will disseminate this policy to all Trust employees through a line management briefing.
• All staff recruited into posts that deliver direct service user care will be made aware of the clinical supervision policy at Trust and local induction.
• The Trust will commit to making clinical supervision available to all staff to whom this policy applies.

8.1 Implementation action plan

n/a

8.2 Training needs analysis.

- All staff should receive advice, guidance, and training on how to participate in and engage in clinical supervision. This will be specified by profession for both supervisees and supervisors.
- If a training need is identified this should be noted through the appraisal process and raised as an Expression of Interest through the CPD process. Please see the staff development policy.

Staff / Professional Group	Type of Training	Duration	Frequency of Training
All staff requiring clinical supervision	• e-learning • Face to Face	1 day	One time only

9 How the implementation of this policy will be monitored

Monitoring of compliance

Monitoring of individual, service and Trust compliance will be primarily via the Trust clinical supervision recording tool, which is then reflected in the IIC and People Dashboard.

To meet our own standards, we must demonstrate that of 85% of registered clinicians engaged in providing clinical care are undertaking supervision in line with this policy. Bank staff data will not be reported within the Trust's compliance KPI.

All managers and professional leads will be able and expected to track data for their own services. The KPI will be reported through Executive Directors' Group and into Quality Assurance Committee.

Manager and professional lead assurance

On request managers will be expected to provide an overview of the clinical and safeguarding supervision arrangements for the team to feed into other quality assurance processes.

Number	Auditable Standard / Key Performance Indicators	Frequency / Method / Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	Compliance against Trust policy minimum standards for all staff eligible for clinical supervision to meet the required minimum 8 meaningful episodes of clinical supervision.	F = Monthly in IQPR M = IIC R = Clinical and professional leads	- Professional reference groups - Quality Assurance and Improvement Groups - Executive Directors Group - Quality Assurance Committee
2	Annual Peer Review Audit monitors compliance with clinical supervision completion in line with Trust policy	F = Annual M = Annual Peer Review Audit R = By professional leads	- Quality Assurance and Improvement Groups - Professional Reference Groups - Quality Assurance Committee
3	New performance measure on Trust Integrated Quality and Performance Report	F – Monthly M – IQPR R – collective leadership groups at each level	Care group governance groups, Executive Directors' Group, Quality Committee and Board
4	Compliance with NHS litigation authority standards and "Standards for Better Health".	Annually	- Care Group Boards and sub-groups - Quality Assurance and Improvement Groups

10 References

Nursing and Midwifery Council (NMC, 2018)
 Health Care Professions Council (HCPC, 2022)
 General Pharmaceutical Council (GPhC)
 General Medical Council (GMC, 2021)
 Care Quality Commission (CQC) document "Supporting effective clinical supervision" (CQC, 2013) towards meeting CQC Regulation 18 (CQC, 2025).

Advanced Practice Supervision Care Quality Commission (2023) Regulation 18: Staffing. Available at <https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing> (Accessed 25/09/2023).

Department for Education (2022) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard & Promote the Welfare of Children*. London, HM Gov.

General Medical Council (GMC) (2021), *Handbook for medical supervisors*. Available at https://www.gmc-uk.org/-/media/documents/dc4341-handbook-for-medical-supervisors_pdf-59327439.pdf (Accessed 05/09/2023).

Health and Care Professions Council (HCPC) (2022) *Supervision, Leadership, and Culture: What our standards say*. Available at: <https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/what-our-standards-say/> (Accessed 03/09/2023).

NHS England (2025) *Workplace Supervision for Advanced Practice*. Available at: [Workplace Supervision for Advanced Practice](#)

NMC (2018) Standards of proficiency for registered nurses. Available at: <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/> (Accessed 20/06/23).

NMC (2024) [Standards of proficiency for registered nursing associates - The Nursing and Midwifery Council](#)

Royal College of Nursing (2025) *Nursing Workforce Standards: Supporting a safe and effective nursing workforce*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/rcn-workforce-standards-uk-pub-009681>

Royal College of Nursing (2022) *RCN position on clinical supervision*. Available at: [RCN position on clinical supervision | Royal College of Nursing](#) (accessed 5/12/2023).

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	06 October 2026
Next review date	06 October 2029
This document replaces	CLIN-0035-v7 Clinical and Professional Supervision Policy
This document was approved by	Executive Clinical Leaders Sub-group
This document was approved	16 September 2026
This document was ratified by	Executive Directors Group
This document was ratified	06 October 2026
An equality analysis was completed on this policy on	May 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
8	06 Oct 2026	Full review with extensive changes: - Updated references - Removal of duplicate information - Broad and general update, adjusted to accommodate different structure and content and edit for clarity and brevity - Updated safeguarding text - Removal of Kolb worked example template - chaplancy and peer workers to be included in the formal metric and have the same oversight at QAC and board as registered clinicians*	Ratified

		*this inclusion was an addition approved by EDG after document approved by ECLS.	
7	16 Apr 2024	• Updated to align with OJTC base template and format. • Updated references and associated hyperlinks for recording tool. • Restructured document content. • Updated appendices. • Removed direct detail to management supervision and appraisal policy which is now referenced only. • Updated associated and supporting documents and their references / links. • Safeguarding updated text • E&D screening reviewed. • Broad and general update, adjusted to accommodate different structure and content. • Reviewed for harm and amended as appropriate.	Withdrawn

Appendix 1: Equality analysis screening form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet.

Section 1	Scope
Name of service area / directorate / department	Directorate of Nursing and Governance
Title	Clinical Supervision Policy
Type	Policy
Geographical area covered	Trust Wide
Aims and objectives	To set the minimum standard for clinical supervision in Tees Esk and Wear Valley NHS Foundation Trust. To provide robust monthly monitoring that supports: - • the caseload management policy • the annual appraisal and management supervision processes by ensuring clinical quality and patient safety • The relevant Professional Guidance or protocols for clinical supervision
Start date of Equality Analysis Screening	Jan 2026
End date of Equality Analysis Screening	September 2026

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All clinical staff
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO

	• Sex (Men, women, and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism, and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans, and their families) NO
Describe any negative impacts	The Clinical Supervision Policy is expected to have an overall positive impact on staff across all protected characteristic groups by promoting wellbeing, professional development, reflective practice and high-quality patient care. No negative impact has been identified however, there is potential for unintended negative impact if supervision is not accessible, flexible, or adjusted to meet individual needs. The Trust will mitigate these risks through reasonable adjustments, flexible delivery arrangements, inclusive supervisory practices, and ongoing monitoring to ensure equitable access and outcomes for all staff in accordance with the Equality Act 2010 and the Trust's commitment to equality, diversity and inclusion.
Describe any positive impacts	Opportunity for reflection on practice Support and guidance for staff Checks on health and well being Supports potential for reasonable adjustments for staff with a LTHC / Disability Risk management Development of good practice

	A safe and confidential space for staff to discuss their needs that they may have in relation to their protected characteristics.
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Section 3	Research and involvement
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	• Feedback from equality bodies Care Quality Commission, • Investigation findings including external review of group of incidents. • Trust Strategic Direction • Data collection / Analysis – Audit results • Internal Consultation • Other – Professional Groups
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	Due for formal consultation following initial review.
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Future plans to include equality and diversity questions.

Section 4	Training needs
As part of this equality analysis have any training needs / service needs been identified?	Yes
Describe any training needs for Trust staff	Supervision awareness – for all preceptees Supervisor preparation training
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2: Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee / group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought / used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee / group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	PUBLIC
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/a	