Title: Community Caseload Supervision Policy

Ref: CLIN-0105-v1

Status: Ratified
Document type: Policy

Contents

1 Introduction

As a Trust we are on 'Our Journey for Change.' This sets out what we do, the kind of organisation we want to become, and the way we will get there by living the values all the time.

Community mental health teams are a significant part of the organisation and have responsibility for over 90% of patients involved in our services. Over recent years, our community teams are experiencing rising caseloads and increasing numbers of service users with complex mental health problems (Gadd, 2020). In taking this improvement forward, we want caseload supervision to be underpinned by the Trust values of Respect, Compassion and Responsibility.

In considering the research and scholarly articles, the 'Journal of Continuing Education in Nursing' (Ervin, 2008) highlighted a lack of research and teaching around caseload supervision. They noted that the lack of attention to this fundamental skill in textbooks may contribute to a loss of efficiency and low employee morale. Supporting the view that effective caseload supervision is a worthwhile investment.

As a Trust, we acknowledge caseload supervision is an important skill for the workforce who work with community caseloads. Providing a structured and evidence-based approach to caseload oversight and supervision means that staff have a clear, visual display of information so they can allocate time and resource to the service users who most need it (Gadd, 2020).

It is our ambition that that caseload supervision will be seen as 'everyone's business' and as an essential part of the flow of the patients journey through services and the wellbeing of the staff. Caseload supervision when managed well, is a safe and supportive process that can be integrated into daily clinical practice and with access to protected time to do it well.

As a Trust we recognise the staff require support, an integral part of their support includes having effective caseload supervision in place to help look after their well-being. In addition, caseload oversight follows the patient pathway so that our response remains central to a patient's need, whilst also ensuring the right staff have the right skills to offer at the right time to promote recovery.

2 Why we need this policy

The role of this policy is to detail the value of having single oversight of community caseloads and supportive staff process that provides caseload supervision. This policy establishes the concept of shared caseload with the clinical leadership team members to promote safe decision-making and that patient interventions are effective and progressing patient recovery. It is also to provide quality assurance that patients are being supported by a high-quality set of patients records that have been made available to patients, carers, and parents.

2.1 Purpose

The purpose of this policy is to describe the minimum standard for providing community caseload supervision and caseload oversight, detailing how it will be provided as part of routine practice for staff across community teams with all staff. By doing this, it will enable safety, effectiveness, and flow of the patient experience through community teams and to support the wellbeing and safety of our staff.

2.2 Objectives

The objectives of this policy will:

- Set the standards of practice, in relation to caseload oversight and supervision
- Ensure that staff will be supported using a standard approach to caseload supervision with access to a standardised central caseload dashboard, providing information direct from the electronic patient record and into the Trust Integrated Information Centre (IIC)
- Explain the roles of supervisee and supervisors and their training needs
- Ensure that time is protected for staff to prepare for and undertake caseload supervision
- Direct staff around the standard and location for recording caseload supervision activities into the patient's electronic record and the advice and guidance provided
- Demonstrate the difference between caseload, clinical, safeguarding and management supervisions.
- Demonstrate the links between wider core processes of community teams such as huddles, clinical leadership, or complex case discussions

This policy aligns with the Trust values by offering a supportive approach to caseload supervision for staff that holds a shared responsibility, is respectful and compassionate in the approach taken with staff.

3 Scope

The scope of the policy applies to secondary and tertiary community mental health and learning disability teams hosted by Tees Esk and Wear Valleys NHS Trust, where their core function over an extended period requiring oversight and responsibility of a patient caseload.

For this policy, there is single definition of a 'caseload' has been developed.

> ⚠️ For the purpose of this policy, a 'caseload' is defined as:
>
> 'Those patients that are registered as an open referral and have been allocated to an individual practitioner,' this includes those that are waiting for initial assessment or intervention.

Key roles and responsibilities of this policy are outlined in **Section 3.3 Roles and Responsibilities**.

3.1 Who this policy applies to

This policy applies to all staff employed by the Trust who hold responsibility for a caseload of patients (care coordinators or lead professionals) associated with a community team.

This includes:

- All grades of the medical profession that hold the lead professional responsibility, in line with the Trust CPA policy requirements
- Nursing and clinical support roles regardless of grade, this includes support workers, support team recovery workers, associate practitioners, and health care assistants.
- Allied healthcare professionals, social workers, individual placement support workers.
- All psychological professions roles (assistant psychologist, higher assistant psychologist, psychological Therapist, practitioner psychologist etc).

3.2 Which clinical teams this policy applies to:

- All community mental health and learning disability teams where a caseload is held including Home Based Treatment
- All specialist teams e.g., Eating Disorders, EIP (Early Intervention in Psychosis), Perinatal, Health and Justice services, Forensic Outreach

3.3 Exclusions to this policy

Those teams that do not hold a clinical caseload are excluded from this policy. This includes:

- Police force control and their respective response teams
- Liaison and Diversion
- Crisis response teams
- Hospital Liaison
- IAPT, as this considered a primary care intervention

3.4 Roles and responsibilities

Role	Responsibility
Supervisees	• Complying with this policy and establishing a caseload supervisory relationship. • Prepare for caseload supervision and active participation in the process • Creating the caseload supervision entry against the patient records open and transparent communication with the service user • Be confident in the use of the standard caseload dashboard
Supervisors	• This role can be allocated to any registered professional of a community team, including medics within the clinical leadership set • Complying with this policy and establishing a caseload supervisory relationship and/or forum(s) appropriate to their role. • Prepare for caseload supervision. • Active participation in caseload supervision • Be confident in the use of the standard caseload dashboard • Record that caseload that supervision has taken place
Clinical leadership team	• Contribute to the caseload supervision of staff in their team • Ensuring staff have access to and are participating in appropriate caseload supervision for their role, via

	Appraisal, Clinical Supervision and Management Supervision processes.
	• Be confident in the use of the standard caseload dashboard
	• All leaders have a responsibility to ensure staff are aware of this policy and its implications.
	• To ensure that staff are given appropriate training and time to comply with policy.
	• The maintenance and monitoring of compliance with this policy within their area of responsibility.
Operational /Service Management Level	• Ensuring staff have access to and are participating in appropriate caseload supervision for their role.
	• They will do this through Appraisal, Clinical Supervision and Management Supervision processes.
	• All leaders have a responsibility to ensure staff are aware of this policy and its implications.
	• To ensure that staff are given appropriate training and time to comply with policy.
	• The maintenance and monitoring of compliance with this policy within their area of responsibility.
	• Be confident in the use of the standard caseload dashboard
Care Group directors	• To gain assurance of compliance against policy.
	• To be aware of barriers for staff/service with compliance to policy.
Chief Executive	• Overall responsibility for the implementation of this policy across the Trust.
Trust Board	• Overall responsibility for ensuring the Trust delivers high quality services that are efficient, effective, and safe.

4 Policy

Caseload Supervision is an intrinsic part of patient contact with services and staff well-being. In view of this, there is a requirement for the flow of patients on caseload to link with daily huddle and clinical leadership team/MDT review processes within community mental health and learning disability teams.

This Section reflects the role and function of the standard caseload dashboard and requirements of formal caseload supervision between a supervisee and supervisor.

4.1 Standard caseload supervision dashboard

Caseload supervision will be supported by a standard dashboard developed to assist the quality of this process and progression of patient care. This is available for all staff groups to use.

To support consistency, all staff are required to access the caseload dashboard via the Trust IIC system and electronic patient record, so they access a 'live' view of the patient's episode of care, removing the need for manual caseload lists.

The level of compliance with this Trust policy will be measured via IIC.

The dashboard will provide oversight at the following tiers:
- Practitioner level
- Team level
- Service level

4.2 The role and function of the Caseload Dashboard

The caseload dashboard has been developed to pull together key information, held on the electronic patient record, into a **visual digital display** that will support effective caseload supervision and promote staff wellbeing about managing their caseload.

> Key information in the caseload dashboard will provide the following essential information to inform the caseload supervision session.   The essential components are:
> 1. **Patient identifiable**
> 2. **Who is the patient allocated to in the team?**
> 3. **Reflects the episode of care for the patient**
> 4. **Where does the patient sit on the core pathway?**
> 5. **Reflects complexity and those that have additional needs**
> 6. **Reflect those with additional needs, such as safeguarding**
> 7. **Flag those areas that need a discussion at caseload supervision**
> 8. **Reflects the level of engagement of the patient**
> 9. **Readiness to step down from a team**

To assist with caseload supervision and use of the caseload dashboard, there is the ability to link the caseload supervision record to the patient record, which is viewed as good practice.

The caseload dashboard has also been developed so that it can printed, for those reviews that need to be supported by a tabletop review.

4.3 Caseload supervision requirements

> ⚠️ **For the purpose of this policy:**
>
> There is not a requirement to discuss every patient on caseload at every caseload supervision session, but there must be oversight of the clinician's dashboard every time, to help flag those that need a discussion.

All staff that meet the inclusion criteria of this policy must have:
- Provide the opportunity to present all cases on caseload 'at least' annually
- a 'minimum' of monthly caseload supervision.
- job planning or diary management in place to allow for 80% compliance of the monthly standard.
- access and capability to use the standard caseload dashboard, to inform the discussion at supervision and flags areas where discission is required to address progression of patient care.
- time to consider the quality of essential care documents as part of the wider Quality Assurance processes within community teams.

4.4 Structure of caseload supervision

To support consistency and high-quality discussions, caseload supervision will consider:
- Staff wellbeing
- Caseload overview via dashboard
- Care document review for identified service users i.e., care plan, safety summary and safety plan
- Patients on caseload with additional safeguarding needs
- Alignment of care planning to care pathway
- Clinician and patient outcomes (timely and paired)
- Agreement of shared outcomes and actions to be recorded
- Identify where additional support is needed and escalate

> ⚠️ Following caseload supervision there is a requirement to create an entry into the patient record. There remains the need to do additional entries for safeguarding supervision.

4.5 Escalation

Where there are concerns and/or quality caseload supervision cannot be completed to the 80% standard, then this can be escalated within the team and or Care Group to ensure quality and safety is met for the service user.

It will be for the Care Group to identify who can support the team and clinician to meet the standards.

4.6 Recording of caseload supervision

There is a requirement that caseload supervision discussions form part of the patient record, as it is viewed as an essential part of supporting the care needs of people on caseload.

The **supervisee** is required to:

- Record each patient discussions in the designated place in the electronic patient record.

The **supervisor** is required to:

- Record the episode of caseload supervision in the agreed Trust reporting system

Clinical and operational staff will be able to review the level of caseload supervision compliance at team, service, and general management tiers of the organisation to provide assurance that the standard within this policy is being met.

4.7 Quality assurance of caseloads

The role of quality assurance of caseloads is to ensure that there is a high-quality record supporting the patient's episode of care. As part of the caseload supervision process there will be a quality assurance to show that:

- Key documents are in place
- A review of a sample of core documentation is completed to the correct standard, this includes the care plan, safety summary and safety plan

- Patients on caseload with additional safeguarding needs
- Alignment of care planning to care pathway
- There is clear alignment to with the service pathway
- Assurances with the caseload supervision process match that of the trust-wide quality assurance schedule.
- There is a record in the electronic patient record that supervision has taken place and essential action entered

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⚠️ Caseload supervision is not a replacement for clinical or safeguarding supervision.

Caseload supervision provides an opportunity to:

Support staff with the progression of their patients towards recovery and flags those areas that require discussion or actions

Clinical supervision is a:

Professional development activity where the less experienced clinician can utilise the knowledge and experience of their supervisor, to address any gaps in knowledge or skill set and thereby improve their own clinical performance and patient quality of care

Safeguarding children and adult supervision uses:

The supervisory relationship to promote positive outcomes for adults, children and families through creating a safe contained environment where the practitioner has the capacity to think and reflect. It enables the practitioner to take responsibility for their own practice and response to the safeguarding needs of adults, children and families.

5 Definitions

Term	Definition
Multi-disciplinary Team (MDT)	A diverse group of professionals who work together. Their aim is to deliver person centred and coordinated care to support and individual with their care needs.
Caseload	Those patients that are registered as an open referral and have been allocated to an individual practitioner,' this includes those that are waiting for assessment or intervention.
Caseload supervision	Support staff with the progression of their patients towards recovery and flags those areas that require discussion or actions.
Clinical leadership team/set	The group of practitioners with a shared responsibility for the safe and effective management of patients under their remit. This is represented by the team manager, advanced practitioners, highly specialist psychologists and consultant medic.
Huddle	The daily process that considers the needs of the patients seen in the last 24 hours and those being seen that day where help and support may be required. It is attended by all practitioners of the team to have a shared appreciation of the caseload, staff wellbeing & support discussion
Caseload Dashboard	A quick & interactive visual display that gives you & your team the essential information that is needed to enable effective caseload supervision. It promotes patient flow & ensures that the minimum standards of care treatment & safety are being met

Clinical supervision	Professional development activity where the less experienced clinician can utilise the knowledge and experience of their supervisor, to address any gaps in knowledge or skill set and thereby improve their own clinical performance and patient quality of care (Milne, 2007)
	Clinical supervision is focused on the practice of an individual's clinical work and should be provided in addition to management supervision arrangements for every staff member involved in clinical practice and may not be applicable to other supervision.
Patient flow	Patient flow is defined as **the movement of patients, information or equipment between departments, staff groups or organisations as part of a patients care pathway**. Designing healthcare systems with effective patient flow is critical to the delivery of safe, effective patient care.
	HSE https://www.hse.ie/eng/about/who/cspd/icp/patient-flow/
Community caseload	Those patients that have been assessed and allocated to receive treatment or interventions.

6 Related documents

- Clinical Supervision Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- CPA Policy: The care programme approach and standard care

7 How this policy will be implemented

- The Policy will be available on the Trust's website and intranet.
- The service management tier (operational and clinical) will ensure that the policy is disseminated across community teams.

- The community team clinical leadership set will ensure that all community staff understand the requirements of the policy.
- Operational managers will support the allocation of diary time to ensure access to caseload supervision.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Creation of caseload dashboard staff training for each speciality	1/ guide document 2/ video demonstration on intranet – ideally linked from IIC	Released by 30 September 2022	Trust wide caseload supervision development workshops - agreement by CITO development group	Live testing available from 1 October 2022 & introduction 1 January 2023
IIC caseload dashboard amendment to support caseload supervision -	IIC has standard reports and buttons to support caseload supervision -	30 September 2022	Information development	Live testing by 10 November 2022 & available from 1 January 2023
Caseload supervision reporting function in IIC	Reporting built and tested in IIC	30 September 2022	Central performance management team	Live testing 1 January. Formal reporting from 1 April 2023

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All relevant community staff.	Use of the IIC caseload dashboard Written briefing supported by webinar	1 hour session within each team	Single episode to introduce new way of working Part of staff induction into teams

All relevant community staff.	Trained in the use & value of caseload supervision	1 hour session within each team	Single episode to introduce new way of working
	Written briefing to support team discussion		Part of staff induction into teams

8 How the implementation of this policy will be monitored

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	80% staff with an allocated caseload will have monthly caseload supervision	Monthly via IIC /Community clinical leadership team	Monitored at team & service level & reported into care group & service governance groups
2	Quality of caseload supervision record & adherence to policy standard	Via community assurance process will look at quality IIC will provide live oversight of caseload numbers, and compliance with policy standard	Monitored at team & service level & reported into care group & service governance groups

9 References

Ervin, NE (2008) 'Caseload management skills to improve efficiency'. Journal of continuing education in nursing.

Gadd, C (2020) 'Management and supervision tool (MaST)'. The AHSN Network, NHS England Management and Supervision Tool (MaST) - NHS Innovation Accelerator (nhsaccelerator.com)

Milne, D (2007) An empirical definition of clinical supervision. Br J Clin Psychol.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	18 January 2023
Next review date	18 January 2026
This document replaces	n/a - New Policy
This document was approved by	Clinical Leaders Group
This document was approved	09 December 2022
This document was ratified by	Management group
This document was ratified	18 January 2023
An equality analysis was completed on this policy on	09 December 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1 (draft)	Aug 2022	New draft document created	Draft
1 (draft)	Oct 2022	Amended document following post consultation comments	Draft
1 (draft)	Nov 2022	Minor amendments following learning from the pilot	Draft
1 (draft)	10 Dec 2022	Section 3.1: Feedback from clinical leaders to be explicit that it excludes co-workers as they don't hold the responsibility for the caseload. As well as reframing to: All psychological professions roles	Draft

1	18 Jan 2023	New document completed	Published

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	Trustwide All Specialities (CAMHS, AMH, MHSOP, ALD, Forensic)
Title	Community Caseload Supervision Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	**Aim** The purpose of this policy is to describe the minimum standard for providing community caseload supervision and caseload oversight, detailing how it will be provided as part of routine practice for staff across community teams with all staff. By doing this, it will enable safety, effectiveness, and flow of the patient experience through community teams and to support the wellbeing and safety of our staff. **Objectives** The objectives of this policy will: • Set the standards of practice, in relation to caseload oversight and supervision • Ensure that staff will be supported using a standard approach to caseload supervision with access to a standardised central caseload dashboard, providing information direct from the electronic patient record and into the Trust Integrated Information Centre (IIC))

	- Explain the roles of supervisee and supervisors and their training needs - Ensure that time is protected for staff to prepare for and undertake caseload supervision - Direct staff around the standard and location for recording caseload supervision activities into the patient's electronic record and the advice and guidance provided - Demonstrate the difference between caseload supervision and clinical supervision - Demonstrate the links between wider core processes of community teams such as huddles, clinical leadership, or complex case discussions
Start date of Equality Analysis Screening	14 June 2022
End date of Equality Analysis Screening	09 December 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, families, carers, staff and partner organisations
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** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	Short term uncertainty during the period of transition to the new system may raise staff anxiety – to be addressed though support and responding to constructive feedback
Describe any positive impacts	Consistency of approach & single dashboard to follow patient experience Equity and parity in job roles and job planning Improved staff support & satisfaction; well-being & psychological safety (happy workforce) Supports staff wellbeing, promotes empowerment and protected time to think Impact on staff retention Increased patient safety and progression of care through services Shared oversight and responsibility for team caseload For service users and carers – right care, right time, right person Improved patient documentation Trained staff to understand and value the role of caseload supervision

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.)	CQC reports Our Journey for Change Literature review NHS E academic science network reviews Internal sharing and learning from experience and good practice Patient experience feedback
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Staff across all services that this policy applies to have been engaged in the development of this policy, as well as staff from corporate services Four full day development sessions have taken place 6-week trust wide consultation has been held
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

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	Role & function of caseload supervision How to access and see the caseload dashboard
Describe any training needs for patients	none

Describe any training needs for contractors or other outside agencies	none

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	Staff groups
	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	July 2022
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	Clinical leaders 09 December 2022
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	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	