

Management Supervision Agenda

Name and Job Title of Line Manager undertaking supervision:		Name and Job Title of Person being supervised:	
Date:			

Section A: 'About you' – What's going well? /What could be even better?

	Issues Discussed – Achievements and Challenges	Agreed Actions
Work-Life Balance		
Caring responsibilities outside of work		
How supported are you feeling at work? What needs to happen to make you feel more supported?		

Opportunity to join and participate in staff networks		
Annual Leave/Other types of leave/TOIL Sickness		
Celebrating Successes/Proudest Moment		
Things I am finding difficult/challenging/needs consideration		
Team Dynamics		
Have you had a risk assessment that covers your health and wellbeing in relation to COVID-19? If yes, do you feel that reasonable adjustments to ensure your safety and wellbeing have been made?		
Have your circumstances changed? If so, do you require a COVID-19 risk assessment completing for the first time, or a review of your previous COVID-19 assessment if you already have one in place?		

Section B: 'Your development'

	Issues Discussed – Achievements and Challenges	Agreed Actions
Mandatory Training compliance		
Progression against objectives (Individual and Team)		
Development/Training needs		
Professional Registration		
Service developments		
Pay Step Progression		

Clinical Supervision Assurance		
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Section C: ‘Your role’ – What’s going well? / What could be even better?

	Issues Discussed – Achievements and Challenges	Agreed Actions
Key Responsibilities		
Safeguarding		
Workload/caseload		
Performance - 2 Way Feedback		

Section D: Service Specific Requirements:

To be populated by individual divisions as to service specific requirements

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Signatures

Supervisee		Date	
Supervisor		Date	