

**NHS Greater Glasgow & Clyde Mental Health Services: Nurse Line Management
Supervision Policy**

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Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1	01/06/2018	First approved version	S Pettigrew
2	19/01/2024	<p>Now policy as opposed to guidance Removed duplicate information Updated and refreshed terminology in various sections Added in reference to Nursing Core Competency and Learning, Education and Development Frameworks Changed frequency of completion of community caseload weighting tool, previously it was a minimum of 8 weekly, now to be completed annually as a minimum, but can be completed more frequently if required. Added in frequency of caseload review Updated templates Updated references</p>	Fiona McMahan

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1. Policy Statement

This policy sets the framework for Mental Health Services (MHS) within NHS Greater Glasgow & Clyde (NHSGGC) Health Board to deliver an effective and consistent approach to Nurse Line Management Supervision (NLMS).

NLMS together with Clinical Supervision and Personal Development Plans (PDP) support staff to deliver person-centred, safe and effective care. This Policy has been developed to ensure clarity of roles, responsibilities and accountabilities, it should be used in conjunction with the Nurse Clinical Supervision Policy and Framework (2022) however, should be viewed as separate and distinct.

2. Scope

This policy applies to all registered and unregistered nursing staff employed within NHSGGC Mental Health Services and provides a process to be applied within all settings in order to support staff to provide safe, person centred and effective care, whilst receiving personal support and an opportunity to identify professional development priorities and opportunities.

3. Context

NHS Greater Glasgow and Clyde Healthcare Quality Strategy - The Pursuit of Excellence (2019) demonstrates the commitment of NHS Greater Glasgow and Clyde Health Board to ensure all of its services are delivered in such a way that they meet the ambitions of NHS Scotland's Quality Strategy (2010) to support care which is:

- Person-Centred
- Safe
- Effective

NLMS is seen as an important component for Mental Health Nursing in supporting staff to deliver the Health Board's quality ambitions whilst providing the opportunity for staff to discuss aspects of their workload.

It is fundamental in demonstrating the values, attitudes, behaviours, empathy and professionalism essential in all practitioners; to ensure the best outcomes are achieved for all patients.

It is also an important part of ensuring high quality, evidence based care is being provided and it allows individuals the opportunity to influence developments and improvements within the service.

4. Definition and Purpose of Nurse Line Management Supervision

NLMS allows the staff member and the person providing the nurse line management supervision to have time together to identify, consider and address the implications and challenges in relation to workload complexity, capacity, workforce skill mix and partner agency working in order to make the most effective use of staff skills and resources. The nurse line management discussion also provides a safe place for the staff member to discuss any health and wellbeing issues as well as extended considerations for example family/carer responsibilities.

4.1 Aims

The aims of this policy are:

- To provide a standardised process for NLMS within Mental Health Nursing.
- To evidence that nursing staff are practising across the four pillars of practice and are achieving the Nursing Core Competencies and Learning Education and Development frameworks.
- To support effective clinical practice by ensuring that all nursing staff have a regular opportunity to review patient care on a one to one basis. This includes an annual review of the whole caseload by the NLM and the supervisee, this is in addition to the annual Multidisciplinary review process
- To facilitate protected time to discuss and review workloads and identify and address any issues identified in the process.
- To address risks by understanding the complexity and capacity of the nursing workload within mental health nursing, utilising a supportive approach.

4.2 Process

- NLMS should be carried out on a one-to-one basis between the staff member and the person identified to facilitate the nurse line management supervision discussion.
- NLMS should take place a minimum of every 8 weeks. It is suggested that this should happen more often for new nursing staff. The meeting should include discussion on the information to be recorded on the NLMS Template approved for the area of practice.
- This allows discussion in regards to the prioritisation of workload and review of resources available, whilst adhering to departmental policies and procedures. It also provides an opportunity to reflect and problem solve with a **nursing colleague** in a more senior position within the team.
- Any concerns or risks affecting the immediate care of patients should be dealt with promptly and not wait until the next NLMS meeting.

- NLMS is a process, not an event. It entails preparation appropriate for the staff member's specialty area, open discussion, reflection, critical analysis and the application of agreed actions.
- Nursing staff and those providing the nurse line management supervision have a responsibility to contribute positively to this process.
- NLMS is part of the local audit process which is overseen by Senior Charge Nurses and Nurse Team Leaders.

5. Roles and Responsibilities

5.1 Responsibility of nursing staff:

- To prepare for NLMS meetings by providing accurate evidence of current workload including complexity of the patients' needs and capacity of the team resources available to address the identified needs.
- To highlight any individual patient's record to discuss as part of the meeting.
- To have the information regarding any case they wish to highlight prepared and advise in advance of the NLMS session that this is for discussion.
- To ensure any challenges, including wider team issues which impede any decisions or plans, are communicated via the NLMS discussion in the first instance.
- To escalate concern in respect of identified risks within the workload.
- Where risks cannot be managed locally, a risk assessment should be completed.
- If the risk is of an immediate nature it should not be left to the next planned NLMS meeting but communicated at the earliest opportunity.
- Risk should be monitored as agreed until resolved.
- To have a record of any training completed since last NLMS meeting and a note of dates of any training identified that the staff member would like to attend.
- To ensure action points and timelines that are agreed are realistic and highlight if this is not the case.
- Agreed actions should be recorded within the approved NLMS Template, to enable review at the next meeting.
- Any actions pertinent to individual cases should also be recorded within the patient's record.

5.2. Responsibility of person facilitating the Nurse Line Management Supervision discussion:

- To support nursing staff to provide safe effective care by reviewing the information provided to them in the Template appropriate for their field of practice and review actions and outcomes from previous NLMS meetings.

- To support nursing staff to provide safe effective care in accordance with NHSGG&C policies by reviewing patient cases, discussing the associated interventions and care plans and monitoring their effectiveness.
- Nursing staff should bring a minimum of 2 patient’s records to discuss in detail and one further record may also be selected for discussion by the person carrying out the Nurse Line Management Supervision. There is an expectation that records will be rotated. This provides an opportunity for all cases to be subject to ongoing review.
- To support nursing staff to access available resources, including NHSGG&C policy, guidelines and any training required to ensure safe and effective treatment and a safe and effective service is being provided.
- Where there are any identified issues of staff competency, these should be followed up and reported to the Nurse Team Leader or Senior Charge Nurse using the appropriate NHSGG&C and NHS Scotland Policy.

If a staff performance issue is identified, this should be addressed through the Nurse Line Management Supervision discussion in the first instance and resolution sought at this stage, including a discussion regarding any improvement and/or additional support required to achieve desired standards. Any issues regarding performance must be escalated via the Nurse Team Leader or Senior Charge Nurse if it is not them doing the Nurse Line Management Supervision. Risk needs to be assessed and a decision regarding possible escalation to formal process or procedure with NHSGG&C Human Resource department guidance and support

The person carrying out the Nurse Line Management Supervision discussion decides on next step, including if necessary.

- To provide evidence to the Senior Manager that workload management is taking place, by ensuring that the completed Template and actions are recorded and shared with the Senior Manager, ensuring to highlight areas of good practice.
- To discuss and address any concerns and risks identified by nursing staff and escalate those issues to a Senior Manager, if they cannot be resolved at a local level in the first instance.

5.3 Responsibilities of Senior Manager:

- To ensure Care, Treatment and Services are being delivered and workloads are being managed in a person-centred, safe and effective manner which meets NHSGG&C’s Healthcare Quality Strategy and NHS Scotland’s Quality Ambitions.

6. Guidance for Nurse Line Management Supervision

Carried out by	The nurse line manager or delegated other. Delegated other can be a registered nurse at a more senior level providing line management supervision to a nurse at a more junior level. The delegated other will be identified by the Nurse Team Leader/Senior Charge Nurse
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Confidentiality	Workload management is part of the employee / management relationship and is not confidential. However, where staff wish to discuss some things in confidence, this will be respected. Staff must be made aware that, if necessary, in line with organisational policy and procedure, it may be necessary to discuss the content of the NLMS meeting.
Purpose	Review management of workload including prioritisation of work and adherence to departmental policies and procedures. Provide an opportunity to reflect and problem solve. Provide an opportunity to contribute to the development of the service and ensure that the service and organisation objectives are met. Space to discuss any health and wellbeing issues or extended considerations
Frequency	Newly Registered staff 4 weekly for the first 6 months of practice. A minimum of 8 weekly for all other staff. More frequent meetings may also be required for staff new to post / caseload.
Duration	1 hour - 1.5 Hours (approximate).
Schedule	Meetings to be scheduled in advance with dedicated, uninterrupted time allocated. Cancellations, lateness and / or rescheduling should be avoided where possible. Where this occurs, it must be discussed and documented at the next NLMS meeting.
Record Keeping	The NLMS meeting must be documented and signed by both the staff member and the person carrying out the Nurse Line Management Supervision discussion, with copies remaining with both parties involved, this can include being stored electronically within a shared folder or in paper format.

References

- 1) NHS Greater Glasgow and Clyde Mental Health Services: Nurse Clinical Supervision Policy & Framework (2022). [Mental Health Service - Policies \(scot.nhs.uk\)](https://www.scot.nhs.uk/mental-health-service-policies)
- 2) NHS Greater Glasgow and Clyde, The Pursuit of Healthcare Excellence Healthcare Quality Strategy 2019/2023 (2019). [NHSGGC Quality Strategy - the-pursuit-of-healthcare-excellence - NHSGGC](https://www.nhsggc.org.uk/quality-strategy)
- 3) The Scottish Government (2010), The Healthcare Quality Strategy for NHSScotland. [Healthcare quality strategy for NHSScotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/healthcare-quality-strategy)
- 4) Nursing Midwifery Council (NMC) (2018), The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: NMC. [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/the-code)
- 5) NHS Scotland (2009), Code of Conduct for Healthcare Support Workers, Edinburgh: The Scottish Government. [Step 4 - Health Care Support Worker Induction Standards and Code of Conduct - NHSGGC](https://www.nhsggc.org.uk/code-of-conduct)

Appendix 1: Nurse Line Management Supervision Guidance & NLMS Template Inpatient

Nurse Line Management Supervision is an effective mechanism for:

- Maintaining regular staff communication
- Discussing Named Nurse / Keyworker roles and responsibilities
- Monitoring the standard of nursing care delivery (i.e. person centred, recovery focused care plans)
- Monitoring standards / policy compliance (i.e. Clinical Supervision)
- Monitoring service improvement
- Ensuring nursing practice remains safely within practice parameters and in adherence with codes of conduct (NMC Code; HCSW Standards)
- Monitoring workload and managing performance
- Assessing, supporting and monitoring of competency, capability and skills development
- Ongoing reference to legislation, rights and values based nursing care provision (i.e. 10 ESCs; Recovery; Triangle of Care; AWIA; Carers Act)
- Ensuring a cohesive team approach is maintained
- Discussing and identifying Professional Development needs utilising the Nursing Core Competency and Learning, Education and Development Frameworks

N.B

Annual Appraisal/TURAS will be carried out in a separate session

The NLMS Template Samples provided may be useful for your service / speciality area. Nursing staff are not limited to this format, and these can be adapted or amended with local approval.

NLMS Template Inpatient - Sample

Name:	NLM Name:	Band:
Date of NLM Meeting :	NMC Pin:	
Registration Renewal Date:		Revalidation Date:
Clinical Responsibilities		
Named Team / Worker:	No. of Records sampled:	
Care Plans / Reviews up to date:		
Issues Arising:		
<p style="text-align: center;"> Risk Assessment / Management Nursing Assessment Nursing care planning and evaluation Legislation Structured Therapeutic Interventions Strengths & Recovery Focused Interventions Triangle of Care Service user involvement (Getting to Know Me) Person Centred Care activity planning Medicines education / side effect monitoring Discharge Planning/ liaison Nursing role in the MDT Clinical Quality Indicators: FFN / TV / Falls Safe & Supportive Observation Datix incidents Clinical Supervision Medicines Administration (i.e. Depot) Nurse in Charge Responsibilities Policies / Protocols / Guidelines awareness Rostering / Resource management Quality learning environment / Mentorship NMC - The Code MWC Rights in Mind Mental Health Act - Milan Principles Child Protection Act - concerns Adult Support Protection Act - concerns Adults with Incapacity Act - consent SPSP / Quality Improvement </p>		

Additional Responsibilities	
	Link Nurse MET trainer ECT Pageholder Roster creator
Continuous Professional Development	
Training Record Reviewed: Statutory / Mandatory Training/ Nursing Core Competencies and Learning Education and Development frameworks up to date: Issues Arising:	
	Risk Assessment / Management Nursing Assessment / Care Planning Violence Reduction Equality & Diversity Legislation (MHA / AWIA / CP / ASP) Structured Therapeutic Interventions Recovery Focused Interventions Link Nurse development Nurse leadership development Formal study (academic modules) Policy awareness state Dementia skilled / Enhanced level Psychological approaches to care Sexual Health care Peri-natal Mental Health care Physical Health care Trauma informed care
Agreed Action and Timescale for Completion	
1. 2. 3.	
Signature:	NLM Signature:
Date of Next NLMS Session:	

Appendix 2: Community Nurse Line Management Supervision Guidance, NLMS Template & Caseload / Workload Waiting Tool

Caseload management and workload waiting tools are specific to community areas where the staff member's caseload is regularly reviewed by the staff member's nurse line manager or delegated other.

The nurse line manager or delegated other has responsibility for requesting that the caseload waiting and workload waiting tools are completed at a **minimum of yearly intervals by every nursing staff member.**

The nurse line manager or delegated other must ensure the community workload is fairly distributed across all members of the community team and that patients are allocated to keyworkers with the appropriate knowledge, skills and expertise.

Within integrated health and social care teams it is essential that nursing staff receive nurse line management supervision to ensure nursing practice remains within safe parameters for rights, values and evidenced based nursing care delivery.

Regular review allows the community staff member to discuss the nursing care plan(s) for the patients allocated to their caseload.

Newly Qualified Nursing staff or staff new to post may require more frequent caseload management to support alongside Induction and Learning, Education and Development frameworks.

Community nursing staff can also request more frequent caseload waiting review as agreed by the nursing staff member and nurse line manager or delegated other.

NLMS Template Community - Sample

Name:		Title / Band:	NLM Name:
Date 1:		Date 2:	Date 3:
Name:	CPA / MHA / Alert (circle)	ICD 10:	
Time spent:	Named Person Y / N	Advance Statement Y/ N	
Case Discussion / Patient Strengths / Unmet Need / Planned Outcomes			
1)			
2)			
3)			
Name:		Title / Band:	NLM Name:
Date 1:		Date 2:	Date 3:
Name:	CPA / MHA / Alert (circle)	ICD 10:	
Time spent:	Named Person Y / N	Advance Statement Y/ N	
Case Discussion / Patient Strengths / Unmet Need / Planned Outcomes			
1)			
2)			
3)			
Name:		Title / Band:	NLM Name:
Date 1:		Date 2:	Date 3:
Name:	CPA / MHA / Alert (circle)	ICD 10:	
Time spent:	Named Person Y / N	Advance Statement Y/ N	
Case Discussion / Patient Strengths / Unmet Need / Planned Outcomes			
1)			
2)			
3)			
Staff Signature:		NLM Signature:	
Date of Next NLMS Session:			

Caseload Weighting – Template Part 1 (Community)

SUMMARY SCORE SHEET

Total Scores for Full time Staff WTE =	Total Score for Part time Staff - adjust as % of WTE*	Referrals Number	Discharges Number
1.			
2.			
3.			
4.			

*Adjust total score if staff member works part time e.g. 30 hours = 60 points; 22½ hours = 45 points

Additional Guidelines:

- 1) Discuss cases of concern / complexity / particular note at the start of session.
- 2) Discuss new referrals, one half of caseload for discussion, score second half of caseload.
- 3) It is helpful if the staff member brings along Part 2 already completed for discussion.
- 4) Agree an agenda e.g. how much time to spend on each part of the process.
- 5) Staff member should often audit random or particular case records e.g. patients with children.
- 6) NLM or delegated other may feel it appropriate to discuss issues relating to individual professional development / training and development needs.

Supplementary Questions:

- 1) How does your workload “feel” – pressurised / manageable / (im) balanced?
- 2) Are there particular clinical issues / particular patients / training needs to prioritise?
- 3) Do you have additional capacity for clinical / non clinical work?
- 4) Are there team / internal / external pressures affecting your performance / workload?
- 5) Agree frequency of future sessions e.g. more frequent for new / inexperienced staff / in order to review complicated cases / less frequently for experienced staff.

Caseload Weighting – Template Part 2 (Community)

Name:

Date:

1 hour = 1 point

Schedule	Weekly Average	Week 1	Week 2	Week 3	Week 4	Comments
	Time					
Screening Meeting						
Referral Meeting						
Patient reviews						
Emis/Data entry						
Duty cover						
Clinic						
Travel						
Team meeting						
Management meeting						
Other meeting						
Supervision						
Caseload cover						
Mandatory & Statutory Training/Nursing Core Competencies/Learning Education and Development and other CPD						
Student supervision						
Group work						
Other activity						
Sub Total						
Total						

Adjustments

Part Time Hours

WTE Total Score

e.g. 30 hrs = 60 pts, 22½ = 45

Planned Leave	WTE Total Score part 1 minus ½ time = WTE Total Score part 2 minus ½ time =	e.g. 15hrs study: 7½ pts from total scores of parts 1 & 2
Unplanned Leave	WTE Total Score part 1 minus ½ time = WTE Total Score part 2 minus ½ time =	e.g. 7½ sickness absence: 3¾ pts from total scores of parts 1 & 2
Final Total (Part 1)		
Final Total (Part 2)		

* Change schedule headings according to local practice and routines

Note only long-term cover e.g. ongoing cover where colleague is on long-term sickness absence / maternity / paternity leave.

Additional Comments:

Include information on pressures which effect delivery of care (e.g. urgent clinical and non-clinical cover for colleagues, unplanned / urgent work, extra hours worked) and result in unmet clinical need, cancelled visits / meetings, incomplete care plans / patient records, unfinished tasks e.g. activity recording, preparation for visits / meetings / educational talks.