

CLINICAL SUPERVISION POLICY

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DOCUMENT CONTROL

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Contact for review	Head of Learning and Development		
Lead Director	Director of Workforce and Organisation Development		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Sue Balcombe	Director of Nursing and Patient Safety
Jess Henry	Head of Learning and Development
Romy Stanton	Learning and Development Operational Lead
Jean Glanville	Claims and Litigation Manager
Andrew Sinclair	Head of Corporate Business
Group members	Joint Management Staff side Consultative Committee (JMSSC)
Group members	Regulation Governance Group
Group members	Senior Managers Operational Group
Group members	Joint Policy Review Group

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1. INTRODUCTION

- 1.1 One of the most important influences on the quality of service is the interaction between the users of the services and our staff. All staff should have the opportunity to discuss, reflect and review how they work and to be supported and developed so that they can fully meet the requirements of their role to deliver a high quality service. This is achieved through a sound system of staff development, review and supervision.
- 1.2 Clinical supervision is endorsed as a valuable process which supports the delivery of high quality service and the organisation's strategic goals. Clinical supervision uses reflective frameworks to give honest feedback, to question, challenge, support and inspire, to facilitate greater self awareness, growth and change. There is a clear expectation that staff will actively reflect on their development needs, plan actions and implement a change in their performance and behaviours. The process is supportive, person focused and encourages personal and professional development and goal realisation.
- 1.3 Clinical supervision and reflective practice are core activities in supporting the growth and development of professional leadership capability within the Trust and as such form an intrinsic role within the organisations emerging leadership strategy.
- 1.4 The clinical supervision processes described in this policy apply to staff, registered and unregistered, that have a clinical, therapeutic or professional role with patients but excludes Medical and Social Care staff who have a separate policy. The policy describes both what staff can expect from the process and what the expectations are of them. A robust clinical supervision service specific to child protection case work is provided, details of which can be found in the Clinical Supervision in Child Protection Case Work Policy.
- 1.5 For the purposes of this policy, clinical supervision is inclusive of "Professional Supervision" which is a process that relates to social work and social work practitioners . Although there is great similarity to clinical supervision the models of supervision are distinct from other professional groups. However, this policy applies to all social work practitioners working in the Trust, even where they are employed by the Local Authority and should be used in conjunction with their own policy.
- 1.6 Documentation to support the process of clinical supervision can be found in the Appendices.
- 1.7 All staff must meet the requirements of the Equality Act 2010; supervision and appraisal present significant opportunities to raise the cultural awareness and competency of the trust workforce and must be included in the Clinical Supervision process.

2. PURPOSE & SCOPE

- 2.1 The primary purpose of the Clinical Supervision Policy is to provide a framework that ensures all staff who work for the Trust benefit from access to regular and consistently applied supervision. Another important purpose is to support the ability of staff to identify their personal and professional development needs and subsequent actions to support growth and change in practice.

- 2.2 All staff working for the Trust will know and understand what is expected of them in the clinical supervision process and will have the opportunity to continue to develop in their roles.
- 2.3 Reflective practice through supervision is a cornerstone of effective practice and is essential for any health care professional. This policy should be read in conjunction with guidance from the relevant professional registration body. It is essential to note that clinical supervision is distinct and differs from management supervision which is detailed within the Staff Appraisal and Management Supervision Policy. It is recommended that staff familiarise themselves with this policy to support a clear understanding of both processes.
- 2.4 This policy applies to all registered and unregistered clinical, therapeutic and professional staff in relation to clinical supervision who have direct patient contact with the exception of medical staff (separate arrangements for supervision are in place for medical staff in Appraisal Policy for Medical Staff.)

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** has overall responsibility for ensuring there are systems and processes in place to ensure that all clinical staff within the organisation are provided with appropriate levels of clinical supervision required to undertake their role in a safe, competent and efficient manner.
- 3.2 The **Director of Workforce and Organisation Development** is the **Executive Lead** with devolved responsibility for implementing this policy.
- 3.3 The **Learning and Development Operational Lead** is the author of this policy who will ensure this document is reviewed at least every three years or sooner if national or local changes are required.
- 3.4 The **Learning and Development Team** will ensure training is available to equip staff to deliver clinical supervision to meet the requirements of the Trust. They will ensure courses are advertised in a timely manner, attendance is recorded using the training attendance sheet and subsequently attendance recorded on the Learning & Development System.
- 3.5 A list of trained clinical supervisors will be held by the Learning and Development Team.
- 3.6 **Heads of Service/Service Managers** will be responsible for addressing any issues with individual staff where concerns relating to their professional code of conduct have been raised.
- 3.7 **All line managers** are responsible for ensuring that this policy is followed within their area of responsibility. The Trust sees staff development through clinical supervision as a core activity.
- 3.8 **Managers and staff** should familiarise themselves with who local supervisors are and keep a current list. A list of current supervisors is held on the training website for staff and managers to access direct.
- 3.9 **Managers** are responsible for ensuring that there are adequate supervisors trained in their service areas to meet supervision requirements and that supervisors are released to provide supervision to staff.
- 3.10 **Managers** are responsible for ensuring effective clinical supervision systems

in accordance with the standards set out in this policy. Where the team manager is from a different professional discipline from any of their staff this should not constrain supervision activity and where necessary the manager is responsible for seeking guidance and advice from the relevant head of profession about clinical supervision arrangements.

- 3.11 **Professional Leads** (other than doctors) are responsible for ensuring they provide effective advice to managers on the professional elements relevant to clinical supervision and they need to be satisfied that the management arrangements are in accordance with the guidance issued by the relevant professional regulatory body and that the best possible practice is being undertaken. Where there is a requirement for development of guidance to a professional group, this may be supported through the relevant Best Practice group. Heads of service and managers must ensure that operational issues do not override the supervisee's own agenda and that the clinical supervision agenda remains supervisee driven.
- 3.12 **All staff** are responsible for attending and preparing for supervision meetings.
- 3.13 The **Workforce Governance Group** will contribute to the further development of this document, is responsible for monitoring supervision activity and the effectiveness of this document and will escalate areas of concern to the Regulation Governance Group.
- 3.14 The **Regulation Governance Group** is responsible for approving any changes to this document.
- 3.15 All other duties and responsibilities are detailed within the process described in this document

4. EXPLANATIONS OF TERMS USED

- 4.1 **Clinical supervision** -a formal facilitated meeting to actively reflect on practice and to encourage the development of professional skills and personal insight in order to improve clinical practice and patient care.
- 4.2 **Supervisee** -a member of staff receiving management or clinical supervision
- 4.3 **Supervisor** -a member of staff who has received preparation or has the capability to deliver supervision

5 ACCESS TO CLINICAL SUPERVISION

Supervision

- 5.1 A list of current clinical supervisors is held on the training website for staff and managers to access. Managers should also have a list of locally based supervisors. Staff should contact supervisors direct to arrange supervision and dates with times and venues negotiated between supervisor and supervisee. Clinical supervisors are informed during training that staff may contact them direct either from within their work area or externally to request provision. Whilst it is preferable and advantageous for some staff groups to receive supervision from a supervisor within their own staff group this is desirable but not essential and therefore should not constrain supervision activity.

- 5.2 The duration of a supervision relationship is not limited but either party can agree another choice of supervisor should there be a need in line with the clinical supervision agreement.
- 5.3 Supervisees must access clinical supervision as detailed in section 6, at least every six weeks and for some groups this may be more frequent.

6 APPROACHES TO CLINICAL SUPERVISION

There are multiple approaches to clinical supervision and all of the following are endorsed within the Trust:

6.1 CLINICAL SUPERVISION

Individual

- 6.1.1 One staff member supervised by an experienced supervisor, not necessarily from the same staff group or discipline.

Peer

- 6.1.2 When the supervisor and the supervisee are of equal experience/ seniority and supervise each other in turn during the session.

Triad

- 6.1.3 Where there is a supervisee, a supervisor and an observer (whose role is to offer feedback). Individuals will take turns in each of the 3 roles, so that by the end of the supervision session all 3 participants will have had an opportunity to experience being supervised, giving supervision, and observing. This is a particularly useful strategy for staff new to the process and who want to develop their clinical supervision skills.

Group

- 6.1.4 A group of a maximum of 6 staff members supervised by a single supervisor. This may be self facilitated with a rotating role of facilitator, or may have only one supervisor.
- 6.1.5 It is recommended that groups are always facilitated to ensure that ground rules, contracts and a structured format are adhered to and that all members have an opportunity to participate equally.

- **Peer Group:** individuals in the group may take it in turns to act as the supervisor.
- **Group:** has a regular supervisor who has his or her own separate clinical supervision

Action Learning Set

- 6.1.6 This is similar to group clinical supervision, individuals bring their own personal topics for reflection, analysis and action, or one overall topic may be chosen and the whole group will use the time to reflect, analyse and develop action plans around that particular topic. As with group supervision,

the action learning set can be self facilitated or may have an external supervisor.

- 6.1.7 Individual practice needs will determine what type of clinical supervision is accessed.

7. RESPONSIBILITIES

7.1 Supervisee

- 7.1.1 Attend all designated sessions and to agree the agenda, to be punctual and reliable, professional and respectful.
- 7.1.2 Identify a practice issue which they wish to explore and provide contextual evidence which demonstrates their existing practice.
- 7.1.3 Agree and follow up any actions arising from sessions.
- 7.1.4 Identify learning needs and where appropriate include these as objectives in managerial reviews.
- 7.1.5 Agree with their line manager the frequency and duration of sessions and inform them of any issues which might affect the process.

7.2 Supervisor

- 7.2.1 Prepare for the sessions and be punctual and reliable.
- 7.2.2 Demonstrate respect for attendee's enabling individuals to participate fully in sessions.
- 7.2.3 Encourage the supervisee to seek specialist help or advice when necessary.
- 7.2.4 Challenge behaviour that would cause concern about clinical practice, development or use of clinical supervision.
- 7.2.5 Support the supervisee to clearly identify practice issues to be addressed and agree outcomes.
- 7.2.6 Enable practitioners to explore and clarify their thinking by reflective practice and / or critical analysis within an appropriate framework of supervision.
- 7.2.7 Keep appropriate brief records of significant issues addressed, actions agreed and outcomes and sharing these with the supervisee.
- 7.2.8 Be aware of organisational constraints.
- 7.2.9 To maintain confidentiality except when code of professional conduct is breached or unsafe practice is noted.
- 7.2.10 To encourage the supervisee to share relevant information with their line manager in order to inform management supervision and annual appraisal.

7.3 Manager

- 7.3.1 Ensure the service has a systematic process of support and supervision to facilitate staff in their development.

8. CONFIDENTIALITY AND DOCUMENTATION

- 8.1 Records of supervision sessions should be agreed and maintained between the supervisor and the supervisee. Notes will not be routinely accessible however, in exceptional circumstances such as the review of a serious incident, competency proceedings, investigation/disciplinary or audit

purposes these will be made available. If issues have been raised concerning a breach of the relevant Code of Professional Conduct, this must be addressed with the individual's service manager and head of service so that they can take appropriate action.

Clinical Supervision Records

- 8.2 The initial contract establishes the objectives, scope, frequency, duration and location of the clinical supervision sessions (Appendix A).
- 8.3 The supervisee records the content of the session on the Notes of Clinical Supervision record (Appendix B) with the supervisee retaining the record which they may choose to use for professional revalidation and re-accreditation/portfolio development. The supervisor may wish to make separate notes as a point of reference for future sessions.
- 8.4 Any record made by the supervisor in group supervision will be open to the supervision group.
- 8.5 A record will be kept of the date, time and attendees of each clinical supervision session by the supervisor (Appendix C). Members who fail to attend without good reason will be referred to their line Manager.

9. TRAINING REQUIREMENTS

- 9.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix. All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- 9.2 Clinical supervision training is available to Trust employees who are responsible for delivering clinical supervision.
- 9.3 Particular arrangements are in place for nurses, namely the Trust has ensured a number of registered nurses have been trained in clinical supervision through a "Train the Trainers" approach and they now act as clinical supervision "champions". Effective Clinical Supervision arrangements are further seen as a way of developing the clinical career pathways of registered nurses and of encouraging effective nursing leadership from the clinical nursing cohort of Trust staff. In addition all supervisors are invited to attend a Trust wide forum every two years to share experiences and learning. This forum actively seeks to motivate staff to work together to promote the profile and benefits of supervision in the Trust.

10. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

- 11.1 The Workforce Governance Group will be responsible for monitoring all supervision activity and will provide assurance to the Regulation Governance

Group. The Workforce Governance Group provide a quarterly progress report to the Regulation Governance Group using the Governance Group reporting template (appended to the Risk Management Strategy).

- 11.2 Supervision arrangements and compliance will be reviewed through the audit process, to evaluate the effectiveness of the process.
- 11.3 Audit results will be presented to the Workforce Governance Group by the Auditor for consideration, identifying good practice and any shortfalls. Action plans and lessons will be drawn up by the Workforce Governance Group. This Group will be responsible for ensuring improvements, where necessary, are implemented.
- 11.4 Following each audit the results will be presented to the Regulation Governance Group.

12. COUNTER FRAUD

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 12:	Statement of purpose
Regulation 18:	Notification of other incidents

- 13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

NHSLA Risk Management Standards 2012-2013 for NHS Trusts providing Acute, Community, or Mental Health and Learning Disability Services and Non-NHS Providers of NHS Care

14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

14.1 References

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Gibbs, G., 1988 *Learning by doing: A guide to teaching and learning methods*. Oxford: Oxford Further Education

Gilmore A, (1999) *Review of the United Kingdom Evaluative Literature in Clinical Supervision in Nursing and health Visiting*. UKCC, London

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NMC (2008) Standards to Support Learning and Assessment in Practice

? links with NMC revalidation?

14.2 Cross reference to other procedural documents

Clinical Supervision in Child Protection Case Work Policy

Appraisal Policy for Medical Staff

Professional Social Workers Supervision Policy

Learning, Development and Mandatory Training Policy

Mandatory Training Matrix

Staff Appraisal and Management Supervision Policy

Training Prospectus

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

15. APPENDICES

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Clinical Supervision Agreement

Appendix B Notes of Clinical Supervision

Appendix C Clinical Supervision Supervisors Record of Activity

Somerset Partnership NHS Foundation Trust

CLINICAL SUPERVISION AGREEMENT

This agreement is made between:

..... and or listed Peer Group members
 Supervisee Supervisor

We agree to the following:

1. The aim of supervision is to enable the Supervisee to reflect in depth on the issues related to practice or development in order to develop professionally and personally towards achieving, sustaining and developing a high quality and safe service.
2. The time and place for supervision meetings will be protected by ensuring privacy, time boundaries, punctuality and no interruptions. Sessions will only be cancelled with good cause and an alternative date will be planned as soon as possible.
3. We shall aim to meet regularly as specified (at least 6 weekly)

Frequency

Length of session (approx)

4. Sessions will be guided by an agenda agreed by all parties.
5. The content of supervision will not be discussed outside the session unless expressly agreed by all parties, with the exception of unsafe, unethical or illegal practice being revealed. Records of supervision sessions should be agreed and maintained between the supervisor and the supervisee. Clinical supervision notes will not be routinely accessible other than by the supervisor and supervisee. However, in exceptional circumstances such as review of a serious incident, competency proceedings, investigation/disciplinary or audit purposes these will be made available. If issues have been raised concerning a breach of the relevant Code of Professional Conduct, this must be addressed with the supervisee's service manager so that they can take appropriate action. The service manager must notify the appropriate head of service/profession in these circumstances.

As a Supervisee I agreed to:

1. Take responsibility for making effective use of the time made available for supervision by preparing for it using a recognised model of reflection and acting upon decisions made within it.
2. Be willing to acknowledge my limitations and be prepared to discuss difficulties with my supervisor, within the supportive and constructive environment of the supervision session.
3. Be willing to learn and change, and to receive support and challenges to help my professional and personal development, maintaining standards and service provision.
4. Be aware of organisational constraints and their implications.

As a Supervisor I agree to:

1. Respect the openness and honesty of my supervisee and offer support, constructive feedback and information to enable them to reflect in depth on issues affecting their practice, and enable them to develop both professionally and personally.
2. Ensure that the supervisee is supported to develop the appropriate skills and personal insight to do their job effectively and that they are able to contribute to the provision of a high quality service.

NOTES OF CLINICAL SUPERVISION

Name: **Date:**

<ul style="list-style-type: none">• Names of participants in supervision session• Themes discussed• Patients/ service users discussed• Risk Issues and Risk Planning	
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Details of Supervision

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