| | |
|---|---|
| Taunton and Somerset / Somerset Partnership | Joint Policy |

**Title: CLINICAL SUPERVISION - REFLECTIVE PRACTICE AND SUPPORT**

**Keywords –** clinical supervision, supervision, managerial supervision, professional supervision, reflective practice, reflection, support, colleague wellbeing

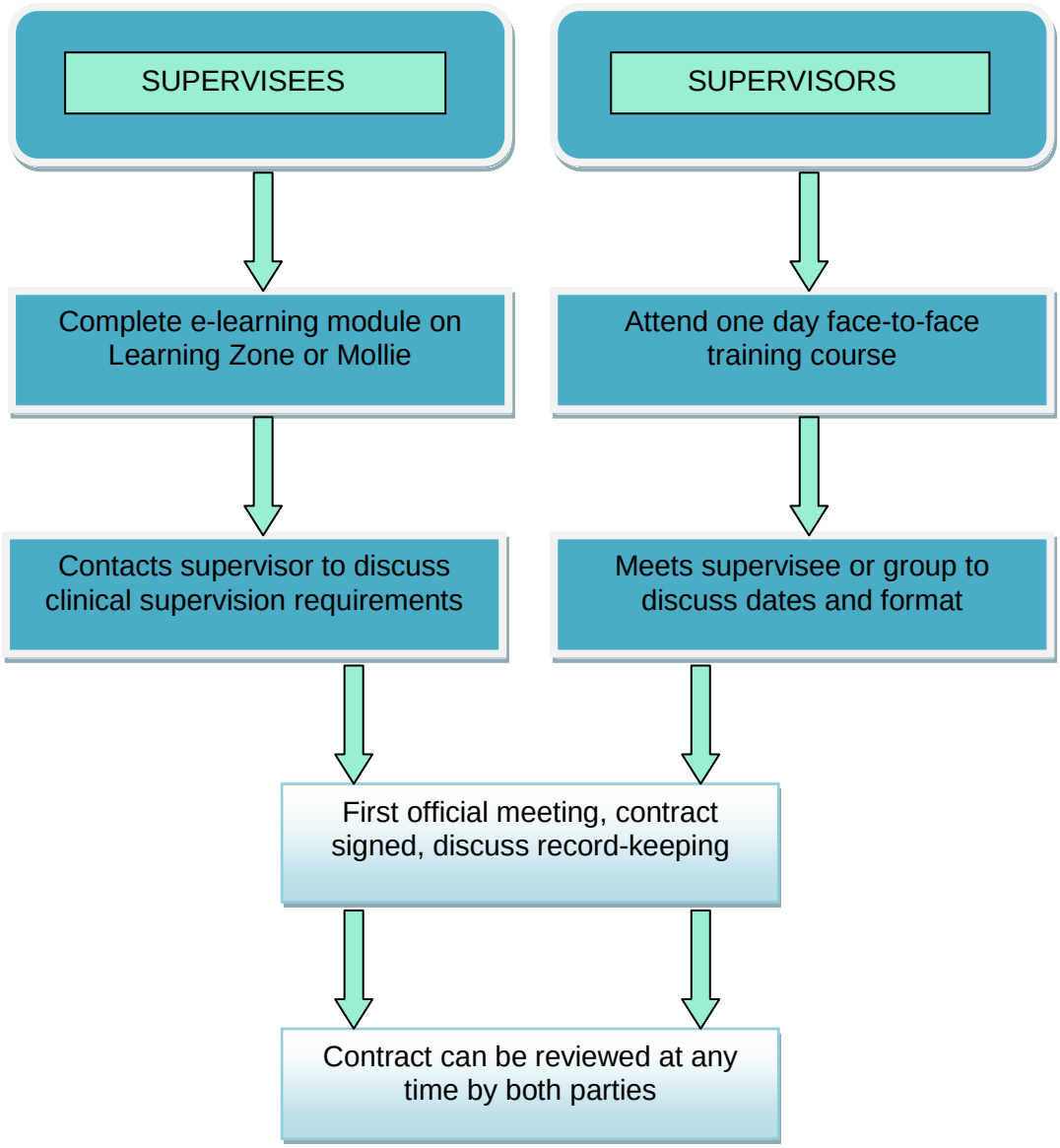
| | |
|---|---|
| **Author**: Kelly Tuke | |
| **Document Lead**: Jess Henry | |
| **Accepted by: TBC**<br>**Ratified by**: Senior Management Team | **Active date**: August 2018 |
| **Ratification date**: August 2018 | **Review date**: August 2021 |
| **Applies to**: Registered and unregistered clinical and professional staff | **Exclusions:** Non-clinical staff, medical staff |
| **Purpose:** To provide clear guidance on the provision of clinical supervision, and to ensure all colleagues benefit from access to regular clinical supervision, reflective practice and support | |
| **VERSION CONTROL - This document can only be considered current when viewed via the Policies and Guidance database via the Trust intranet. If this document is printed or saved to another location, you are advised to check that the version you use remains current and valid, with reference to the active date.** | |

## Key Points:

- Clinical supervision, reflective practice and support is mandatory if you are working in a clinical role, whether face to face or in a role that may impact on patient care, and advisory if you work with patients.
- Clinical supervision, reflective practice and support promotes patient safety, quality of care, effective team working, personal development and emotional wellbeing
- Colleagues working in roles that require mandatory clinical supervision as stated by their relevant professional body must comply with the requirements of their specific supervision scheme in the first instance
- Colleagues providing clinical supervision must be competent and supported to do so effectively
- Evidence of clinical supervision activity must be documented and records available as assurance that departments, managers and staff are compliant with this policy
- This policy will be used for audit purposes.

## 1. Clinical Supervision Process

### 1.1.



## 2. Introduction

**2.1.** The clinical supervision processes described in this policy are core activities in supporting the growth and development of all registered and unregistered colleagues, who have a clinical, therapeutic or professional role with patients. This policy describes what colleagues can expect from the process and what the expectations are of them.

**2.2.** The Alliance is committed to ensuring colleagues are given the level of supervision and support required to ensure that safe, effective and high quality care is provided to patients and their families and carers. All colleagues 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 reflective discussion.

**2.3.** This policy meets the requirements of the Care Quality Commission's (CQC) clinical supervision guidance (CQC 2013). The guidance advises that clinical supervision is "a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice".

**2.4.** The Alliance recognises that clinical supervision is supportive, restorative and person-focused. It encourages personal and professional development and goal realisation. 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 models to give honest feedback, to question, challenge, support and inspire and to facilitate greater self-awareness, growth and change.

**2.5.** During the last 12 months, we have implemented and embedded caseload zoning across all of our services, as a way of monitoring the mix of the types of patients on our caseloads over time and also to enable us to compare between teams within the same service. We would expect caseload zoning data to form a key part of the discussion with individual practitioners during clinical supervision.

**2.6.** Documentation to support the process of clinical supervision can be found in the appendices.

**2.7.** All colleagues must consider the requirement of the Equality Act 2010; supervision presents significant opportunities to raise the cultural awareness and competency of the workforce and conversations relating to cultural issues must be included in the clinical supervision process.

## 3. Definitions

**3.1.** **Clinical Supervision –** A facilitated discussion between two or more clinical colleagues 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. It is also vital in supporting the emotional wellbeing of colleagues.

**3.2.** **Professional Supervision –** A facilitated discussion between two or more colleagues from the same profession. Colleagues can review professional standards and identify professional training and continuing development needs.

**3.3.** **Managerial Supervision –** A facilitated discussion between a supervisor with authority and accountability for the supervisee. Colleagues can review performance, set objectives and priorities in line with the organisation and identify training and continuing development needs.

**3.4.** **Safeguarding and Child Protection Case Work Clinical Supervision –** A planned and /or ad hoc mandatory process for staff managing adult and child protection cases, delivered by members of the Trust Safeguarding Service. Further details can be found in the integrated “Safeguarding Clinical Supervision” policy.

**3.5.** **Supervisor –** A member of staff who has the capability to deliver supervision.

**3.6.** **Supervisee –** A member of staff receiving supervision.

**3.7.** This policy is an over-arching document for all clinical colleagues seeking guidance to clinical supervision. For some professions, formal supervision arrangements are required and both colleagues and their managers are expected to report adherence to these arrangements. In these instances, colleagues must seek guidance from their own professional bodies.

**3.8.** Clinical supervision is a different function to that of professional and managerial supervision and it is good practice for line managers not to act as clinical supervisors to their staff where possible.

## 4. Duties/Responsibilities

**4.1.** **Chief Executive –** Has overall responsibility for ensuring there are systems and processes in place to ensure all clinical colleagues within the Alliance are provided with appropriate levels of clinical supervision required to undertake their role in a safe, competent and efficient manner. They should also ensure that colleagues with supervisory responsibilities are provided with the time and resources to fulfil the function.

**4.2.** **Chief Nurse –** Holds executive responsibility for ensuring governance arrangements are in place for patient safety and staff development and monitors overall Alliance compliance with the provisions of this policy.

**4.3.** **Head of Leadership, Learning and Development –** Ensures this policy is reviewed at least every three years or sooner if national or local changes are required.

**4.4.** **Learning and Development–** Ensures training is available to equip colleagues to deliver clinical supervision to meet the requirements of the Alliance. They will ensure courses are advertised in a timely manner and attendance recorded on the learning and development system. They will work with directorate managers to ensure clinical supervisor databases containing trained clinical supervisors are maintained and up to date. They will ensure clinical supervision is audited and any actions are implemented.

**4.5.** **Directorate Leads (service directors, deputy service directors, general managers, matrons, heads of service) –** Responsible for promoting, encouraging and ensuring colleagues access clinical supervision regularly. Directorates will also maintain a register of trained clinical supervisors and ensure adequate numbers of staff are trained and able to undertake a supervisor role.

**4.6.** **All line managers (managers in wards, departments, specialities) –** Responsible for ensuring this policy is followed within their area of responsibility. The Alliance sees colleague development through clinical supervision as a core activity. Line managers should monitor attendance and allocate time, resources and rostering to help colleagues fulfil clinical supervision requirements. They are also responsible for ensuring there are

adequate numbers of clinical supervisors trained in their service areas to meet supervision requirements and that supervisors are released to provide supervision to colleagues.

**4.7.** **Supervisor –** Provides regular supervision as agreed with their supervisee and keeps a record of the session. They must have the necessary skills (training and experience) to support and act as a supervisor to the supervisee

**4.8.** **Supervisee –** Receives regular supervision. Supervisees must keep a record of the discussion for reflection and development. Supervisees can also access other Alliance-organised opportunities such as Schwartz rounds or compassion circles, and at other times following critical events or as organised by teams as a debrief mechanism. These must also be recorded.

## 5. Process

**5.1.** Some professions require statutory clinical supervision for maintaining professional registration. Other professions and colleagues working in supportive roles do not. **Clinical supervision is a compulsory requirement for all Alliance colleagues who work clinically, ie colleagues who have direct contact with patients, service users, their families and carers.**

**5.2.** It is necessary for all colleagues to use this policy. Additionally, the clinical supervision intranet web page will act as a signpost for information.

**5.3.** Managers must keep a list of locally trained supervisors. Colleagues are invited to contact supervisors directly to arrange clinical supervision and dates, times and venues should be 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 supervision.

**5.4.** Whilst it is preferable and in some instances a requirement for some staff groups to receive supervision from a supervisor from their own profession, where possible supervisees should seek supervisors from different clinical backgrounds. This may include supervisors accessed outside of the Alliance with agreement from their line manager.

**5.5.** For maximum benefit, clinical supervision should take place **on a monthly basis for a minimum if one hour.**

**5.6.** **Theoretical Framework –** There is no single model of clinical supervision or reflective practice for colleagues working within healthcare organisations, and colleagues are free to choose their own preferred model. For the purposes of

this policy, the Alliance supports the use of Proctor's Model (Appendix E) and Gibbs' Reflective Cycle (Appendix F).

**5.7.** **Approach –** There are multiple approaches and formats to clinical supervision and all of the following are endorsed within the Alliance:

**Individual -** A colleague is supervised by an experienced supervisor not necessarily from the same staff group or discipline

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

**Triad –** The same concept as peer supervision but with colleagues rotating in to the role of observer who provides feedback after each supervision session

**Action Learning Set -** Members of a group use their coaching skills to help individuals reflect, analyse and take action on their own personal topics. Each member has an opportunity to discuss their own personal topic. As with group supervision, the action learning set can be self- facilitated or may have an external supervisor.

**Group –** A group of colleagues supervised by a single supervisor. This may be self-facilitated with a rotating role of facilitator, or may have only one supervisor. 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

**5.8.** It is recognised that for some professional groups purely peer supervision would not be acceptable by their regulatory/accreditation bodies**.**

**5.9.** **Supervisee Responsibilities –**

- Attend all designated sessions and agree the agenda
- Prepare for sessions, be punctual and reliable, professional and respectful
- Identify an issue which they wish to explore and provide contextual evidence which links to professional practice
- Agree and follow up any actions arising from sessions
- Identify learning needs and where appropriate include these as objectives for supervisee managerial reviews/PDPs/appraisals
- Agree with their line manager the frequency and duration of sessions and inform them of any issues which might affect the process

- Keep appropriate brief records of significant issues addressed, actions agreed and outcomes and sharing these with the supervisor
- Sessions must be recorded via Learning Zone or Mollie in addition to locally agreed record-keeping, and will be audited periodically.

**5.10.** **Supervisor Responsibilities –**

- Prepare for the sessions and be punctual and reliable
- Demonstrate respect for supervisees to enable individuals to participate fully in sessions
- Encourage the supervisee to seek specialist help or advice when necessary
- Challenge behaviour that would cause concern about clinical practice, development or use of clinical supervision
- Support the supervisee to clearly identify issues to be addressed and agree outcomes
- Enable supervisees to explore and clarify their thinking by reflective practice and/or critical analysis within suitable frameworks of clinical supervision and reflective practice
- Be aware of organisational constraints
- Maintain confidentiality except when standards/code of professional conduct is breached or unsafe practice identified
- Encourage the supervisee to share relevant information with their line manager in order to inform annual appraisal

**5.11.** **Manager Responsibilities –**

- Ensure the service has a systematic process of clinical supervision, reflective practice and support to facilitate colleagues in their development

**5.12.** All supervisors and supervisees are responsible for attending and preparing for supervision meetings, and actively engaging in clinical supervision.

**5.13.** **Clinical supervision Records –** Recording a clinical supervision session should be agreed and maintained between the supervisor and supervisee. Peers, triads and groups should agree who will take responsibility for record-keeping. Notes will not be routinely accessible but in exceptional circumstances such as the review of a serious incident, competency proceedings, investigation/disciplinary or audit purposes these will be made available. They may also form part of professional revalidation or registration and in this instance, please refer to the guidelines provided by the relevant professional body. If issues have been raised concerning a breach of the

relevant standards/Code of Professional Conduct, this must be addressed with the individual's service manager and head of service so that they can take appropriate actions.

**5.14.** The appendices are recommended templates for clinical supervision record-keeping. However, individuals or departments may wish to set up local processes to suit their area of practice.

**5.15.** An initial contract establishes the objectives, scope, frequency, duration and location of the clinical supervision sessions, and must be reviewed on an annual basis (Appendices A and C).

**5.16.** The supervisee records the content of each session (Appendix B) which may be used for appraisals, professional revalidation or re-accreditation/reregistration/portfolio development. The supervisor may wish to make separate notes as a point of reference for future sessions.

**5.17.** Any record made by the supervisor in group supervision will be open to the supervision group**.** A record will be kept of the date, time and attendees of each clinical supervision session by the supervisor (Appendix D).

**5.18.** **Training Requirements –** The Alliance is committed to working towards all clinical colleagues receiving appropriate training for clinical supervision, in line with mandatory training matrices. All training documents referred to in this policy are accessible to colleagues within either the learning and development or clinical supervision section of the intranet.

- Supervisors **–** Clinical supervision training is available to all Alliance colleagues who wish to become clinical supervisors and are responsible for clinical supervision. This is a one day 'in-house' face-to-face course and is a pre-requisite to delivering clinical supervision to supervisees.
- The Alliance has ensured a number of clinical supervisors have been trained in clinical supervision through a 'Train the Trainer' 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 colleagues and encouraging effective leadership from the clinical cohort of the Alliance. In addition, all supervisors are invited to attend an Alliance-wide forum every three years to share experiences and learning. This forum actively seeks to motivate colleagues to work together to promote the profile and benefits of supervision in the Alliance.
- Supervisors should have a maximum of four supervisees for 1-1 sessions and ad hoc group/debrief supervision sessions as service needs require.

More supervisees may be appropriate depending on professional requirements.

- Refresher training can be provided for supervisors who have not supervised for a period of time (over 3 years) or those that are unfamiliar to the Alliance clinical supervision policy, such as those colleagues who have recently commenced employment.
- Supervisees **–** All clinical colleagues are required to complete the e-learning module on Learning Zone or Mollie prior to undertaking clinical supervision for the first time, and will form part of the e-learning required at Trust Induction.

## 6. Performance Monitoring

**6.1.** Clinical supervision arrangements and compliance will be reviewed through audits to evaluate the effectiveness of the process.

**6.2.** Audit results will be presented to the relevant Alliance Workforce Governance Group/Governance Support Unit by the auditor for consideration, identifying good practice and any shortfalls. Action plans and lessons will be drawn up and the relevant group will be responsible for ensuring improvements, where necessary, are implemented.

**6.3.** This policy will be implemented with a familiarisation programme for managers to use within their Directorates. It is the responsibility of managers to ensure new colleagues receive information about this policy and its associated procedures at Trust induction and that any changes to the policy are effectively communicated within their area of responsibility.

**6.4.** Every clinical colleague is expected to be aware of this policy and should be proactive in developing their role to support it, including attending supervision sessions fully prepared to discuss agreed aspects of their work and practice. They will also understand the need for maintenance and safe storage of contracts and records of supervision sessions.

**6.5.** Clinical supervisors should ensure supervision sessions take place. Cancellation must be rare and only when an alternative arrangement can be made.

**6.6.** Both supervisor and supervisee should regularly review the structure, process and content of the supervision. Evaluation is important to account for time spent in supervision and demonstrate improvements in practice, knowledge and skills.

## 7. Review

**7.1.** This document will be maintained by the author to reflect the most up to date national guidance and current research literature.

**7.2.** The policy will be reviewed every three years or sooner as required.

## 8. References and Associated Documents

British Association of Counselling and Psychotherapy (2007). The Impact of Clinical Supervision on Counsellors and therapists, their practice and their clients: A systematic review of literature. Available at: https://www.bacp.co.uk/media/1982/bacp-impact-clinical-supervision-on-counsellors-therapists-practice-and-clients-systematic-review.pdf [Accessed 13th March 2018].

British Association of Play Therapists (2014). Clinical Supervision. Available at: http://www.bapt.info/play-therapy/clinical-supervision/ [Accessed 13th March 2018].

Care Quality Commission (2013). Supporting Information and Guidance: Supporting Effective Clinical Supervision. Available at: https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf. [Accessed 13th March 2018].

Chana, N., Kennedy, P., and Chessell, Z (2015). Nursing Staffs' Emotional Wellbeing and Caring Behaviours. *Journal of Clinical Nursing, 24, 2835-2848.*

Chartered Society of Physiotherapists (2017). Clinical Supervision: A Brief Overview. Available at: http://www.csp.org.uk/publications/clinical-supervision-brief-overview. [Accessed 13th March 2018].

College of Occupational Therapists (2015). Supervision: Guidance for Occupational Therapists and their Managers. Available at:

https://www.rcot.co.uk/sites/default/files/Supervision.pdf [Accessed 13th March 2018].

Division of Clinical Psychology (2014). DCP Policy on Supervision. Available at: https://www1.bps.org.uk/system/files/Public%20files/inf224_dcp_supervision.pdf [Accessed 13th March 2018].

Dye, V. (2011) 'Reflection, Reflection, Reflection. I'm thinking all the time, why do I need a theory or model of reflection?', in McGregor, D. and Cartwright, L. (ed.) Developing Reflective Practice: A guide for beginning teachers. Maidenhead: McGraw-Hill Education (pp. 217-234).

Egan, G (2014) The Skilled Helper: A problem-management and opportunity-development approach to helping. Cengage Learning.
Equality Act (2010). Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents [Accessed 13th March 2018].

Health and Care Professions - Standards of Proficiency. Available at: http://www.hcpc-uk.co.uk/publications/standards/ [Accessed 13th March 2018].

Helen and Douglas House (2014). Clinical Supervision Toolkit. Available at: https://www.helenanddouglas.org.uk/wp-content/uploads/2018/01/hdh-clinical-supervision-toolkit.pdf. [Accessed 13th March 2018].

NHS England (2017). A-EQUIP: A model of clinical midwifery supervision. Available at: https://www.england.nhs.uk/publication/a-equip-a-model-of-clinical-midwifery-supervision/ [Accessed 13th March 2018].

Proctor, B (1987). Supervision: A co-operative exercise in accountability. In *Enabling and Ensuring: Supervision in Practice* (Marken, M and Payne. Eds). Leicester: National Youth Bureau.

Royal College of Nursing (2003). Clinical Supervision in the Workplace: Guidance for Occupational Health Nurses. Available at:

https://www.rcn.org.uk/professional-development/publications/pub-001549 [Accessed 13th March 2018].

Royal College of Paediatrics and Child Health (2014) Intercollegiate Document: safeguarding children and young people: roles and competences for healthcare professionals. Available at: https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf. [Accessed 30.04.18].

Royal College of Speech and Language Therapists (2017). Information on Clinical Supervision. Available at: https://www.rcslt.org/cq_live/resources_a_z/supervision/information0317 [Accessed 13th March 2018].

The College of Radiographers (2003). Radiography: Clinical Supervision Framework. Available at: https://www.sor.org/system/files/article/201202/sor_clinical_supervision_framework.pdf [Accessed 13th March 2018].

## 9. Equality Impact Assessment (EIA) statement

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 Alliance 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.

**APPENDIX A**

## Clinical Supervision Contract

Clinical supervision for: ……..

Clinical supervision from: ……...

Frequency: ……..

Time allocated: …….

Additional supervision from (i.e. 1 -1 with manager / support from management team etc)

: ……..

Confidentiality:

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.

Supervisee signature: …….....

Supervisor signature: ……

Date……..

N.B This contract should be reviewed and evaluated yearly or as needs change.

**APPENDIX B**

| **Record of Clinical Supervision** | |
|---|---|
| **Supervisor……..……** **Date……** <br> **Supervisee……** | |
| **Agenda / topics brought to discussion** | |
| **Review of any outcomes or actions from previous meeting** | |
| **Discussion notes** <br> **Date/time/venue of next meeting**: ……... | **Action / outcomes** |

Supervisor ……..…….

Supervisee ……

**APPENDIX C**

## Clinical Supervision Contract for Groups

Clinical supervision for:
……
……
……...

Clinical supervision from: ……...

Frequency: ……..

Time allocated: …….

Additional supervision from (i.e. 1 -1 with manager / support from management team etc)

: ……..

Confidentiality:

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.

Supervisee signatures:
……
……
……

Supervisor signature: ……

Date……..

N.B This contract should be reviewed and evaluated yearly or as needs change.

**APPENDIX D**

| **Record of Group Supervision**<br><br>**Date**…….. | **Supervisor**……<br><br>**Supervisees**……<br>……<br>……<br>…… |
|---|---|
| **Agenda / topics brought to discussion** | |
| **Review of any outcomes or actions from previous meeting** | |
| **Discussion notes**<br><br>**Date/time/venue of next meeting**:<br><br>……... | **Action / outcomes** |

Supervisor ……..…….

Supervisees
……
……
…….

**APPENDIX E**

Proctor defines three aspects that need to be addressed in all clinical supervision meetings which are normative, formative and restorative (fig 1).

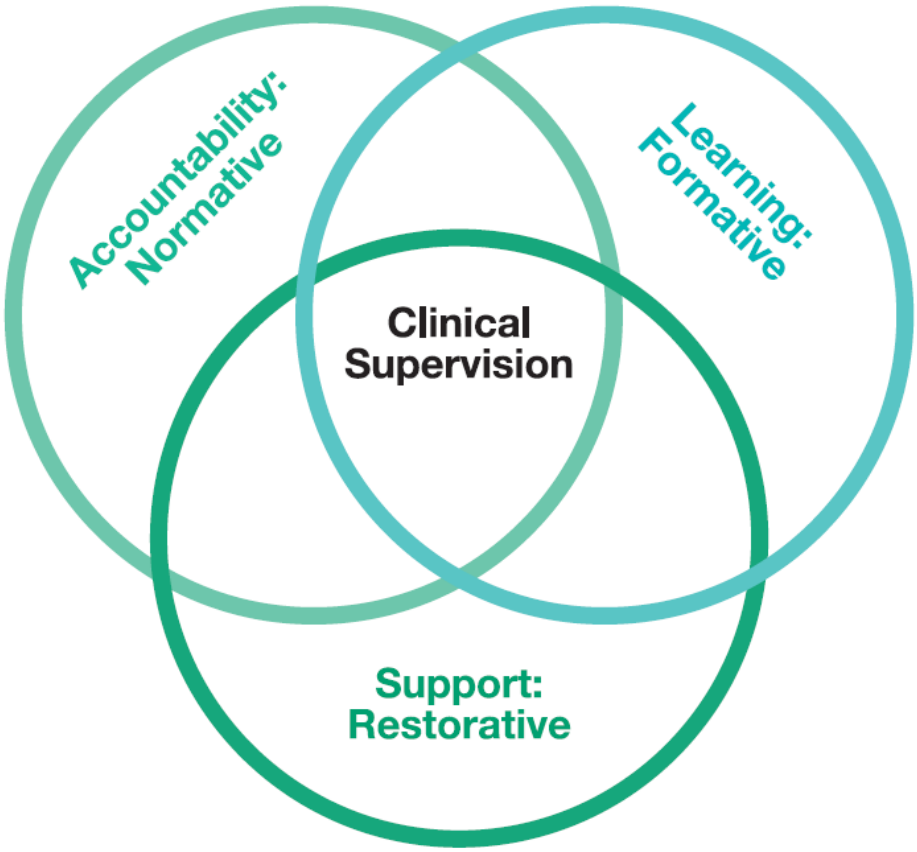



Figure 1 – Proctor's Clinical Supervision Framework showing the relationship between normative, formative and restorative functions

Accountability/Normative **–** Focuses on knowledge and skills development

Learning/Formative **–** Focuses on quality, evaluation and monitoring aspects of practice

Support/Restorative **–** Focuses on health, wellbeing and supportive help

**APPENDIX F**


Figure 2 - Gibbs' reflective cycle showing the 6 stages of reflection

Gibbs' reflective cycle is a popular and easy to use model for reflection. Figure 2 includes 6 stages of reflection, as cited in Dye (2011, p. 230).