

Clinical Supervision

Ref CLIN-0035-v5.1

Status: Ratified

Document type: Policy

Contents

1	Introduction	3
2	Why we need this policy	3
2.1	Purpose	3
2.2	Objectives	4
3	Scope	4
3.1	Who this policy applies to	4
3.2	Roles and Responsibilities	4
4	Policy	5
5	Appendixes	8
6	Related Documents	8
7	How this policy will be implemented	8
8	How this policy will be audited	9
9	Document control	10

1 Introduction

The CQC paper, 'Supporting information and guidance: Supporting effective clinical supervision', (July 2013), identifies the purpose of clinical supervision :

"The purpose of clinical supervision is to provide 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."

Clinical supervision provides a structured approach to deeper reflection on clinical practice. This can lead to improvements in practice and client care; contribute to clinical risk management as well as improving systems of accountability and responsibility.

Clinical supervision focuses on the quality of an individual's clinical practice whilst management supervision focuses on performance against role supporting appraisal and PDP processes. This policy sets out a minimum standard expected and is separate but supplemental to the Trusts Appraisal and management supervision policy and supports its implementation. More specific requirements for Clinical Supervision will be delivered in accordance with relevant professional guidelines or protocols.

2 Why we need this policy

To set the minimum standard for clinical supervision in Tees Esk and Wear Valley NHS Foundation Trust.

To provide robust monthly monitoring that supports both:-

- Annual Appraisal and Management Supervision by ensuring clinical quality and patient safety, particularly in the application of the caseload management protocol
- The relevant Professional Guidance or protocols for Clinical supervision

The policy responds to recommendations made by the internal Malcolm Rae Review 2013 and nationally the Francis Report 2013

To support Annual Appraisal and Management Supervision by ensuring clinical quality and patient safety, particularly in the application of the caseload management protocol

2.1 Purpose

The purpose of this policy is to formalise a minimum standard of Clinical Supervision for all staff delivering direct patient care. This will be in addition to, and not a replacement for, professionally mandated standards or protocols.

2.2 Objectives

The policy objectives are to:

- Clarify the Trust’s position on meeting professional and clinical supervision requirements of practitioners employed by the Trust.
- Reinforce the educational requirements for those supervising (mentoring) pre and post graduate students.
- Provide opportunity for individuals to:
 - Review standards of practice in relation to caseload and workload management.
 - Keep up to date with developments.
 - Identify developmental needs and be clear that they are working within professional boundaries.
- Ensure care standards are met to deliver safe and effective care.

3 Scope

The scope of the policy and associated professional protocols is to provide guidance on a minimum standard for clinical supervision expected by the Trust.

3.1 Who this policy applies to

This policy applies to staff delivering direct patient care.

- Registered nurses and Social Workers employed by the Trust on the basis of their professional qualification.
- Allied Health Professionals
- All staff employed by the Trust in a nursing or clinical support role of any grade, including support workers, STR workers, associate practitioners and health care assistants.
 - Medical Staff, AHP staff, and psychology by reference to separate professional guidelines

This policy and all procedures and training relating to it will adhere to the Trust’s Equality and Diversity Strategy.

3.2 Roles and Responsibilities

Role	Responsibility
Executive Director of Nursing and Governance	The development, monitoring and support of this policy.

Operational Directors	Implementation and monitoring of this policy in their areas of responsibility, ensuring the implementation systems and processes are in place and monitored to ensure compliance with this policy.
Operational Line Managers	Ensuring their staff have access to, and are participating in appropriate supervision for their role. They will do this through Appraisal and Management Supervision process. All Managers have a responsibility to ensure staff are aware of this policy and its implications.
Clinical Directors and Professional Leads (Including Heads of Nursing)	The maintenance and monitoring of compliance with this policy within their area of responsibility. Will ensure that all clinical lead staff are delivering clinical supervision as a key part of their roles and that they develop and maintain clinical supervision networks and practice.
All staff to whom this policy applies	Complying with this policy and establishing a clinical supervisory relationship and/or forum(s) appropriate to their role. They will do with in collaboration with, and under the guidance of, their line manager and appropriate clinical lead

4 Policy

4.1 The Trust views Clinical Supervision as a mandatory practice for all staff delivering direct patient care.

4.2 All staff that this policy applies to, will seek and actively engage in clinical supervision and will meet the minimum standard of eight (8) hours of clinical supervision each year.

This may be achieved in a variety of forms such as:-

- Formal one to one (1:1) supervision
- Group/Team supervision
- Live Supervision (with formalised reflection)
- Reflective review of taped/video sessions

All staff will maintain a 'supervision log' (**Appendix 1**) to record hours of supervision in whichever form it is undertaken and take every opportunity to participate in informal Clinical Supervision on an ad-hoc and opportunistic basis, for example away days, team meetings, staff development days.

Formal 1:1 Supervision

Of the minimum standard of eight (8) hours, supervisees must engage in at least one (1) hour of 1:1 formal supervision every 3 months.

This should cover all themes relevant to the supervisee's role and be recorded in accordance with their respective professional guidance or protocol.

Formal session records should include:

- Date, length and form of supervision.
- Names of attendees or involved individuals.
- Issues that the supervision addressed.
- Summary of reflection, learning and/or actions taken from the supervision.
- In the case of planned formal sessions, if cancelled reasons to be documented.

Where relevant to the role, caseload management issues should be covered as part of the 1:1 formal supervision session to support the quarterly Management supervision sessions which will entail formal caseload management reviews.

4.2.1 Supervision required above the minimum standard to meet professional requirements (e.g. Nurse Revalidation or Generic Professional Practice Guidelines for Psychology, or Health Care Professions Council HCPC), should be delivered in accordance with relevant professional guidance or protocol.

4.3 In partnership with their line managers and professional leads, supervisees will identify supervisors and negotiate appropriate supervision arrangements taking account of:-

- The supervisee's development needs and the needs of the service.
- Availability of supervisors who meet those needs.
- The skills and experience of supervisors.
- The requirements of the supervisee's role.
- Any employee experiencing barriers to meeting the minimum standard for supervision must inform their line manager.

4.3.1 Newly appointed staff will be allocated a supervisor by their manager and/or clinical lead for the first 6 months of their appointment.

4.4 It is the responsibility of both the supervisor and the supervisee to keep clear, accurate and up-to-date records.

4.5 Supervisees must make entries into individual patient/client case notes of any action plans discussed pertaining to that individual. All records of supervision out with the clinical record must ensure that only initials of individuals discussed are used for identification.

4.6 All records must be kept and protected in accordance with all relevant legislation and organisational policy, and be made available to the organisation for auditing purposes if requested.

Supervision in Extended Roles

Where clinicians have extended roles and clinical qualifications, such as Non-Medical Prescribing (NMP); CBT; CAT; DBT etc, they have a responsibility to access clinical supervision in accordance with the standards of the relevant regulatory bodies.

In particular Registered Non-Medical Prescribers will adhere to their relevant professional and organisational additional guidance such as the NMC Code of Practice, NMP Procedure to Practise (Accessible within the Trust Medicines Overarching Framework) and national legislation. AHP's in non AHP specific roles will follow the main supervision policy and follow AHP professional clinical supervision protocols for any AHP therapy delivery within these roles.

Supervision and Safeguarding Children and Vulnerable Adults

If a safeguarding concern becomes apparent during clinical supervision, the supervisee must contact the safeguarding team for advice in regard to the need for further actions.

If the case is very complex, the safeguarding nurse may request for the case to be brought into safeguarding supervision with the safeguarding team.

The supervisee can also request a concerning case to be brought into safeguarding supervision. If a case goes to child protection conference then safeguarding supervision from the trusts safeguarding team is mandatory.

Trust requirements are that all such mandatory cases are then discussed in clinical supervision on a 3 monthly basis.

Additionally it is a quality requirement that practitioners working with a looked after child, child in need, child involved in early help services and working with MAPPA cases, also bring these to supervision on a 3 monthly basis.

Equality, Diversity and Human Rights

In order to deliver the best healthcare and to be a provider and employer of choice we must have a good understanding of our communities and our workforce. We must cultivate an inclusive and diverse workforce culture in order to fully achieve our vision of being a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations.

Definitions

Definitions of supervision and reflection are detailed in **Appendix 2**.

5 Appendixes

- Appendix 1 – Supervision Log
- Appendix 2 - Definitions
- Appendix 3a - Policy Inter-relationships diagram
- Appendix 3b - Process flow diagram

6 Related Documents

Generic Professional Practice Guidelines (The British Psychological Society)

http://www.bps.org.uk/sites/default/files/documents/generic_professional_practice_guidelines.pdf

CLIN/0036/v3 Allied Health Professionals Professional Clinical Supervision Protocols
Nurses, Social Workers and Non-Regulated Practitioners Professional Clinical
Supervision Protocol

Clinical and managerial Supervision for Medical Staff within TEWV

Appraisal procedure

7 How this policy will be implemented

- | |
|--|
| <ul style="list-style-type: none">• This policy will be published on the Trust's intranet and external website. |
| <ul style="list-style-type: none">• Line managers will disseminate this policy to all Trust employees through a line management briefing. |
| <ul style="list-style-type: none">• Professional and clinical leads will engage in training and skills analysis for their relevant areas of responsibility, undertake baseline audits and develop action plans to deliver the minimum standards outlined in this policy. |
| <ul style="list-style-type: none">• A range of training and support structures will be mapped and developed in response to baseline and continuous audit of the minimum standard. |
| <ul style="list-style-type: none">• All staff recruited into posts that deliver direct patient care will be made aware of the clinical supervision policy at Trust and local induction. |
| <ul style="list-style-type: none">• The trust will make commit to making clinical supervision available to all staff to whom this policy applies. |

8 How this policy will be audited

Clinical and professional supervision will be audited annually within the Trust to ensure compliance with NHS litigation authority standards and Standards for Better Health.

Audits will focus on compliance with the minimum standard and also an audit of the quality of clinical supervision.

Educational supervision will occur as a part of the educational audit process.

This policy will be reviewed and amended as a part of the audit and evaluation cycle every three years.

9 Document control

Date of approval:	08 June 2016	
Next review date:	01 October 2020	
This document replaces:	Clinical Supervision Policy CLIN/0035/v5	
Lead:	Name	Title
	Craig Hill	Head of Nursing North Yorkshire
Members of working party:	Name	Title
	Mark Wilkinson	CST Clinical Supervision
	Alison Bullock	Allied Health Professionals Lead
	Jane Christie	Training and Development
	Jane Buckle	Head of Professional Nursing and Education
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	08 June 2016
An equality analysis was completed on this document on:	06 June 2016	

Change record

Version	Date	Amendment details	Status
5.1	07 Jul 2017	Para. added to 4.6 re safeguarding children and vulnerable adults	Published
5.1	25 Nov 2019	Review date extended from 31 Dec 2019 to 01 April 2020	Published

5.1	09 Apr 2020	Extended to 01 Oct 2020	Published
-----	-------------	-------------------------	-----------