Camden and Islington NHS
NHS Foundation Trust

# CLINICALSUPERVISION POLICY
## NOVEMBER 2017

This policy supersedes all procedures relating to Clinical Supervision

Your partner in care & improvement

| | |
|---|---|
| **Policy title** | Clinical Supervision Policy |
| **Policy reference** | CL35 |
| **Policy category** | Clinical |
| **Relevant to** | All clinical settings |
| **Date published** | November 2017 |
| **Implementation date** | November 2017 |
| **Date last reviewed** | November 2017 |
| **Next review date** | November 2020 |
| **Policy lead** | Deputy Director of Nursing |
| **Contact details** | Email:simon.rowe@candi.nhs.uk |
| **Accountable director** | Caroline Harris-Birtles, Director of Nursing |
| **Approved by (Group):** | Quality Governance Committee<br>October 2017 |
| **Approved by (Committee):** | Quality Committee<br>November 2017 |

**Document history**

| Date | Version | Summary of amendments |
|---|---|---|
| Jan 2015 | 1 | New Policy |
| Sept 2017 | 2 | Comprehensive review to have robust processes in place. |

| | |
|---|---|
| **Membership of the policy development/ review team** | Jeff Halperin, Head of Psychology, Andy Stopher, Deputy Chief Operating Officer, Liz McGrath, Clinical Director SMS; Emily Van DePol, Associate Director Community; Peter Cartlidge, Associate Director SAMH, Adele McKay, Associate Director Acute; Peter Kane, Associate Director SMS; Kevin Cann, Medical Devices and Resuscitation Lead |
| **Consultation** | Heads of Professions, Deputy Director of Nursing and Divisional Clinical Leads, Head of Governance and Quality Assurance, Learning and Development Team, Practice Development Team |

**DO NOT AMEND THIS DOCUMENT**

Further copies of this document can be found on the Foundation Trust intranet.

## Contents

## 1.0 Introduction

1.1 This policy sets the standards for how clinical supervision should take place within the Trust. Clinical Supervision is a necessary aspect of practice for all professionally qualified groups and for all frontline staff who do not hold a professional qualification or registration. Clinical supervision has been recommended as highly important within ongoing NHS policy in documents such as the CQC report “supporting effective clinical supervision” (2013).

1.2 Clinical supervision is part of the clinical governance agenda, supporting safe, high quality patient care; promoting professional development, and fostering an open culture of learning from positive and negative events and replicating best practice.

1.3 Staff are our most important resource and therefore the facilitation of highly competent, patient focused, experienced and resourceful staff is a key requirement of achieving a high quality service.

1.4 This policy is concerned with overarching standards and expectations across the organisation with regard to the content, logging and auditing of clinical supervision.

1.5 This policy also describes the template which is to be used in clinical supervision and describes how this template is linked to the audit and reporting process. . The majority of frontline staff work in multidisciplinary teams. It is important that there are some shared expectations and standards regarding practice supervision and reflection on practice.

## 2. Aims & Objectives

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. This policy also aims to outline the process for Doctors including consultants and those in training.

## 3. Scope

This policy applies to all staff working in roles where they are providing direct patient care, including all professional groups, secondees from the Local Authority and frontline staff who do not hold a professional qualification.

The policy sets out the expectations of supervisors and supervisees within the Trust. Clinical supervision should be in accordance with the standards and guidance of the relevant professional and regulatory bodies.

## 4. Definitions

4.1 There are several types of supervision – the three most commonly referred to are: clinical, managerial and professional supervision. The terms used in this area may

sometimes overlap and in practical terms, it may sometimes be difficult to separate them from each other.

4.1.1 **Managerial supervision** is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:

- Review their performance.
- Support the member of staff holistically to contribute to the service provision
- Set priorities/objectives in line with the organisation's objectives and service needs.
- Identify training and continuing development needs.

4.1.2 **Clinical supervision** provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing development needs.

4.1.3 **Professional supervision** is often interchangeable with clinical supervision. This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with the opportunity to:

- Review professional standards.
- Keep up to date with developments in their profession.
- Identify professional training and continuing development needs.
- Ensure that they are working within professional codes of conduct and boundaries.

4.2 **As a Trust we use the term 'clinical supervision' in this policy to refer to the supervision for all staff who care for people who use services, including registered professionals and support workers. Clinical supervision is about maintaining the professionalism of these staff groups in working with people who use services.**

## 5.0 Management and Procedures

### 5.1 What is Clinical Supervision?

5.1.1 Skills for Care define 'supervision' as 'an accountable process which supports, assures and develops the knowledge, skills and values of an individual group or team.'

5.1.2 In some professions and occupations, alternative titles may be used, such as 'peer supervision', 'developmental supervision', 'reflective supervision' or just 'supervision', but generally clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising and supporting the performance of staff.

5.1.3 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.

### 5.2 Who should receive clinical supervision?

5.2.1 Clinical supervision is often primarily aimed at registered professionals (for example, nurses, doctors, social workers and allied health professionals).

This policy applies to all clinical staff, including those who are not professionally registered.

### 5.3 What are the benefits of clinical supervision?

5.3.1 For Staff:

Clinical supervision has a number of benefits for staff:

1. It can support staff wellbeing by helping them manage their personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.
2. It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.
3. It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development, where applicable).

5.3.2 For Service Users and Carers:

Clinical supervision can help ensure that people who use our services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice.

5.3.3 For the Trust:

1. Clinical supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction, appriasal and training to ensure that staff have the right skills, attitudes and support to provide high quality services.

2. Clinical supervision has been associated with higher levels of job satisfaction, improved retention, reduced turnover and staff effectiveness. Effective clinical supervision may increase employees' perceptions of organisational support and improve their commitment to an organisation's vision and goals. It is one way for a provider to fulfil their duty of care to staff.

3. Importantly, clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability.

4. Clinical supervision is considered to be an essential part of good professional practice by a range of different professional bodies. It can contribute to meeting any continuing professional development requirements set by a professional

body or a regulator, and can therefore help ensure that staff remain registered and able to work.

### 5.4. Roles & Responsibilities

The Trust must have suitable arrangements in place to ensure that people employed are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people who use services safely and to an appropriate standard. An effective system of clinical supervision is one way of ensuring this.

#### 5.4.1 Executive Directors and Board Management

The Board has overall responsibility for the health, safety, and welfare of all staff, service users, visitors and others within the Trust. The Care Quality Commission (July 2013) has stated that having an effective system of clinical supervision is a way of ensuring that staff are supported to carry out their duties and to deliver care and treatment to an appropriate standard.

The Executive Team, namely the Director of Nursing & People, Medical Director and the Chief Operating Officer, have responsibility for the implementation of this policy. They must ensure that all front line staff are given the opportunity to access the practice supervision required for their role.

#### 5.4.2 Heads of Professions, Deputy Director of Nursing and Divisional Clinical Leads

Are responsible for working with operational services to ensure professional standards are maintained, with Clinical supervision being one aspect of professional practice. They will determine the appropriate provision of Clincal and professional supervision for each profession.

Most staff should be able to access supervisors within the Trust. For staff requiring ‘specialist’ supervision - where the Trust does not employ suitable supervisors for someone in a highly specialised role - such arrangements must be agreed by the professional lead and the person’s line manager.

#### 5.4.3 Associate Directors

Are responsible for ensuring that Clinical Supervision takes place as stated in this policy.

#### 5.4.4 Clinical Directors

Are responsible for ensuring that the audit of the clinical supervision notes is carried out as stated in this policy

#### 5.4.5 Operational Line Managers

Are responsible for ensuring that all clinical and professional staff have the opportunity to access the supervision they require. Individual clinical supervision requirements

should be agreed within their appraisal (Progress Discussion) or managerial supervision processed and stated in the individual's personal development (Trust Developing our People Policy). Line managers must maintain a log of supervision uptake within their team for the purpose of audit. It is the line manager's responsibility to address non uptake of supervision with individual members of their team.

For members of staff who are new to the Trust or who have identified unmet practice supervision needs, line managers must assist those staff to find suitable supervisors or negotiate allocation of a supervisor.

### 5.4.6 Frontline clinical and professional staff

Must identify their supervision needs and access supervision as per their appraisal (Progress Discussion) and Personal Development Plan. Some staff may want to access supervision from different sources for some aspects of their role, for example, a community nurse may access bi-monthly supervision with a senior Approved Mental Health Professional (AMHP) for their AMHP duties and monthly group supervision with peers in order to address professional nursing practice aspects of their role.

### 5.4.7 Supervisors and supervisees

Supervisors should be staff who are senior to the supervisee in terms of experience and hierarchy; with professional integrity and a high degree of professional competence. Supervisors and supervisees do not have to be from the same profession. Supervisors should have an ability to support reflection on practice and to offer insight into what constitutes good professional practice.

Effective clinical supervision relies on a good working relationship between supervisors and supervisees, whose responsibilities are set out below:

**Supervisees should:**

- Prepare for supervision sessions, which include identifying issues from their practice for discussion with their supervisor.
- Take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.

**Supervisors should:**

- Adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs.

- Ensure a supervision contract is place so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.
- Keep a record of supervision sessions, reviewing any action plans.
- Act appropriately to share information where there are serious concerns about the conduct, competence or health of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to their own supervision.

**Supervisor in a different discipline**

If a supervisee has a supervisor from a different profession then they must make arrangements to maintain currency within their profession through another route, for example through peer group professional supervision meetings.

**Supervisors and supervisees have a joint responsibility to plan, attend, participate in and record supervision. An agreement regarding joint responsibility should be evidenced by a Supervision Contract (see Appendix IV).**

## 5.5 Framework for Clinical Supervision

5.5.1 The Trust does not require the use of a single supervision framework, save that Clinical supervision should be planned, structured, regular and documented. Supervisors and supervisees are given the opportunity to make decisions about how, when and with whom supervision takes place. With this opportunity comes an expectation that it does take place, does have a structure and is adequately documented.

5.5.2 There are a number of different models of clinical supervision. Different models or ways of delivering clinical supervision could include the following:

- One-to-one supervision between a supervisor and supervisee.
- Group supervision in which two or more practitioners discuss their work with a supervisor.
- Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor.
- A combination of the above.

5.5.3 **This policy is largely concerned with one-to-one supervision between a supervisor and a supervisee.**

Supervisees are invited to determine the best model of supervision for their development needs, and to state how they will ensure those needs are met, as part of their Professional Development Plan. Certain clinical roles or aspects of practice may warrant specific models of supervision, for example, supervision in a particular psychotherapeutic approach.

It is good practice to put in place a written agreement or contract between supervisor and supervisee at the outset of supervision sessions. Clear records should also be kept of supervision sessions. Skills for Care (2007) have published examples of supervision agreements, agendas and records. An example template is available under Appendix IV

### 5.5.4 Topics for discussion within clinical supervision

There is not an exhaustive list of possible topics for discussion within practice supervision. The focus should be on improving service user experience through the supervisee understanding and developing best practice. This is best done through:

- reflection on recent clinical practice, through discussion of particular cases or recent critical incidents
- having an opportunity to discuss difficult experiences and express thoughts and feelings in a supportive setting
- discussion of professional practice developments and identifying how to best to respond to identified practice development needs

In this Trust Clinical Supervision must include a discussion under the following four domains **as a minimum**:

- Clinical Scenario and Risk Management
- Learning from incidents and Complaints
- Care Planning - Discussion of two current cases
- Safeguarding

### 5.5.5 Frequency and duration of practice supervision

- Clinical Supervision should take place at least 10 times per year. (pro rata for part time staff)
- Supervision opportunities for some aspects of professional practice may be less frequent, for example, a quarterly group professional supervision session.
- The suggested duration of a supervision session should be agreed in advance, with both parties in individual supervision setting aside an hour for the session. More important than duration, is that the session has an agreed structure and agenda.

### 5.5.6 Documenting supervision

- Both supervisor and supervisee are responsible for keeping a record of the supervision session.
- Supervision for Clinical Staff must be recorded using the template in Appendix I. This template has been designed to create consistency across divisions and

professions; and as a component of a supervision audit cycle. The headings in the first column are directly linked to the Division Balance Scorecards.

- From 1 October 2017 this template will be in use and the Balance Scorecards audit will directly linked to the headings in the template
- The Clinical Supervision notes will be recorded at the same time as the supervision session, by hand or electronically, and signed and dated at the end of the session by both parties.
- The copies of the staff member record of supervision should be retained in their local HR file at ward or team level.
- The records of supervision are confidential and will be kept in a secure place as determined at local level, however if these are asked to be seen by a regulatory organisation, then these will need to be released to them and all cases discussed are anonymised, should they need to be released in this manner.

**5.5.7 Confidentiality**

Good clinical supervision relies on trust and therefore (within some limits, see below) a supervisee has a right to expect the content of the session to remain confidential. The content of a supervision session will be agreed between the supervisor and supervisee.

1. The content of supervision should be regarded as confidential. This confidentiality extends to what is said about service users and colleagues. It also extends to how what is discussed is shared with line managers and other involved parties. Confidentiality may be broken if either party considers there to be a responsibility to disclose information in accordance with professional standards of practice, for example where there are safeguarding concerns.
2. If concerns are identified in the course of supervision about a staff member's conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the staff member's line manager
3. Supervisors may also break confidentiality within the bounds of their own supervision, where they require an opportunity to discuss their experience as supervisors.
4. Records of supervision may be called upon in legal proceedings, for example fitness to practice case. Similarly, for audit purposes, an anonymised sample of supervision notes will be accessed. Therefore confidentiality and the secondary purposes of these records should be borne in mind.

## 6.0 Medical Staff

Supervision for all consultants is part of a Continuing Professional development (CPD) peer group and membership of such a group feeds into their 'Good Standing in CPD certificate' from the Royal College of Psychiatrists which they include in their annual appraisal portfolio. They can also attend case based discussion group. The Trust specialty Doctors receive supervision with their consultant supervisor on a two weekly basis to support their continued development.

Doctors in training receive 1 to 1 supervision from their named clinical supervisor for 1 hour each week. As part of this they complete work placed based assessments (WPBAs) and maintain a Royal College of Psychiatrists e-portfolio. At the end of each placement they will receive a structured clinical supervisor report which is required for their ARCP (annual review of competency progression) which is managed by Health Education England.

Clinical supervisors and trainees will agree together the method of recording this information. Doctors in training also have an educational supervisor who remains with them for the duration of the training programme (e.g. three years for CTs). The educational supervisor may be in the same Trust or from another Trust on the scheme and for GP trainees is a GP supervisor. CTs meet with their educational supervisor at least twice in 6 months, STs meet with their educational supervisor at least once a year. The educational supervisor will review the trainee's portfolio including clinical supervisor report and WPBAs and make a recommendation to the ARCP panel as to what the ARCP outcome should be.

## 7.0 Training

1. Supervisors should be adequately trained, experienced and supported to perform their role. They may not always come from the same professional background as the supervisee, although this is strongly advised.

2. Importantly, the supervisor should have the skills, qualifications, experience and knowledge of the area of practice required to undertake their role effectively. They should also be supported through having their own clinical supervision.

3. The Trust will provide training for clinical supervisors. Details of the training course will be made available by the Learning & Development Department. The Clinical Supervision training programme will be delivered by experienced clinical supervisors.

4. Supervisors should access any supervision training that is available through their professional bodies and education providers.

## 8.0 Monitoring and audit arrangements for Clinical Supervision

1. Operational line manager must keep a record of their staff's practice supervision arrangements using the template in Appendix II.

2. Individuals must report on their uptake of supervision to their managers as part of line management supervision. Line managers must keep a record of staff uptake of supervision. This record should be referred to in order to respond to internal and external audits, as per the Trust policy. The supervision contract may be called for.

3. The quantity and quality of supervision will be audited on a Quarterly basis via the Balance Scorecard approach. All Divisions will be required to have this section in their Balance Scorecard. (See appendix III) This will be the quarterly audit process for establishing the quality and quality of Clinical Supervision.

4. The Team Manager (or nominated person in the team) should by random sampling, select a sample of 10 Supervision records that took place in each quarter and provide the following data:

    - Percentage of current supervision records that show evidence of a clinical scenario discussion with a focus on clinical risk
    - Percentage of current supervision records that show evidence of a discussion about learning from serious incidents or complaints
    - Percentage of current supervision records that evidence a discussion about a safeguarding case
    - Percentage of clinical supervision records that showed evidence of discussion of current clinical cases with a focus on Care planning, Risk Management and crisis planning evident on progress notes/EPR

    This data will be entered onto the MERIDIAN system by the team manager.

## 9.0 Dissemination and implementation arrangements

This policy will be disseminated to all staff via their Divisional Directors and Governance/ Quality forums. It would be published on the intranet.

## 10. Review of the policy

This policy will be reviewed every 2 years or earlier should a new directive or practice change came to light.

**Appendix I:**

**Clinical Supervision Record**

| Supervisee Name/Signature | Supervisor Name/Signature | Date of this supervision | Date and time of next supervision |
|---|---|---|---|
| | | | |

| The four main themes below to be completed as a minimum requirement. | Discussion (include ID or initials where possible) | Actions |
|---|---|---|
| **Clinical Scenario & Risk Management** What was the scenario, what risk was managed, what did you do well, what did you learn, what skills do you need to review? | | |
| **Learning and individual practice changes from incidents and complaints** | | |
| **Care Planning** Review Care Plan, Risk Assessment and recent Progress Notes from at least one current case | | |
| **Safeguarding** Discuss any experience of a safeguarding case since last supervision session | | |
| **Other items** Aspects of clinical work identified by both supervisors and supervisees | | |

**Line Management Supervision Record**

| Supervisee Name/Signature | Supervisor Name/Signature | Date of this supervision | Date and time of next supervision |
|---|---|---|---|
| | | | |

| The four main themes below to be completed as a minimum requirement. | Discussion | Actions |
|---|---|---|
| **Appraisal** Two-way feedback on individual performance, dashboard and responsibilities within role | | |
| **Training** Core skills compliance, personal development plan, specialist training review. | | |
| **Wellbeing** Leave, absence, team relationships and contact information | | |
| **Team performance** | | |
| **Other Items** | | |

**Appendix II**

## Supervision Log

- Supervision will be logged on an EXCEL SPREADSHEET using the template below. The spreadsheets will be stored electronically in a shared folder for each Division.
- **Click on the icon below for the excel version of the log which all teams will use**

Supervision Log Template 2017.xlsx

- Associate Directors are responsible for ensuring that this practice is embedded across their Division.
- The team manager is responsible for ensuring that this log is kept up to date.

| Staff Name | Elextronic Staff Record (ESR) Number | Supervision Type Clinical or Managerial or Both | October 2017 | November 2017, December 2017 Jan 2018 etc etc |
|---|---|---|---|---|
| | | 01/04/2017 | 07/09/2017 | |
| | | | | |
| | | 11/04/2017 | | |
| | | 23/04/2017 | | |

**Appendix III**

## Audit of Clinical Supervision via Balance Scorecard

All Divisions will be required to have this section in their Balance Scorecard. This will be the quarterly audit process for establishing the quality and quality of Clinical Supervision.

The Team Manager (or nominated person in the team) should provide the following data using the tables below:

| Question | Answer |
|---|---|
| **These questions are mandatory** | |
| **Supervision Records: Choose 10 Supervision records that took place in the quarter and audit the following questions.** | |
| Percentage of Clinical supervision records that show evidence of a clinical Scenario discussion with a focus on Clinical Risk | |
| Percentage of Clinical supervision records that show evidence of a discussion about learning from serious incidents or Complaints | |
| Percentage of Clinical supervision records that evidence a discussion about a Safeguarding Case | |
| Percentage of clinical supervision records that showed evidence of discussion of live clinical cases with a focus on Care planning, Risk Management and Crisis planning. | |

- This data will be entered onto the MERIDIAN system by the team manager.

- The Associate Director is responsible for ensuring that Clinical Supervision takes place.
- The Clinical Director for each division is responsible for ensuring that the audit of the clinical supervision notes is carried out.

**Appendix IV**

## Supervision Contract Proposed Template

| | |
|---|---|
| **Name:** | |
| **Venue:** | |
| **Timings**:<br>*(Evaluation session on 4th session)* | |
| **Length of session:** | • *The aim of clinical supervision is to enable the supervisee to reflect upon their clinical work in an open, honest, supportive and challenging environment.*<br>• *Through the use of clinical supervision there will be benefits for the supervisee and positive implications for the care of their clients/patients*<br>• *The responsibility of both supervisor and supervisee to the safe, effective care of the patient/service user is paramount* |
| **Confidentiality:** | • *Most discussions held within the supervision sessions will be confidential.*<br>• *There may be an occasion when an issue has to be taken to a source (e.g. the supervisee's manager) outside the supervision session if for example the issue were related to abuse of a client or an issue that contravened the supervisee's professional code of conduct. Taking an issue outside supervision would be done with the knowledge of the supervisee.*<br>• *The supervisee's manager may request information from the supervisor related solely to whether the supervisee is having and attending regular supervision. The content of sessions will not ordinarily be discussed.* |
| **Record Keeping:** | • *A written record will be kept of each session, this will include the date, time, venue and a brief overview of the session in a key point format.*<br>• *All records when not in use will be kept in a safe place agreed between the supervisee and supervisor.* |
| **Additional Points:** | • *There will be prompt time keeping*<br>• *Abusive behaviour or language is not acceptable.*<br>• *The supervisee can negotiate with the supervisor to bring a session forward if the need arises.*<br>• *Sessions need not last the full allocated time; this is negotiable between the supervisor and supervisee.* |
| **Supervisee**<br>*Sign/Date* | |
| **Supervisor**<br>*Sign/Date* | |