1. Introduction

Clinical Supervision is an activity that supports staff and encourages professional development with the aim of improving patient care. The Trust recognises the importance of Clinical Supervision for all staff as a key means of developing and supporting individuals and ensuring the provision of quality services.

2. Policy Scope

2.1. The aim of this policy is to provide a formalised framework for the development and implementation of support and Clinical Supervision, underpinned by national and local guidelines.

2.2. This policy will apply to all Trust staff working in a clinical role with the exception of medical and dental staff who have a separate pre-existing appraisal/supervision structure in accordance with BMA, RCP, GMC and other national guidance.

2.3. This policy outlines the process for Clinical Supervision and the responsibilities of managers, supervisors and supervisees.

2.4. This policy does not deal with arrangements for annual appraisal; please refer to Appraisal Policy (Non-Medical Staff)

2.5. Clinical Supervision is not to be confused with statutory supervision for midwives which has a separate function and process however it may be appropriate for a supervisory relationship that has developed through statutory supervision to continue within Clinical Supervision.

2.6. Clinical Supervision for Safeguarding Children is also a separate process which is supported by the Children’s Safeguarding Team; please refer to the following policy Safeguarding Clinical Supervision for Nurses, Midwives and Allied Health. Clinical Supervision for Safeguarding Adults is also a separate process which is supported by Adult Safeguarding Team. For information or to access this contact the Adult Safeguarding Team.
3. **Aim of policy**

- To provide clear definitions of support and supervision
- To provide structure and guidance to all staff on the processes being adopted and implemented
- To promote a learning and continuous improvement culture
- To provide a framework for supporting the achievement of the Trust Professional and Leadership Behaviours (PLB’s) and to support personal and professional development
- As part of their three yearly Revalidation, Nurses and Midwives must show evidence of their Continuing Professional Development (CPD) and practise related feedback. Professional Clinical Supervision can be used as evidence for both of these requirements within their Revalidation portfolio.

4. **Responsibilities**

All staff must have access to Clinical Supervision and support.

4.1. **Managers** have a responsibility to;
- Ensure all staff within their remit have access to an appropriately prepared supervisor and that a process for Clinical Supervision is in place.
- Identify a Clinical Supervision lead within their area who will facilitate planning, preparation and appropriate supervision relationships.

4.2. **Supervisors** have a responsibility to;
- Prepare for supervision sessions and respect the confidentiality of supervisees (see also section 7)
- Ensure staff with disabilities such as Dyslexia or hearing loss, have access to information in appropriate formats and access to any equipment that may be needed to support communication.
- Encourage the supervisee to seek specialist advice or help where necessary
- Ensure there is an appropriate balance of support and challenge within the supervision relationship.

4.3. **Supervisees** have a responsibility to;
- Prepare for supervision by identifying ongoing work/clinical/professional issues
- Be open to and be prepared to respond to challenge with positive intent
- Use the protected time to reflect in depth on issues affecting work/clinical/professional practice and avoid non-productive conversation
- Relate the learning that occurs as a result of Clinical Supervision to the Trust Professional and Leadership Behaviours.

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

Clinical supervision has been defined as:-

“A working alliance between practitioners in which they aim to enhance clinical practice…. [to] meet ethical, professional and best practice standards. While providing personal support and encouragement in relation to professional practice…."


6. Benefits and Process of Supervision

6.1. It is recognised there are three general areas where Clinical Supervision benefits practice (Cassedy, 2010).

- Quality assurance and the provision of quality care and standards
- A method of learning to develop and improve practice
- Professional and personal support

6.2. All staff will receive Clinical Supervision from within their profession where possible. Where this is not possible an appropriate supervisor should be found from within another professional group. The primary factor is that supervisees have access via supervision to knowledge and skills to advance clinical practice.

6.3. The line manager/team leader/cluster co-ordinator or professional lead will be responsible for identifying suitable supervisors through negotiation.

6.4. Clinical Supervision should ideally be given by someone who is competent to support an individual to enhance and continuously develop their knowledge and skills base. It is accepted that in some circumstances peer supervision would be appropriate.

6.5. The supervisor should have previous experience of supporting staff e.g. learners in practice, and must have access to appropriate training to prepare them for the role.

7. Confidentiality

7.1. Routine discussions in Clinical Supervision are confidential.

7.2. Any situation that breaches the Trust or Professional Body policy or legal framework regarding the safety of patients are exceptions to the rule of confidentiality.

7.3. In the first instance, the supervisee should be encouraged to report any incident and seek guidance.

7.4. If confidentiality is to be breached the supervisee must be informed.
7.5. The supervisor should contact the supervisee’s line manager and a discussion with Human Resources may be appropriate at this stage.

8. Models and Frequency of Supervision

8.1. There are a variety of ways of organising supervision and managers should agree the most appropriate format with staff working in their areas.

- One-to-one supervision with a supervisor from your own discipline
- One-to-one supervision with a supervisor from a different discipline
- Group supervision, (this can be uni-professional or multi-professional)
- Network supervision (or Peer group supervision) – a group of practitioners/staff with similar expertise and interests who do not work together on a day-to-day basis
- Live supervision (planned observation of practice with immediate feedback and an opportunity for further reflective discussion, see template at appendix 1)

8.2. As a general principle staff should have access to Clinical Supervision as a minimum, four times per year. It is acknowledged that in some areas more frequent supervision may be appropriate e.g. Psychological Services.

8.3. In addition staff should take every opportunity to participate in informal Clinical Supervision on an ad hoc basis when an opportunity to do so arises.

9. Documentation of Clinical Supervision

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

9.2. Following each occasion of Clinical Supervision, the supervisee is expected to record that this has taken place via the Electronic Staff Record (ESR) Self Service function (see ‘How to’ guide, appendix 5). This will enable managers to assure themselves that Clinical Supervision is taking place in their area of responsibility.

9.3. A record of attendance at supervision sessions must be kept by the supervisor.

9.4. Supervisees will be encouraged to keep their own more comprehensive records, for example, in the form of a reflective journal (see suggested template at appendix 2)

9.5. A Clinical Supervision ‘contract’ (appendix 3) should be negotiated between supervisor and supervisee at the start of the relationship.

9.6. Clinical supervision should be recorded on ESR as a competence by the supervisee.
10. Training

10.1. Supervisors will have access to training to prepare them for this role.

10.2. Supervisees will be made aware of supervision at Trust and local induction and during the preceptorship period.

10.3. Resources will be made available via the Intranet to support the preparation of supervisees and supervisors.

11. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

12. Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinical staff will have access to Clinical Supervision in their workplace</td>
<td>All staff receiving Clinical Supervision</td>
</tr>
<tr>
<td></td>
<td>Clinical Supervision will be recorded by the individual through ESR Self Service</td>
</tr>
<tr>
<td></td>
<td>Departmental Managers (for their own areas) via QPR</td>
</tr>
<tr>
<td></td>
<td>Workforce Education Group (for Trust overview)</td>
</tr>
<tr>
<td></td>
<td>Ongoing records and an annual report will be presented to the Workforce Education Group</td>
</tr>
<tr>
<td></td>
<td>Reviewed in quarterly Directorate performance reviews</td>
</tr>
</tbody>
</table>

13. Consultation and Review

This policy has been sent for consultation to members of the Workforce Education Group, Practice Development Group, Matrons and Human Resources.

14. Implementation of Policy

The policy is available on the intranet.
Managers have a responsibility to ensure staff are aware of this policy and its implications. A Clinical Supervision Charter (appendix 4) may be displayed for staff making support for Clinical Supervision explicit. The requirement for all staff to engage in Clinical Supervision will be included in local induction. Supervisory responsibilities will be included in role specific induction and at Supervisor training.

All clinical staff have a responsibility to adhere to this policy.

15. References


16. Related Documents

[Appraisal Policy (Non-Medical Staff)]

[Safeguarding Clinical Supervision for Nurses, Midwives and Allied Health]

[Safeguarding Adults Policy and Guidelines]


Nursing and Midwifery Council (2015) Revalidation: How to revalidate with the NMC
The Newcastle upon Tyne Hospitals NHS Foundation Trust  Appendix 1

Documentation to Support Live Supervision /
May be used as Evidence for Appraisal

Name ...........................................  Date  ....................................

Signed (Supervisor) ......................  Signed (Supervisee)  ......................

Summary of Live Supervision Session (description of content, documentation reviewed, type of activity, no of patients etc)

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Objectives for Live Supervision:


Underpinning Knowledge / Evidence Based Practice:


National and Local Strategies / Policies, Standards and Procedures:


Patients / Client Perspective (Quotations)
Appendix 2

Newcastle Upon Tyne Hospitals NHS Foundation Trust

Template for Supervisee record of Clinical Supervision Session

Name ___________________________________________  Date of Supervision ________________

<table>
<thead>
<tr>
<th>What? (A description of the event or issue)</th>
<th>So what? (An analysis of the event or issue)</th>
<th>Now what? (proposed actions and any learning that took place)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on Driscoll’s Model of Clinical Supervision
Newcastle Upon Tyne Hospitals NHS Foundation Trust

Clinical Supervision Contract Template

1. The content of the Clinical Supervision session will be to
   - Review Clinical Practice
   - Discuss current issues or concerns
   - Discuss issues related to professional development

2. Clinical Supervision will be held every _______________ weeks for a maximum of one hour.

3. Confidentiality will be maintained unless previously discussed between both parties (see section 7.4 of policy).

   Confidentiality clause: all issues discussed will be in confidence unless there is anything disclosed that affects the wellbeing of the supervisee or is detrimental to patients, professional practice, the team or the organisation. (N.B Please refer to Clinical Supervision and Support policy)

4. A record of attendance will be kept and may be required for monitoring and audit. It is the responsibility of the supervisee to record the themes of the session (suggested template at appendix 2).

5. We both agree that regular Clinical Supervision is a commitment and should be cancelled only in the event of illness or crisis. Notice will be given and it is the responsibility of the person who cancels to rearrange the session.

6. Both parties will participate in evaluation of supervisory meetings after 12 months.

7. In the event of the supervisory partnership being ineffective or difficulties arising, either party can choose to terminate the contract after discussion and agreement. The supervisee should then seek support from their line manager to identify a new supervisor.

8. We agree to abide by the terms set out in this supervision contract

Name ____________________________ (Designation) ______________________

Signature ______________________ (Supervisee) Date _________

Name ____________________________ (Designation) ______________________

Signature ______________________ (Supervisor) Date _________
Clinical Supervision Charter

The Trust

Recognises the importance of Clinical Supervision for all staff as a key means of developing and supporting individuals and ensuring the provision of quality services.

This Ward/Department (delete as appropriate)

Supports Clinical Supervision for staff and this is facilitated by;

(Insert name of facilitator for your department)

In this area you can expect ongoing Clinical Supervision, the following models are used;

(Please add or delete as appropriate)
- One-to-one supervision with a supervisor from your own discipline
- One-to-one supervision with a supervisor from a different discipline
- Shared supervision. Shared supervision can be uni-professional or multi-professional
- Network supervision (or Peer group supervision) - a group of practitioners/staff with similar expertise and interests who do not work together on a day-to-day basis
- Live supervision (planned observation of practice with immediate feedback and an opportunity for further reflective discussion)

As a Supervisee

You should engage fully in the process of Clinical Supervision by preparing for your sessions in advance, reflecting on the discussion and keeping a personal record of this.
Appendix 5

Create Clinical Supervision and Safeguarding Supervision Competencies

Introduction

Competency Profiles contain a list of all competencies achieved by an employee, along with the proficiency level(s) attained, and the date(s) on which they were attained. The competency profile should be updated directly by the employee for any Clinical Supervision or Safeguarding Supervision sessions that they have. This will enable the Trust to monitor compliance with the Clinical Supervision policy and enable employees to maintain a full training record which, in the case of Nurses and Midwives, will facilitate compliance with NMC revalidation requirements.

Please note that you MUST NOT add any competencies other than for clinical/safeguarding supervision sessions. Employees who undertake a Trust training course, whether classroom based or e-learning, will automatically be allocated any competencies associated with the course. Any employee believing that they have attained a training competence which isn’t shown in ESR, should email training.administration@nuth.nhs.uk with their query.

Navigation path: Employee Self Service > Manage your Career > Competence Profile

1. Click the Competence Profile link in the Manage your Careers area.

2. Click the Add Competencies button.
3. Click the **Find Competencies** button and the **Search and Select: Competencies** page will open.

![Search and Select: Competencies](image)

4. In the **Name** field search for the required competence by typing ‘317’ and clicking on the **Go** button.

   Note: all of the Trust’s competencies are prefixed with the identifier “317”. Including “317” at the start of your search will help narrow the search.

   A list of available competencies will now be presented. Four competencies have been created for clinical/safeguarding supervision. They are:

   - 317|LOCAL|Clinical Supervision|
   - 317|LOCAL|Safeguarding Supervision (1 hour)|
   - 317|LOCAL|Safeguarding Supervision (2 hours)|
   - 317|LOCAL|Safeguarding Supervision (3 hours)|

   If you cannot see the required competence, click the link **Next 10**.

5. Click in the **Select** box of the appropriate competence and then click on the **Select** button.

6. The date in the **Start Date** field will automatically default to today’s date and should be changed to be equal to the date that the supervision session took place on. The date can be changed by manually overriding the data or, alternatively, by clicking on the calendar located to the right of the **Start Date** field and choosing the appropriate date.

7. An **End Date** should not be recorded.

8. Click on the **Apply** button. The proposed changes will now be displayed, together with the details of any previously recorded competencies.
9. You now have four options:

- Click the **Cancel** button to close the competence record without saving any changes (clicking on the **Remove** icon will also do this).
- It is strongly advised that you do not use the **Save for Later** button as this may result in a loss of data.
- Click the **Review and Submit** button if you wish to proceed with the data entry.
- Click the **Add Competencies** button allows you, if you wish, to add further competencies, before they are submitted (clicking on the **New Competencies** link will also do this).
- Click the **Review and Submit** button if you wish to proceed with the change.

10. The **Competencies: Review** page will appear.
If you have chosen the **Review and Submit** option above, click on the **Submit** button to save the changes. You can also cancel what you have changed, print this page or go back to the previous page to make more amendments (it is strongly advised that you do not use the **Save for Later** button as this may result in a loss of data).

11. A confirmation message is displayed to indicate that the changes have been submitted for approval.

![Confirmation Message](image)

The recording of your supervision competency will be notified to your ESR ‘supervisor’ (an ESR ‘supervisor’ is a person who has access to data for one or more employees in the organisation). They have the ability to either approve the competence, reject it or query it with you via ESR. Once they have approved the competence you will receive a notification from ESR to confirm this.

12. Click on the Home button to return to ESR Home page.

13. If you are finished using ESR, remember to log out by clicking on the **Logout** link, which is located on the top right of the screen.
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 6th September 2016

2. **Name of policy / guidance / strategy / service development / Investment plan / Board Paper:**
   - Clinical Supervision Policy (Non-Medical)

3. **Name and designation of author:**
   - Suzanne Medows; Senior Nurse Practice Development

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Suzanne Medows; Senior Nurse Practice Development, Lucy Hall; Equality and Diversity Lead

5. **Is this a:**
   - Policy ☑ Strategy ☐ Service ☐ Board Paper ☐

   **Is this:**
   - New ☐ Revised ☑

   **Who is affected:**
   - Employees ☑ Service Users ☐ Wider Community ☐

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?** *(These can be cut and pasted from your policy)*
   - To provide clear definitions of support and supervision
   - To provide structure and guidance to all staff on the processes being adopted and implemented
   - To promote a learning and continuous improvement culture

7. **Does this policy, strategy, or service have any equality implications?** Yes ☑ No ☐
   These have been addressed in the final version of the policy
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination?</th>
<th>Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Mandatory EDHR Training, BAME Staff Network, Workforce Race Equality Scheme</td>
<td>Nationally there is evidence of slower career progression for BAME</td>
<td>Annual audit of clinical supervision by protected characteristics to review whether there is any difference in completion of clinical supervision.</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Mandatory EDHR Training, LBGBT Staff Network</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Age</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical</td>
<td>Mandatory EDHR Training, Disability Staff Network</td>
<td>Some disabled staff will need information and communication support to complete supervision. For example documents in large</td>
<td>As above</td>
</tr>
<tr>
<td>Disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>font, with coloured background or a loop system. For some staff group supervision will be difficult because of hearing loss and background noise. <strong>Action</strong> Add a sentence in the policy to reflect this. SM Sept 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>As above</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified?
   - No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.
   - Do you require further engagement?
     - No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)
   - No. This policy supports staff to develop within their role.
PART 2

Signature of Author

Print name
Suzanne Medows; Senior Nurse Practice Development

Date of completion
6th September 2016

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)