



# **NP016 Clinical Supervision Policy**

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## **1 Introduction**

- 1.1 NHS Direct is committed to providing the opportunity of accessing a Clinical Supervision Programme, which aims to assist staff with clinical support and professional development.
- 1.2 The Trust recognises that all staff whose role has a clinical component should participate in Clinical Supervision as an integral part of their professional development and their attendance is highly recommended.
- 1.3 Clinical Supervision is described as ‘fundamental to safeguarding standards, the development of professional expertise and the delivery of quality care’ (Yvonne Moores, then Chief Nursing Officer for England in Dudley & Butterworth, 1994)
- 1.4 In order to meet the continuing demands of an ever evolving NHS, staff need to improve their  
Clinical practice, improve quality and performance and maintain high standards of safety – Clinical Supervision plays a key part in this overall strategy.
- 1.5 Clinical Supervision is a structured, formal process through which staff can continually improve their clinical practice, develop professional skills, maintain and safeguard standards of practice
- 1.6 Clinical supervision is an essential component of clinical governance and as such performs a valuable role in supporting and challenging staff to develop their skills and improve their practice in the provision of tele-healthcare.
- 1.7 The Nursing and Midwifery Council (NMC) supports the establishment of clinical supervision as an important part of clinical governance and in the interests of maintaining and improving standards of patient and client care. (NMC 2002).
- 1.8 The clinical supervision policy is an overarching policy which integrates with all the NHS Direct clinical policies.

## **2 Definitions**

- 2.1 Clinical supervision at NHS Direct is:  
A formal process by which members of the NHS Direct clinical team can assume responsibility for, improve and sustain their practice. Furthermore it provides the opportunity for practitioners to improve safety, performance, quality and knowledge by sharing best practice in tele-medicine. It is seen as a key component of learning and development for both the individual and the organisation

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- 2.2 Clinical supervision is a regular protected time for facilitated, in depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. (Bond and Holland 1998)

### **3 Purpose**

- 3.1 The aim of this policy is to provide a facilitative approach to supporting and developing staff learning through the exploration of attitudes, beliefs, behaviours and procedures and challenging assumptions will enable staff to contribute to ensuring safe, high quality care for our patients.
- 3.2 The purpose of this policy is to ensure that:
- All relevant staff have access to clinical supervision.
  - NHS Direct is compliant with Nursing and Midwifery Council professional guidance.
  - There are clearly defined responsibilities laid out.
  - Clinical supervision becomes integral to the professional development of all staff.

### **4 Scope**

- 4.1 This policy applies to all staff working at the locations within the clinical practice environment.
- 4.2 It is recognised that senior clinical staff who do not have direct patient contact may wish to access clinical supervision. These staff will be expected to make their own arrangements to receive clinical supervision from an experienced practitioner trained to facilitate clinical supervision.
- 4.3 This is not to be confused with statutory supervision for midwives. This has a separate and unique function which is not the same as Clinical Supervision.
- 4.4 All staff whose role has a clinical component, regardless of grade, will have access to formal Clinical Supervision.
- 4.5.1 Formal Clinical Supervision will take place for a minimum of 1.5 hrs every eight weeks with a named supervisor. This could be either 1:1 or in a group situation.
- 4.5.2 In addition all staff will take every opportunity to participate in informal Clinical Supervision on an ad-hoc and opportunistic basis

### **5 Policy Statement**

- NHS Direct is committed to ensuring clinical supervision supports clinical practice and underpins the maintenance and improvement of standards of patient care.

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- NHS Direct recognises that clinical supervision has an important role to play in contributing to the reduction of clinical risk by ensuring safe clinical practice.
- NHS Direct fully supports clinical supervision for all staff in the interests of maintaining and improving standards of care, promoting lifelong reflective learning for staff, improving safety and contributing to improved performance

## **6 Context**

- 6.1 Guidance from the NMC (2002) identifies that the process of clinical supervision should be developed by practitioners and managers according to local circumstances.
- 6.2 NHS Direct provides opportunities for differing forms of reflective practice and developmental activities that gives staff the opportunity to learn from their experience and develop their expertise within clinical practice, which could contain the following:
- Individual & Group Call Reflection within sessions
  - Development Coaching
  - Peer Review within sessions
  - Action Learning
  - Reflective Practice
  - Clinical Supervision (group & individual)
- 6.3 Any one of the above categories can be utilised within a clinical supervision session provided the participants identify the purpose of the session before it commences and it is practitioner focused, sensitive to the needs of staff, undertaken in the spirit of collaborative partnership and supports the learning and development of clinical staff.
- 6.4 Clinical Supervision can be organised in a variety of formats ranging from one to one sessions with a supervisor from the same discipline, to supervision with those from a similar background or expertise who do not work together on a daily basis.  
(Driscoll 2000).  
Clinical supervision can also be accessed, if appropriate, from outside of the organisation. This would be arranged dependant on local need.

## **7 Roles and Responsibilities**

- 7.1 The Trust will:
- Support clinical supervision as an integral part of patient care and staff development.
  - Allow protected time for supervisee.
  - Allow protected time for supervisors to facilitate the sessions.

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- Allow protected time of 1.5 hours every eight weeks (minimum) for supervisors and supervisees to attend clinical supervision sessions.
- 7.2 The Clinical Directorate:
- Will take the lead role for the implementation of clinical supervision through its clinical governance structures.
- 7.3 The Executive Clinical Director / Chief Nurse:
- Ensure clinical supervision is integrated within clinical governance frameworks with support from the clinical governance support team based in Milton Keynes.
- 7.4 The Regional Director of Nursing
- Is responsible for ensuring, through audit, that appropriate clinical supervision strategies are in place and that all staff have an opportunity to access clinical supervision sessions for at least one and a half hours every eight weeks. Audit of clinical supervision should include the identification of the barriers to accessing clinical supervision.
- 7.5 The Service Delivery Manager:
- Ensures all staff have access to time off-line to participate in clinical supervision. The Service Delivery Manager or nominated deputy will ensure that the time allocated for clinical supervision is protected time, however in times of exceptional circumstance staff may be asked to defer their clinical supervision session to a more convenient time.  
If the session is cancelled or postponed the Team Leader or equivalent should place a note within the rostering tool stating the reason that it has been cancelled.
- 7.6 The Line Manager and the Supervisee:
- To ensure that the supervisee has opportunity to choose from the variety of differing forms of clinical supervision activities (listed in 6.2) during the year.
  - The line manager and the supervisee have a responsibility to ensure that the supervisee have an opportunity and access to the best format/approach of clinical supervision to suit the individual needs of the supervisee.
- 7.7 Education and Development:
- Ensure that all clinical supervisors and supervisees are provided with training in clinical supervision skills and its application to practice.
  - As there is no therapy in group supervision, the terms of the facilitator and the clinical supervisor are interchangeable in clinical supervision literature. (Driscoll 1994)
- 7.8 Clinical supervisors and supervisees:
- To ensure that the content of clinical supervision sessions remains practice focused.

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- Work together to reflect on issues affecting practice.
- Arrange to meet as per policy.
- The supervisee is responsible for ensuring a documentary record of the clinical supervision session is maintained, if required, in line with the national confidentiality policy. The supervisor and supervisee will negotiate a session specific agreement at the start of each meeting which outlines the aims and objectives of the session and clarifies the steps required to achieve them. This will allow for joint ownership of the session(s) and ensure the process is defined and explicit (Driscoll 1994).
- The Supervisor will not take any notes unless a clear “risk” situation arises, in which case the notes documented must be clear, factual, signed and dated by both the supervisee and the supervisor.
- The Supervisee to feedback any personal development requests originating from clinical supervision through appropriate communication channels. This information could then be used to inform the individual’s appraisal process.

7.11 All staff:

- It is the responsibility of all staff to familiarise themselves with this policy and supporting documentation. All staff should participate in clinical supervision as part of ongoing professional development and life long learning.
- It is the responsibility of all staff to ensure that they practice within professional codes of conduct, NHS Direct policies and the law.

## 8 Confidentiality

8.1 In order for clinical supervision to be effective the supervisee must feel safe and that any issues reflected upon within a Clinical Supervision Session will be aired and shared in confidence. Themes can be identified from the sessions these would have to be agreed by the facilitator and the supervisee (examples can be found in the Appendix One – Tool Kit).

8.2 There will be circumstances when confidentiality may be broken including:

- Concerns for the well being of the supervisee.
- Unsafe or unethical practice is revealed.
- Illegal activity is revealed.
- A request for action to be taken outside of the Clinical Supervision Session which has been requested by or agreed with the supervisee.

8.3 Confidentiality extends to the documentary records held of the Clinical Supervision Session.

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## **9 Training Support**

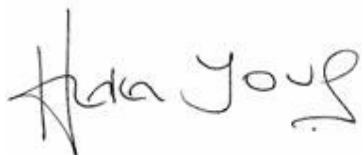
The clinical supervision training package will be covered in the common preparation programme and will cover:-

- The policy
- Roles and responsibilities
- The reflective process
- Models of supervision and reflection
- How to formulate a contract
- Audit mechanisms

The package will be available for ongoing development for existing staff.

Clinical supervisors will receive training to enable them to carry out their extended role – this package will be nationally agreed.

## **10 Approval**



**Signature:**

**Helen Young, Executive Clinical Director / Chief Nurse**

**Date: March 2008**

## **11 Review**

To be reviewed by:	<b>Janet Haslam</b>
Review to be commenced by:	<b>March 2010</b>

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