
Clinical Supervision Policy

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|---|---|
| Purpose of Agreement | This policy outlines the expectations in relation to clinical supervision across the Trust. It outlines the arrangements for clinical supervision and how this is recorded and monitored. |
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Amendments Summary:

This is the first review of the policy

Please fill the table below:

| Amend No | Issued | Page | Subject | Action Date |
|-----------|--------------|-------------|--|--------------|
| 1 | Sept 2020 | Front cover | Changes to approving committees; operational & review dates; change to document manager, change to consultation groups | Sept 2020 |
| 2 | Sept 2020 | 3 | Changed professional lead... to Heads of Quality & Professions | Sept 2020 |
| 3 | Sept 2020 | 3 | Added a 4t point under models and added a requirement for a minimum of annual eyes on practice | Sept 2020` |
| 4 | Sept 2020 | 3 | Reworded last bullet point under the essentials section | Sept 2020 |
| 5 | Sept 2020 | 3/4 | Reworded bullet point 1;2;4 under monitoring section | Sept 2020 |
| 6 | Sept 2020 | 6 | Reworded last sentence in 1.3 | Sept 2020 |
| 7 | Sept 2020 | 6 | 3.1 removed reference to 6 to make it simpler for monitoring | Sept 2020 |
| 8 | Sept 2020 | 6 | Added the two additional points included in the summary regarding blend and eyes on practice requirements | Sept 2020 |
| 9 | Sept 2020 | 7 | 3.3 added an additional sentence containing a reference document | Sept 2020 |
| 10 | Sept 2020 | 7 | 3.6 slight amendment to sentence, adding the word immediately and changing database to 'tool' | Sept 2020 |
| 11 | Sept 2020 | 7 | 4.2 removed reference to 6 to make it simpler for monitoring and added 'as a minimum' | Sept 2020 |
| 12 | Sept 2020 | 8 | 4.3 and throughout the document have changed 'database' to supervision recording tool | Sept 2020 |
| 13 | Sept 2020 | 8 | Deleted point 5.4: For the purpose of quality assurance an annual peer review system will be implemented | Sept 2020 |
| 14 | Sept 2020 | 10 | Included new version EQIA | Sept 2020 |
| 15 | Sept 2020 | 12 | Made changes to the headings on the table in appendix C | Sept 2020 |
| Version 3 | October 2022 | 7 | Point 3.4 re-worded following consultation with JLNC and existing wording to become Point 3.5. Change made to clarify Senior Medics and Dentists supervision sign off. | October 2022 |

Review Log:

Include details of when the document was last reviewed:

| Version Number | Review Date | Lead Name | Ratification Process | Notes |
|----------------|----------------|--------------------------|---|---|
| 2 | September 2020 | Associate Nurse Director | Regular update informed by Clinical leaders, Policy Steering Group and Management Meeting | |
| 3 | October 2022 | Deputy Chief Nurse | Chair's action approved amendment to policy – also approved at JLNC | Details of amendment and rationale above in amendment summary table |

SUMMARY OF POLICY - CLINICAL SUPERVISION: GUIDE FOR CLINICIANS

Every active clinician delivering care to patients/clients in Solent NHS Trust is expected to undertake clinical supervision.

What it is

Clinical Supervision involves clinicians meeting regularly to reflect on practice with the intention of learning, developing practice and providing high quality, safe care to patients. It is an opportunity to:

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

What it isn't

It is different to management, educational or safeguarding supervision although it could happen during the same session. It is different to the everyday practice of discussing urgent clinical cases with peers/seniors in the moment.

There are different models of supervision and in Solent NHS Trust clinicians are expected to access at least one option every 6 – 8 weeks. The options available in the Trust are:

Each service/team needs to decide on the most appropriate model for their area and agree this with the clinical director (CD)/ Heads of Quality & Professions for that service.

1. One to one- meetings with your clinical supervisor- this may include reflecting on a specific case, or a caseload review,
2. Group sessions- a larger number of individuals meeting perhaps as part of an educational session, or as part of an MDT
3. Learning sets- a smaller number of individuals meeting regularly to work through issues of mutual interest
4. A blend of one to one and group supervision sessions

In addition all patient facing clinical staff should have a minimum of one 'eyes on practice' supervision per year

Essential elements which need to be included in the model are:

- A formal arrangement with a named supervisor, learning set or peer group
- Confidential if 1-1 or group
- Protected time for both supervisor and supervisee
- Used to discuss issues relevant to clinical practice
- Structured reflection

- Facilitates learning and quality improvement
- Could include risk management and case review
- Could address safeguarding issues
- All clinical supervision is to be recorded on the Trust supervision tool which is available via the link on SolNet

Monitoring

- Individual staff are expected to upload confirmation of their supervision immediately after, or as soon as possible after it takes place
- Supervisors are expected to ensure all staff they supervise upload their supervision record
- Summary of discussion and agreed action points to be held by the supervisor and/or supervisee
- Managers are expected to monitor compliance by receiving reports from team leaders and from the supervision recording tool
- Clinical Directors are expected to review compliance at local clinical governance meetings
- Compliance is reported quarterly at Performance review meetings with Chief Operating Officers.

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Clinical Supervision Policy

1. INTRODUCTION & PURPOSE

- 1.1 Clinical supervision is an activity that supports staff and encourages professional development with the aim of improving patient care.
- 1.2 Solent NHS Trust recognises the importance of clinical supervision for all active clinicians delivering care to patients/clients to enable continuous improvement in the delivery of high quality care.
- 1.2 The purpose of this policy is to outline the expectations on clinicians and managers in relation to clinical supervision across the Trust. It confirms the arrangements for clinical supervision and how this is recorded and monitored.
- 1.3 The policy acknowledges that for some key staff, for example clinicians working in the field of safeguarding, looked after children, adult mental health, additional safeguarding supervision will be required and this is covered in the safeguarding supervision policy.

2. SCOPE & DEFINITIONS

- 2.1 Clinical supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual group or team. (Skills for Care, 2007). It provides the opportunity for staff to:
 - Reflect and review their practice
 - Discuss individual cases in depth
 - Change or modify their practice and identify training and continuing development needs
- 2.2 This document applies to all directly and indirectly employed clinical staff who are actively involved in delivering clinical care within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.

3. PROCESS/REQUIREMENTS

- 3.1 All active clinicians are expected to access clinical supervision a minimum of every eight weeks.
- 3.2 There are a number of different models of supervision available which include
 - One to one- meetings with your clinical supervisor- this may include reflecting on a specific case, or a caseload review. They can be face to face or Microsoft team or other appropriate digital platforms
 - Group sessions- a larger number of individuals meeting perhaps as part of an educational session, or as part of an Multidisciplinary team (MDT)
 - Learning sets- a smaller number of individuals meeting regularly to work through issues of mutual interest
 - A blend of one to one and group supervision sessions
 - In addition all patient facing clinical staff should have a minimum of one 'eyes on practice' supervision per year

- 3.3 Each service/team will decide with their line manager on the most appropriate model for their area and agree this with the clinical director/ Heads of Quality & Professions for the service line. A useful reference may be the work by Kandra Smith: "A brief summary of supervision models", 2009.
- 3.4 Medical staff are included in the scope of this policy. Medical staff in training are required to have regular supervision with their supervisors, including formal workplace-based assessments, and therefore need not report their supervisions according to this policy, and should be excluded from department numbers for reporting of compliance.
- Many medical staff are part of formal supervision groups that will meet the requirements of this policy. Such groups (for instance in mental health, child health) are formally convened and minuted.
- Attendance at a formal peer group can be recorded by individual doctors, or a colleague can be asked to enter all attendees.
- Specialities who do not have mandated supervision groups are likely to have clinical supervision forums that fit the definition at para 2.1. Doctors should record their attendance, unless a colleague undertakes to record all attendees.
- 3.5 The clinician or group will have a formal agreement with a named supervisor and this can be recorded on a form such as the one provided in appendix B.
- 3.6 Clinical supervision will be confidential. A summary of discussion and agreed action points should be recorded and retained by the supervisee/s and appendix C provides a suggested template.
- 3.7 Following a supervision session individuals will upload confirmation of their supervision immediately or as soon as possible after it has taken place using the Trust recording tool.

4 ROLES & RESPONSIBILITIES

- 4.1 Directors, Clinical Directors, Operational Directors are responsible for:
- Ensuring appropriate models of clinical supervision are in place for all active clinical staff
 - Ensuring that there are systems in place to monitor their services compliance with clinical supervision
 - Clinical Directors to review compliance at local governance meetings
 - Chief Operating Officers to receive quarterly reports on compliance from Clinical Directors at performance review meetings
- 4.2 Managers and service leads are responsible for:
- Agreeing the appropriate model of supervision for their team
 - Ensuring all active clinical staff are aware of the expectation to attend as a minimum 8 weekly clinical supervision as agreed with Clinical Director and Head of Quality & Professions and are facilitated to attend
 - Ensuring all active clinical staff are aware of the requirement to record their clinical supervision on the Trust database and that they have access to the system
 - Monitoring their staffs attendance at clinical supervision and report compliance through the appropriate governance systems

- Ensuring that there are sufficient numbers of trained supervisors available within their team/service to deliver high quality supervision

4.3 Clinical staff (Supervisees) are responsible for:

- Ensuring they identify with the support of their manager a suitable supervisor and agree the dates for their supervision sessions
- Preparing for supervision sessions, including identifying issues from their practice for discussion
- Taking responsibility for the outcomes and actions taken as a result of the supervision
- Keeping a written record of their supervision sessions
- Recording their supervision sessions on the Trust supervision recording tool
- Where appropriate record any decisions or outcomes of supervision discussions in the patients clinical records

4.4 Supervisors are responsible for:

- Ensuring they attend supervisor training provided by the Trust and have 3 yearly updates
- Being supportive and facilitating the supervisee to identify issues, manage their response to their practice and identify personal and professional development needs
- Ensuring there is a supervision contract in place so that supervisor and supervisee are clear about roles, responsibilities and boundaries
- Keeping a record of supervision sessions, reviewing actions and ensuring the supervisee records the sessions on the Trust supervision recording tool
- Ensuring they appropriately share information where there are serious concerns regarding the conduct, competence or health of a clinician
- Supporting the supervisee to access specialist safeguarding supervision where this is appropriate
- Discuss any recurrent non-attendance at supervision with the relevant line manager

5 TRAINING

5.1 Clinical supervision training will be provided by the Learning & Development team with support from the safeguarding specialist nurses

5.2 All new supervisors will complete this training prior to undertaking supervision and will be registered on a central database.

5.3 All existing supervisors will complete 3 yearly updates

6 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisations Policy on Equality and Human Rights.

The assessment found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix A.

7 SUCCESS CRITERIA/ MONITORING EFFECTIVENESS

- 7.1 Services will report compliance with supervision to the Clinical Director through local governance meetings.
- 7.2 The Clinical Director will report compliance to the Chief Operating Officer on a quarterly basis through performance committee.
- 7.3 The Heads of Quality & Professions will facilitate an annual audit of impact of supervision on practice and report through governance structures.
- 7.4 Services will escalate to the Chief Nurse, through governance structures, any barriers to implementation of the clinical supervision policy.

8 REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.'

9 REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 This policy must be read in conjunction with the below policies that are available on SolNet: <http://intranet.solent.nhs.uk/DocumentCentre/Pages/Policies,-Clinical-SOPS-and-Clinical-Guidelines.aspx>
 - Safeguarding Children, Young People and Adults policy
 - Performance management policy
 - Supporting learning in practice
 - Policy for managing performance of medical and dental staff
 - Freedom to Speak Up
 - Medical Appraisal and revalidation policy
- 9.2 In addition this should be read in conjunction with the following guidance:
 - Care Quality Commission: Supporting information and guidance: supporting effective clinical supervision (2013)
 - Care Quality Commission: Regulation 18: Staffing (2014)
 - Skills for Care: Providing effective supervision (2007)
 - Kandra Smith, 2009, A brief summary of supervision models

10 GLOSSARY

- 10.1 MDT: Multidisciplinary team

Appendix A: Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

| | | |
|---|-----------------------------------|---------------------------------------|
| <i>Service Line / Department</i> | <i>Chief Nurse</i> | |
| <i>Title of Change:</i> | <i>Policy review</i> | |
| <i>What are you completing this EIA for? (Please select):</i> | <i>Policy</i> | <i>(If other please specify here)</i> |
| <i>What are the main aims / objectives of the changes</i> | <i>Scheduled review of policy</i> | |

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

| <i>Protected Characteristic</i> | <i>Positive Impact(s)</i> | <i>Negative Impact(s)</i> | <i>Not applicable</i> | <i>Action to address negative impact: (e.g. adjustment to the policy)</i> |
|---------------------------------|---------------------------|---------------------------|-----------------------|---|
| <i>Sex</i> | | | <i>NA</i> | |
| <i>Gender reassignment</i> | | | <i>NA</i> | |
| <i>Disability</i> | | | <i>NA</i> | |
| <i>Age</i> | | | <i>NA</i> | |
| <i>Sexual Orientation</i> | | | <i>NA</i> | |
| <i>Pregnancy and maternity</i> | | | <i>NA</i> | |

| | | | | |
|--------------------------------|--|--|----|--|
| Marriage and civil partnership | | | NA | |
| Religion or belief | | | NA | |
| Race | | | NA | |

If you answer yes to any of the following, you **MUST** complete the evidence column explaining what information you have considered which has led you to reach this decision.

| Assessment Questions | Yes / No | Please document evidence / any mitigations |
|---|----------|---|
| In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?) | No | |
| Have you taken into consideration any regulations, professional standards? | Yes | The policy is based on guidance from CQC and professional body guidance as well as related Trust policies |

Step 3: Review, Risk and Action Plans

| | | | |
|---|---|-------------------------------------|------|
| How would you rate the overall level of impact / risk to the organisation if no action taken? | Low | Medium | High |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| What action needs to be taken to reduce or eliminate the negative impact? | Training needs to be enhanced and compliance achieved | | |
| Who will be responsible for monitoring and regular review of the document / policy? | Chief Nurse/Associate Nurse Director | | |

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

| | | | |
|--------------------|---|-------|-------------------|
| Equality Assessor: | Angela Anderson, Associate Nurse Director | Date: | 13 September 2020 |
|--------------------|---|-------|-------------------|

Additional guidance

| Protected characteristic | | Who to Consider | Example issues to consider | Further guidance |
|--------------------------|--------------------------------|---|--|--|
| 1. | Disability | A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer | <ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. | Further guidance can be sought from: Solent Disability Resource Group |
| 2. | Sex | A man or woman | <ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation | Further guidance can be sought from: Solent HR Team |
| 3 | Race | Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. | <ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic | Further guidance can be sought from: BAME Resource Group |
| 4 | Age | Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above | <ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge | Further guidance can be sought from: Solent HR Team |
| 5 | Gender Reassignment | "The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011 | <ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. | Further guidance can be sought from: Solent LGBT+ Resource Group |
| 6 | Sexual Orientation | Whether a person's attraction is towards their own sex, the opposite sex or both sexes. | <ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime | Further guidance can be sought from: Solent LGBT+ Resource Group |
| 7 | Religion and/or belief | Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs) | <ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection | Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain |
| 8 | Marriage | Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law. | <ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave | Further guidance can be sought from: Solent HR Team |
| 9 | Pregnancy and Maternity | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth. | <ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility | Further guidance can be sought from: Solent HR team |

The contract for agreeing supervision is intended to ensure all active clinical staff access regular clinical supervision.

Clinical Supervision should be undertaken a minimum of every 6 — 8 weeks for all active clinical staff.

Supervisor's Responsibilities and Expectations

- The supervisor will meet with the supervisee a minimum of every 6 weeks, these will commence on *(enter date here)* & will be located in a confidential space which is appropriate and free from distraction.
- To undertake an open and honest discussion re cases that staff are working with.
- Support and professional challenge will be given and supervision will be recorded.
- Discussion around team work and training will be included.
- Ensure supervision is recorded on Trust database.
- Seek specialist safeguarding supervision for the supervisee where this may be indicated as an outcome of supervision.

Supervisee's Responsibilities

- Organising their clinical supervision
- Open and honest discussion re cases that the staff are working with and have responsibility for.
- Implement actions to be taken as an outcome of supervision.
- Agree to inform other professionals where they are involved with patients of any information that may impact on a patient's safety. Discuss the appropriate referral to other agencies where this is indicated.
- To ensure all relevant information is recorded.
- Record supervision on Trust database.
- Save records of supervision for audit purposes and as evidence for revalidation where required
- Escalate or seek specialist supervision for complex safeguarding cases.

Supervisee signed:

Date:

Supervisor signed:

Date:

This contract should be reviewed on annual basis

Date of review of contract:

Appendix C

1:1 Clinical Supervision Record Template

Date of Supervision:

Staff Name:

Supervisor Name:

| Case description | Topics discussed | Actions required by supervisee | Progress/Outcome | SystemOne Record Reviewed and relevant information recorded on patients records | Supervision Template Completed |
|------------------|------------------|--------------------------------|------------------|---|--------------------------------|
| | | | | | |
| | | | | | |