

CLINICAL SUPERVISION POLICY

| | |
|-------------------------------|--|
| Version: | 1 |
| Date ratified: | 31 August 2021 |
| Policy Number | HR037/08/2024 |
| Name of originator/author: | Human Resources Business Partner |
| Name of Sponsor: | Chief Nurse |
| Name of responsible committee | Governance Sub-committee |
| Date issued: | September 2021 |
| Review date: | August 2024 |
| Target audience: | All staff working within or on behalf of NHS Sheffield CCG |

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>



POLICY AUDIT TOOL

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | | |
|---|--|---|
| Please give status of Policy: Revised | | |
| 1. | Details of Policy | |
| 1.1 | Policy Number | HR037/08/2024 |
| 1.2 | Title of Policy: | Clinical Supervision Policy |
| 1.3 | Sponsor | Deputy Accountable Officer |
| 1.4 | Author: | HR Business Partner |
| 1.5 | Lead Committee | Governance Sub-committee |
| 1.6 | Reason for policy: | Legislative and best employment practice |
| 1.7 | Who does the policy affect? | All employees |
| 1.8 | Are the National Guidelines/Codes of Practices etc issued? | Yes – see Section A, 2.1 |
| 1.9 | Has an Equality Impact Assessment been carried out? | Yes |
| 2. | Information Collation | |
| 2.1 | Where was Policy information obtained from? | See 1.6 |
| 3. | Policy Management | |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No |
| 3.2 | If YES attach a copy to this form. | n/a |
| 3.3 | If NO explain why. | Current management structure satisfactory |
| 4. | Consultation Process | |
| 4.1 | Was there external/internal consultation? | Yes |
| 4.2 | List groups/persons involved | Joint Staff Consultative Forum |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | n/a |
| 5. | Implementation | |
| 5.1 | How and to whom will the policy be distributed? | All employees via the intranet |
| 5.2 | If there are implementation requirements such as training please detail. | Ongoing via mandatory training |
| 5.3 | What is the cost of implementation and how will this be funded | No funding required |
| 6. | Monitoring | |
| 6.2 | How will this be monitored | Workforce Reports |
| 6.3 | Frequency of Monitoring | Quarterly |

CONTENTS

| | Page |
|--|-----------|
| Section A – Policy | |
| DEFINITIONS | 4 |
| 1. Policy Statement, Aims & Objectives | 5 |
| 2. Legislation & Guidance | 6 |
| 3. Scope | 6 |
| 4. Accountabilities & Responsibilities | 7 |
| 5. Dissemination, Training & Review | 9 |
| Section B – Procedure | |
| 1. Clinical Supervision | 10 |
| 2. Requesting Clinical Supervision | 12 |
| 3. Clinical Supervisors | 12 |
| 4. Confidentiality and Professional Responsibilities | 13 |
| 5. Record Keeping | 14 |
| Appendix 1 Equality impact assessment | 16 |
| Appendix 2 Process for requesting individual supervision | 19 |
| Appendix 3 Process for requesting group supervision | 20 |
| Appendix 4 Clinical supervision contract | 21 |
| Appendix 5 Record of clinical supervision sessions | 22 |
| Appendix 6 Record of clinical supervision activity | 24 |

DEFINITIONS

| Term | Definition |
|----------------------|---|
| Clinical Supervision | <p>Clinical supervision is – “regular, protected time for facilitated, in-depth reflection on complex issues influencing 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. The supervisee reflects on the part s/he plays as an individual in the complexities of the events and the quality of practice.’ (Bond & Holland 2010).</p> <p>Clinical supervision is a confidential, safe and supportive environment to critically reflect on clinical practice. It is also a forum for improving the quality of patient care and individual clinical practice through self-reflection and enhanced self-awareness.</p> <p>It provides an opportunity for supervisees to: explore developmental needs; learn and develop new skills; learn from negative and positive events; express feelings, consider new perspectives and identify solutions in order to support the safe, high quality delivery of patient-centred care.</p> <p>It is not to be used as a performance management tool or to resolve personal or professional conflicts, but as a therapeutic tool, offering all clinicians support, guidance and time for reflection and discussion with regards to working practices and approaches to care.</p> |
| Supervisee | <p>A Health Professional engaged in clinical practice that will develop personal and professional competency through reflection, support and challenge in relation to their clinical practice. Supervisees need to be trained in the process of Clinical Supervision in order to optimise the process outcomes. The supervisee maintains accountability and responsibility for their clinical responsibilities.</p> |
| Supervisor | <p>A Health Professional who, through a process of reflection, supports, challenges and assists a supervisee to develop both professionally and personally. The supervisor does not assume accountability or responsibility for the supervisee’s patients/clients, however, they will be accountable for the advice they give and the action they take. Supervisors need to be trained in the process of Clinical Supervision, again to optimise the process outcomes.</p> |

SECTION A – POLICY

1. Policy Statement, Aims and Objectives

- 1.1** NHS Sheffield Clinical Commissioning Group (CCG) acknowledges the value of offering clinical supervision within the work place. Clinical supervision is a process by which professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care and treatment of patients. It enables practitioners to develop their skills and knowledge by actively reflecting on their everyday practice. It enables them to problem-solve rather than see challenges to practice as barriers, restricting creativity and innovation.
- 1.2** The development of this policy seeks to: provide a framework and sufficient resources so that appropriate Clinical Supervision is continuously available to all NHS Sheffield CCG Nurses, Allied Health Professionals and Pharmacists, so that they are able to ensure the delivery of the highest standards of patient care and be professionally supported; provide a clear understanding of supervisory processes at NHS Sheffield CCG that focus on the personal and professional development of clinical staff; provide a framework for reporting of supervisory activity undertaken which can then be reported for governance purposes.

In addition the policy:

- Contributes to improved clinical practice.
- Enables clinicians to become more self-aware, self-assured, assertive and confident.
- Provides guidance for individual development and skills progression.
- Broadens thinking through problem solving.
- Provides the opportunity for clinicians to feel supported and motivated.
- Improves professional development processes.

2. Legislation and Guidance

- 2.1** The following legislation and guidance has been taken into consideration in the development of this policy.
- Data Protection Act 1998
 - Equality Act 2010
 - Health and Safety at Work Act 1974
 - Human Rights Act 1998
 - Management of Health and Safety at Work Regulations 1999
 - Standards for pharmacy professionals; General Pharmaceutical Council May 2017
 - Standards of proficiency for registered nurses; Nursing and Midwifery Council May 2018

3. Scope

- 3.1** The policy applies to all NHS Sheffield CCG nursing, pharmacy and allied health professional staff, and must be followed by all those who work for the organisation, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

This policy is a framework for clinical supervision that can be used locally to develop models and systems suited to local need.

Clinical supervision is an additional means of support and development and does not seek to replace managerial supervision. The role of the line manager, providing supervision for their staff, is an important part of ensuring effective performance is maintained.

4. Accountabilities and Responsibilities

- 4.1** Overall accountability for ensuring that there are systems and processes for effective Clinical Supervision to occur lies with the Accountable Officer. Responsibility is delegated to the following:

| | |
|--|---|
| <i>Deputy Accountable Officer</i> | <ul style="list-style-type: none">• Maintaining an overview of the corporate ratification and governance process associated with the policy.• Ensuring that the policy is applied fairly, consistently and in a non-discriminatory manner. |
| <i>Chief Nurse</i> | <ul style="list-style-type: none">• Ensure there is an appropriate framework for clinical supervision in place for all clinical staff, taking into account the diversity of professions;• Champion the importance of clinical supervision at all levels;• Ensure the provision of training and development for clinical staff to enable them to act in a supervisory capacity;• Ensure staff have the opportunity to share learning outside their teams or individual sessions if they feel others may benefit from their experiences;• Ensure that clinical supervision is supported and that clinical staff have sufficient protected time to access appropriate supervision. |

| | |
|---|--|
| <p><i>Appointing Officers/ Line Managers</i></p> | <ul style="list-style-type: none"> • Ensure appropriate arrangements for clinical supervision are in place for their clinical staff; • Identify any gaps in the availability of supervision within the team/service they are responsible for; • Ensure clinical supervision is supported and that clinical staff are provided with sufficient protected time to enable them to access appropriate supervision; • Ensure key staff are identified and supported to access training and development to enable them to act in a supervisory capacity; • Ensure staff are encouraged and supported to share learning with colleagues; • Support staff in highly specialised roles to identify and access supervisors external to NHS Sheffield CCG. |
| <p><i>Clinical Supervisors</i></p> | <ul style="list-style-type: none"> • Ensure that they have an appropriate understanding of the principles of clinical supervision, related governance processes, the supervisory contract and models/frameworks appropriate to the forms of supervision they will be providing and the rights and responsibilities of the supervisee; • Ensure that they can demonstrate the supervisory competence required, including accessing and undertaking initial and refresher training as required to maintain their own effectiveness as a clinical supervisor; • Ensure that they also access clinical supervision as appropriate; • Ensure that they have read and understand this policy and act in accordance with it, including with regard to professional and ethical boundaries; • Ensure that adequate time and access is made available to supervisees with whom they have a supervision contract. |

| | |
|---------------------------|--|
| All Clinical Staff | <ul style="list-style-type: none"> • Actively engage in clinical supervision activities in accordance with their Code of Professional conduct, guidance from their own professional body and this policy; • Ensure they access clinical supervision in the most appropriate way for their personal needs but within the parameters highlighted above; • Highlight key issues which would be appropriate to share with colleagues to facilitate wider learning; • Maintain a record/personal log of the dates of supervisory sessions and the key issues raised (this may prompt reflection as part of revalidation); • Being able to demonstrate that they are actively participating in clinical supervision in accordance with their Code of Conduct and this policy. |
| Staff Side | <ul style="list-style-type: none"> • Ensure they are familiar with the policy and procedure. • Advise and represent employees who are members of a recognised Trade Union. |

5. Dissemination, Training and Review

5.1 Dissemination

The effective implementation of this policy will support openness and transparency. NHS Sheffield CCG will:

- Ensure all employees and stakeholders have access to a copy of this policy via the organisation's website.
- Ensure employees are notified by email of new or updated policies.

5.2 Training

All employees will be offered relevant training commensurate with their duties and responsibilities. Employees requiring support should speak to their line manager in the first instance. Support may also be obtained through Human Resources.

5.3 Review

- 5.3.1** As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the

grounds of the protected characteristics under the Equality Act.

5.3.2 The policy will be reviewed every three years and in accordance with the following on an as and when required basis:

- Legislative changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

5.3.3 Policy management will be performance monitored to ensure that policies are in-date and relevant to the core business of the organisation. The results will be published in the regular Governance Sub Committee Reports.

SECTION B – PROCEDURE

1. Clinical Supervision

1.1 Clinical Supervision will include the opportunity:

- To provide excellent clinical leadership across all service areas, that will empower and release the full potential of the workforce;
- To uphold the reputation of NHS Sheffield CCG as an excellent employer that attracts, recruits and retains a skilled, competent and motivated clinical workforce in order to build tomorrow's workforce today, to ensure the delivery of consistent, high quality patient care;
- For development and support for clinical staff;
- To improve patient care and maintain standards.

1.2 Safeguarding supervision for all nurses working within a specialist safeguarding role is also an important element of safe and effective practice; however it is a distinct process separate from clinical supervision and as such the CCG has a separate Safeguarding Supervision Policy.

1.3 The importance of the role of clinical supervision in raising and maintaining standards of care is emphasised in the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014, in particular part 3 Section 2 – subsection 18 which requires persons employed in the provision of a regulated activity to:

- receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform;
- be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and

Where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator they should be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

This policy establishes a structure that will be recognised as best practice, and can be used as a benchmark for assessing commissioned services which are providing regulated activity.

1.4 The key professional bodies for nurses and Allied Health Professionals support the establishment of clinical supervision as an important part of clinical governance and the interests of maintaining and improving standards of patient/client care.

Whilst formal clinical supervision is not currently part of the framework of practice for pharmacists and pharmacy technicians, all pharmacy practitioners should undertake reflection and review as part of their practice and must submit a reflective account and a peer discussion each year for revalidation. As such, it is suggested that arranging clinical supervision related to these two pieces of work is likely to be beneficial.

Clinical Governance and lifelong learning are both founded on the principle that health professionals must be responsible and accountable for their own practice and will help instil quality at a local level.

In bringing Clinical Governance and clinical supervision together Butterworth and Woods (1998) have suggested:

“Participating in clinical supervision in an active way is a clear demonstration of an individual exercising their responsibility under clinical governance. Organisations have a responsibility to ensure that individual clinicians have access to appropriate supervision and support in the exercise of their joint and individual responsibilities. Clinical supervision should properly be seen as taking its place in a wider framework of activities that are designed to manage, enhance and monitor the delivery of high quality services. Clinical supervision should take part in the context of an overall framework rather than being seen as an individual activity carried out in isolation”.

1.5 NHS Sheffield CCG recognises the following methods of supervision as appropriate for its clinical staff:

- One to one supervision with an experienced supervisor from the same discipline as the supervisee;
- One to one supervision with an experienced supervisor from a different discipline as the supervisee;
- Peer supervision – supervision with peers from the same discipline as the supervisee.
- Group supervision – supervision shared by individuals from the same team or sometimes different teams. Group supervision should involve a maximum of 6 supervisees, and often involves various disciplines involved with a particular care (Appendix 3);
- Network supervision – a group of professionals with similar expertise and interests who do not work together on a regular basis.

Example methods of supervision include:

- Contracted and planned 1:1 supervision which is recorded with clear action planning;
- Supervision and professional support within established professional meetings (e.g. Children, Adult, Looked After Children and Multi-agency Safeguarding Hub Networks);
- Peer Review (mainly utilised by specialist Doctors within the CCG);
- Shadowing – within peer groups and/or with external bodies e.g.

The principles of all the methods of supervision should remain the same. However at the start of the process for group and network supervision greater consideration needs to be made regarding the establishment of ground rules due to the number of individuals involved.

2. Requesting Clinical Supervision

2.1 Clinical supervision should ideally be accessed at least four times a year.

2.2 It is the responsibility of each staff member to make arrangements for their supervision.

The processes for requesting individual and group supervision are outlined at Appendices 2 and 3 respectively.

3. Clinical Supervisors

3.1 The role and function of the clinical supervisor is to support and empower the supervisee, and in addition, promote the development of their clinical practice. Through supporting the supervisee in the implementation of evidence-based practice, the clinical supervisor will impact upon clinical practice of the supervisee.

The role of the clinical supervisor is central to high quality client care. A clinical supervisor should have the following attributes:

- **Expertise** Through skill, experience, status and training;
- **Experience** The supervisor will be recognised as having both a breadth and depth of experience in their field;
- **Acceptability** The clinical supervisor needs to be acceptable to those that they supervise;
- **Training** It is essential that clinical supervisors receive appropriate training in clinical supervision at the outset of their supervisory experience. Refresher training is central to the maintenance of such skills.

Behaviours most favoured in supervisors (by supervisees) are:

- Benevolence;
- Confidence in the practitioner;
- Empathy;
- Encouragement;
- Positive reinforcement;
- Promotion of patient care;
- Role modelling.

3.2 It is recommended that clinical supervisors should have a maximum of 3 supervisees when undertaking one to one forms of clinical supervision and a

maximum of 6 supervisees in a group session at any one time. The supervisor should be experienced in supervision before participating in a group setting. The supervisor should also have supervision arrangements for themselves to support them through this process.

4. Confidentiality and Professional Responsibilities

- 4.1** The clinical supervision process is confidential between the clinical supervisor and the supervisee. The content of a supervision session should not be discussed outside of the session without the agreement of both parties.

Although the clinical supervisor has clear responsibilities to NHS Sheffield CCG and the supervisee, the primary responsibility of the supervisor remains the welfare of the patient/client. Hence, should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the clinical supervisor is required to take appropriate action.

The role and responsibilities of both clinical supervisor and supervisee and the limits to confidentiality will be included in the supervision contract, and reinforced at the start of each session.

Should a supervisee fail to address issues raised by the supervisor, supervisors have a clear responsibility to liaise directly with the supervisee's line manager. However staff receiving clinical supervision remain responsible for their own clinical decision-making and accountable for their own practice.

Supervisors are responsible for challenging any areas of unsafe or poor quality practice that are revealed during supervision. Should the supervisee disclose an issue to the supervisor that requires immediate action to prevent risk to a patient (or another matter that posed a serious risk of harm), clinical supervision must stop and appropriate action must be taken to address the matter promptly.

- 4.2** All staff working within NHS Sheffield CCG are expected to approach the Designated Professional/s to discuss individual cases or related issues where necessary.

Record Keeping

5

- 5.1** Before starting supervision with an individual or group the supervisor/supervisee must complete a contract (Appendix 4) stating the type of supervision and duration of supervision. The contract also includes a confidentiality agreement.

- 5.2** In all forms of supervision there must be a brief record of supervision in order to demonstrate levels of supervision activity. The supervisee is responsible for completing the record of supervision activity (Appendix 6), however it is advisable for the clinical supervisor to also keep a copy.

These records do not contain any detail of the content of clinical supervision

sessions. This minimum record of supervision may need to be made available to the organisation under relevant legislation and for effective auditing.

The records must include:

- Date and length of supervision session
- Names of attendees
- Issues raised

5.3 • If planned session cancelled, reasons to be documented.

Supervisees are encouraged to keep records of supervision for their personal professional portfolio – see Appendix 5. In this instance any reference to patient care/ colleagues/visitors etc. should be anonymous. Written reflections on learning that has taken place as a result of supervision are encouraged.

Training/educational supervisors and supervisees should follow guidance from their training.

APPENDIX 1**NHS Sheffield CCG Equality Impact Assessment**

| | |
|--|-----------------------------|
| Title of policy or service | Clinical Supervision Policy |
| Name and role of officers completing the assessment | HR & OD Business Partner |
| Date assessment started/completed | June 2021 |

| 1. Outline | |
|---|---|
| Give a brief summary of your policy or service <ul style="list-style-type: none">• Aims• Objectives• Links to other policies, including partners, national or regional | NHS Sheffield Clinical Commissioning Group acknowledges the value of offering clinical supervision within the work place. Clinical supervision is an important element of the structure to support clinical staff, ensuring employees remain skilled and knowledgeable, and thus assisting in continuous quality improvement and the maintenance of clinical standards. |

2. Gathering of Information

This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty.*

| | What key impact have you identified? | | | What action do you need to take to address these issues? | What difference will this make? |
|---|--------------------------------------|----------------|-----------------|--|---------------------------------|
| | Positive Impact | Neutral impact | Negative impact | | |
| Human rights | | ✓ | | | |
| Age | | ✓ | | | |
| Carers | | ✓ | | | |
| Disability | | ✓ | | | |
| Sex | | ✓ | | | |
| Race | | ✓ | | | |
| Religion or belief | | ✓ | | | |
| Sexual orientation | | ✓ | | | |
| Gender reassignment | | ✓ | | | |
| Pregnancy and maternity | | ✓ | | | |
| Marriage and civil partnership (only eliminating discrimination) | | ✓ | | | |
| Other relevant group | | | | | |

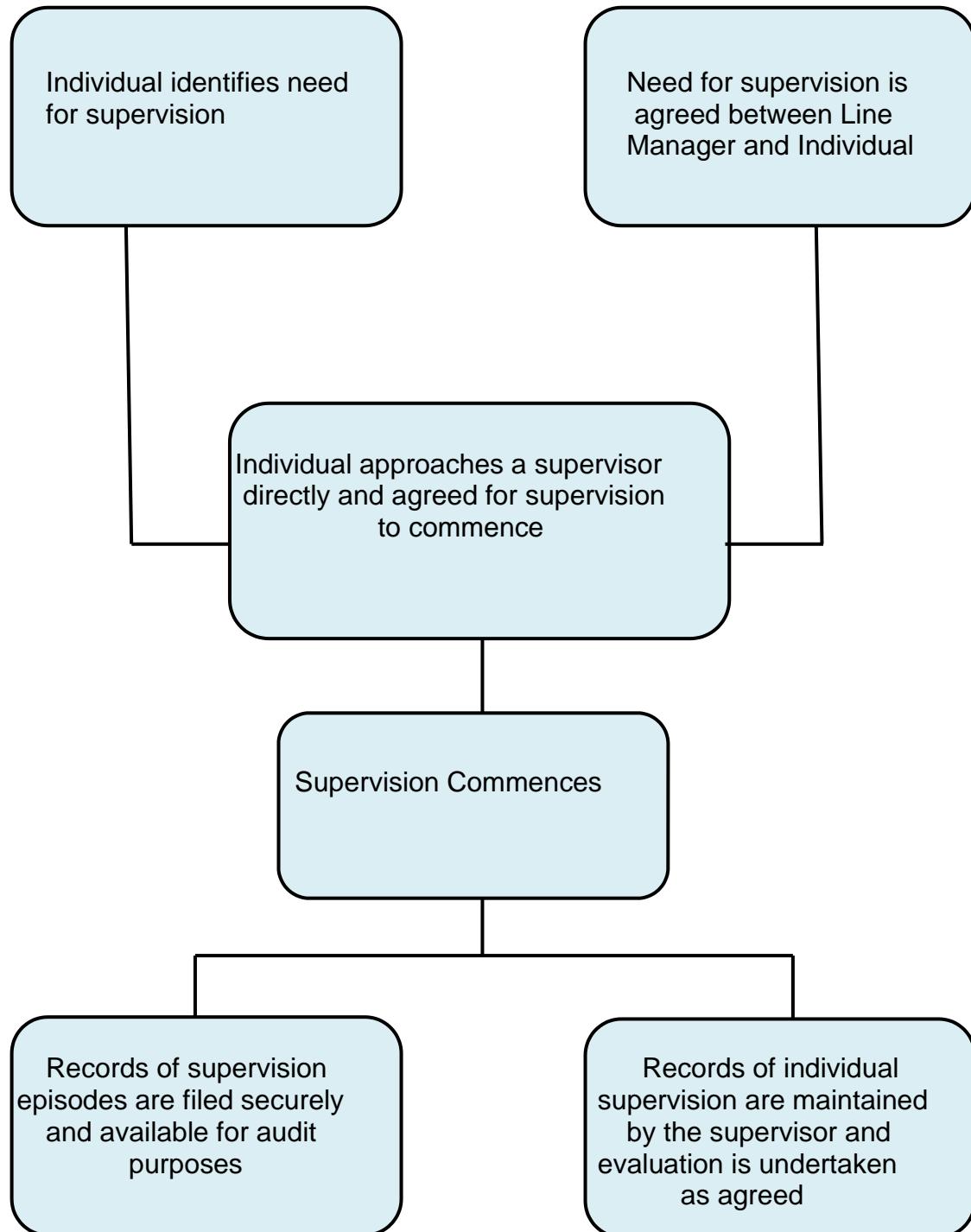
Please provide details on the actions you need to take below.

| 3. Action plan | | | | |
|--------------------------|-------------------------|---|------------------|----------------------------|
| Issues identified | Actions required | How will you measure impact/progress | Timescale | Officer responsible |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |

| 4. Monitoring, Review and Publication | | | | |
|--|---------------------------------------|---------------------|--|--|
| When will the proposal be reviewed and by whom? | Every 3 years on policy review | | | |
| Lead Officer | HR & OD Business Partner | Review date: | | |
| | | | | |

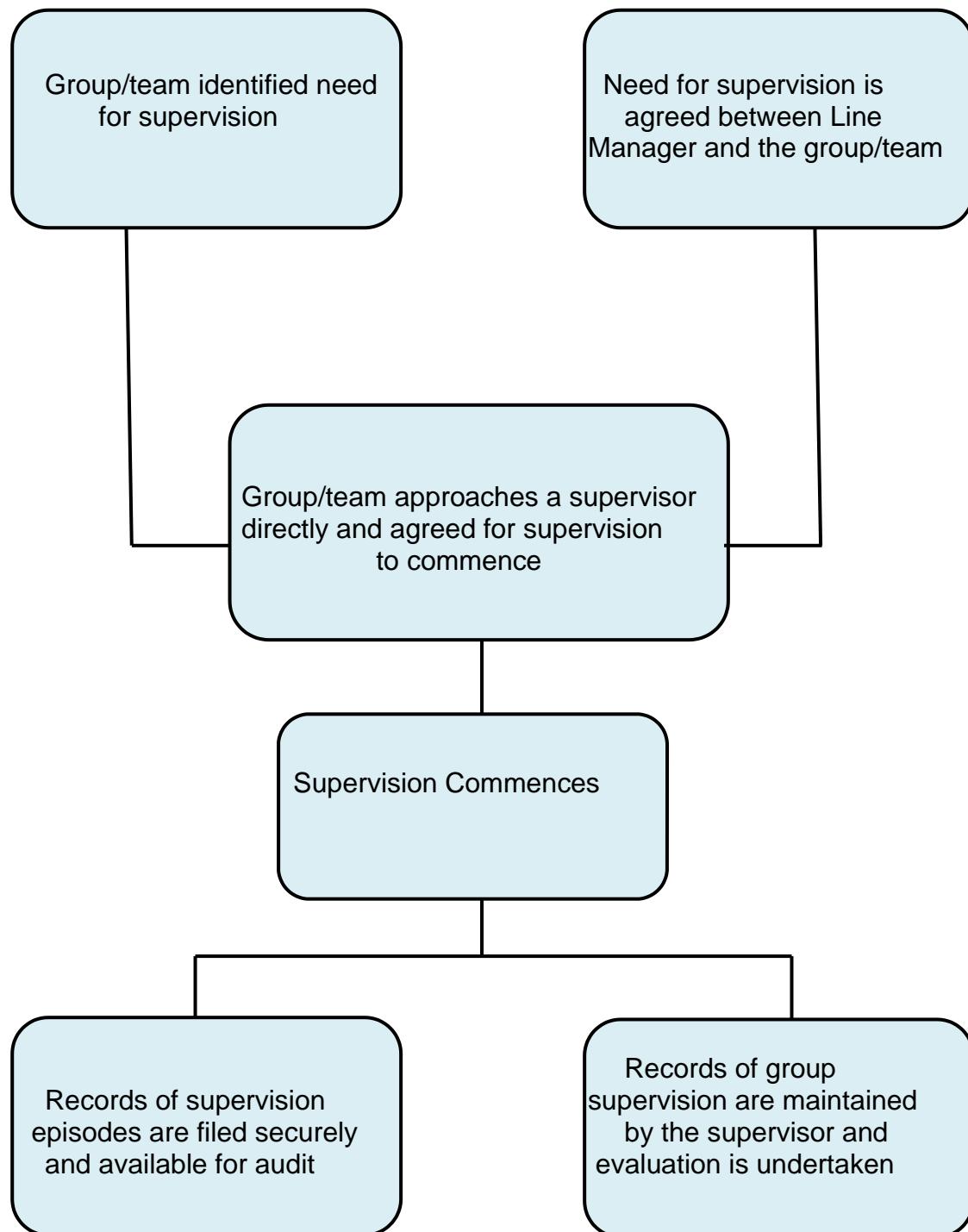
APPENDIX 2

PROCESS FOR REQUESTING INDIVIDUAL SUPERVISION



APPENDIX 3

PROCESS FOR REQUESTING GROUP SUPERVISION



APPENDIX 4**CLINICAL SUPERVISION CONTRACT**

| | |
|--|----------------------|
| Name of Supervisee | |
| Name of Supervisor | |
| Frequency of sessions | |
| Duration of sessions | |
| Clinical Supervision method? | |
| Where will the records be stored? | |
| Confidentiality Agreement | |
| In circumstances when confidential issues might need to be discussed with another person, an appropriate action plan be drawn up and timescale agreed for completion between supervisor and supervisee/s. | |
| NB: The Supervisor will only breach confidentiality if there is a danger to patients, the action plan is not adhered to or a supervisee does not take responsibility for their professional accountability. | |
| Ground Rules of sessions e.g. Punctuality, non-judgemental etc... | |
| 1. | |
| 2. | |
| 3. | |
| Date | Supervisor Signature |
| Date | Supervisee Signature |

APPENDIX 5
RECORD OF CLINICAL SUPERVISION SESSIONS

| | | |
|---|--|--|
| Date | | |
| Time | | |
| Venue | | |
| Name of Supervisor | | |
| Name of Supervisee | | |
| Objectives / goals for the session | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Key Areas of Discussion | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Matters Arising from Clinical Supervision Sessions | | |
| Topic(s) | | |
| Issues Raised | | |
| 1. | | |
| 2. | | |
| 3. | | |

| Action (s) Requested | |
|---|--|
| 1. | |
| 2. | |
| 3. | |
| Feedback Date | |
| Individual Reflections on the Clinical Supervision Session | |
| 1. | |
| 2. | |
| 3. | |

| | |
|--------------------------------------|--|
| Date and time of next session | |
| Supervisor signature | |
| Supervisee signature | |

APPENDIX 6

RECORD OF SUPERVISION ACTIVITY

Name of Supervisor Date of activity from To:

| Date of supervision session | Time of supervision | Duration of supervision | Name of supervisee | Evaluation of Supervision process undertaken(Y/N) |
|------------------------------------|----------------------------|--------------------------------|---------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

