Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Nurses, Social Workers, Associate Practitioners and Health Care Assistants

Professional and Clinical Supervision Protocol

(A standard operating procedure)

Ref CLIN-0035-001-v1

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Contents

1 Introduction

The CQC paper, 'Supporting information and guidance: Supporting effective clinical supervision', (July 2013), identifies the purpose of clinical supervision:

"The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice."

The significance of effective clinical supervision has been highlighted in local critical incident inquiries such as the Malcom Rae review 2013, and in the National recommendations from the Francis Report.

Lack of, or limited clinical supervision or reported poor quality of clinical supervision has been consistently implicated in Serious Incident reviews both internally and externally to the trust. Compliance audits undertaken against clinical supervision policy within the trust has confirmed that supervision is inconsistently applied and quality is not consistently monitored nor assured.

The Trust clinical supervision policy sets out guidance on the minimum standards for all staff employed in clinical roles by Tees, Esk and Wear Valleys NHS Foundation Trust.

The Trust recognises that all professional groups have mandated professional standards for practice and most require evidence of professional and/or clinical supervision to maintain registration to practice.

The Nursing and Midwifery Council (NMC) have established standards for re-validation (re-registration) for registered nurses. The Council has mandated that evidence of reflection on practice will be an essential requirement of the re-validation process. Whilst it is recognised that structured reflection is embedded as a core component of all forms of clinical supervision, the council has not specified it as the process by which the requirements for evidence of reflection on practice should be met.

Similarly there are clinical staff employed by the trust on the basis of their professional qualification such as social workers that where there is no formal requirement for clinical supervision to be in place.

Despite delivering a great percentage of face to face care to patients under the direction of registered nurses, non-registered employees, such as health care assistants, are often excluded from clinical supervision policies and processes.

There is an increasing number of non-registered yet qualified, associate practitioners at band 4 level that carry clinical caseloads whose practice needs also to be quality and safety assured and should be equally prioritised in accessing clinical supervision.

2 Purpose of this Protocol

To provide a clinical supervision structure and process for Registered Nurses, Social Workers, Associate Practitioners and Health Care Assistants delivering direct patient care, employed by Tees Esk and Wear Valleys NHS Foundation Trust.

To improve quality and safety of patient care by enabling all of these groups of staff to develop skills, knowledge, and learning from experience within a structured forum.

This Protocol responds to recommendations made by the internal Malcolm Rae Review 2013, and nationally the Francis Report 2013.

2.1 Objectives

- Support the Trust's position on meeting professional and clinical supervision requirements for all clinical practitioners employed by the Trust.
- Formally acknowledge the clinical supervision requirements for staff delivering direct patient care that are not professionally regulated.
- Reinforce the educational requirements for those supervising (mentoring) pre and post graduate students.
- Provide a framework to enable the use of Clinical Supervision to:
    - Review professional standards.
    - Keep up to date with developments.
    - Support developmental needs and provide clarity for staff working within professional boundaries.
    - Ensure standards for the delivery of safe and effective care are met.
    - Develop reflective practice.
    - Offer constructive support for professional and personal growth.
    - Highlight good practice and increasing confidence with practice.
    - Identify areas for improvement with action plans and regular reviews.
    - Enhance evidence based practice throughout the trust.

3 Scope

To provide guidance and structure to all staff that this protocol applies to.

3.1 Who this protocol applies to

- Registered nurses employed by the Trust on the basis of their professional qualification.
- Social Workers employed by the Trust on the basis of their professional qualification.
- All staff employed by the Trust in a nursing or nursing support role of any grade, including support workers, STR workers, associate practitioners and health care assistants.

- AHP assistants/technicians/AHP associate practitioners will follow AHP professional clinical supervision protocols

This protocol and all procedures and training relating to it will adhere to the Trust's Equality, Diversity and Human Rights Strategy.

3.2 Roles and Responsibilities

Role	Responsibility
Executive Director of Nursing and Governance	The development, monitoring and support of this protocol.
Deputy Director of Nursing	Implementation and monitoring of this protocol for all staff they have lead responsibility for, ensuring the implementation systems and processes are in place and monitored to ensure compliance with this protocol.
Operational Line Managers	Ensuring staff have access to, and are participating in appropriate supervision for their role. They will do this through Appraisal and Management Supervision process. All Managers have a responsibility to ensure staff are aware of this protocol and its implications.
Heads of Nursing and Professional lead for Social Workers	The maintenance and monitoring of compliance with this protocol of all staff that sit within their area of responsibility. Ensuring that all clinical lead staff are delivering clinical supervision as a key part of their roles and that they develop and maintain clinical supervision networks and practice within their areas of clinical leadership responsibility.
All staff to whom this protocol applies	Complying with the standards laid out in this protocol and establishing a clinical supervisory relationship and/or forum(s) appropriate to their role. They will do with in collaboration with, and under the guidance of, their line manager and appropriate clinical lead (e.g. Modern Matron; Advanced Nurse Practitioner; Clinical lead nurse).

4 Protocol

4.1 The Trust views Clinical Supervision as a mandatory practice for all staff delivering direct patient care and a Clinical Supervision Charter **(Appendix 4)** making support for Clinical Supervision explicit, should be displayed for all staff to view.

4.2 All staff that this protocol applies to, will seek and actively engage in clinical supervision and will meet the minimum standard mandated by the ***Trust Clinical Supervision Policy*** of eight (8) hours of clinical supervision each year**.**

This may be achieved in a variety of forms such as:-

- Formal one to one (1:1) supervision
- Group/Team supervision
- Live Supervision (with formalised reflection)
- Reflective review of taped/video sessions

In accordance with the ***Trust Clinical Supervision Policy***, all staff to whom this protocol applies should maintain a 'supervision log' to record hours of supervision in whatever form it is undertaken, and will take every opportunity to participate in informal Clinical Supervision on an ad-hoc and opportunistic basis, for example away days, team meetings, staff development days.

Of the minimum standard of eight (8) hours, staff subject to this protocol must engage in at least one (1) hour of 1:1 formal supervision every 3 months.
These sessions should cover the key themes and recognised process of clinical supervision and structured reflection to a standard relevant to their role and professional requirements.
For Registered Nurses **Appendix 2** which facilitates NMC requirements for reflective accounts may be used.
For Social workers employed in a clinical capacity, Associate practitioners and Health care Assistants **Appendix 3**, which reflects the standard of clinical supervision for registered nurses, may be used.

4.3 In partnership with their line managers and professional leads, supervisees will identify supervisors and negotiate appropriate supervision arrangements taking account of:-

- The supervisee's development needs and the needs of the service.
- Availability of supervisors who meet those needs.
- The skills and experience of supervisors.
- The requirements of the supervisee's role.
- Any employee unable to negotiate their clinical supervision arrangements must inform their line manager.

A non-hierarchical approach is recommended for the implementation of clinical supervision. Clinical supervision is distinctly different and separate to management supervision which may involve issues of performance management. There is some debate regarding line managers providing Clinical Supervision. However, at Tees, Esk and Wear Valley NHS FT it is recognised that line managers are often best placed to provide clinical supervision. Therefore, it is acknowledged that line managers can undertake the role of

clinical supervisor, as long as, this is mutually agreed between the supervisor and the supervisee. Line managers who provide supervision to anyone they directly manage must ensure that correct procedures are in place so that the relationship remains beneficial to both parties.

4.4 A supervision contract **Appendix 1** will be negotiated and agreed between supervisor and supervisee(s) at the start of a clinical supervision arrangement.
The contract may be reviewed at any stage at the request of either supervisor or supervisee(s). However, frequent review s may be necessary. If a change of supervisor occurs, the contract should be reviewed, agreed and signed accordingly.

4.5 Clinical supervision frequently covers aspects of work with service users and supervisory responsibilities. General and informed consent should be sought for those occasions where identifiable information may be discussed.

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

4.7 In all forms of supervision there must be a record of supervision maintained and signed by both parties.

The ***Trust Clinical Supervision Policy*** provides a supervision log template for all staff to record instances of supervision in whatever form.

For staff to which this protocol applies 1:1 Formal clinical supervision sessions should be guided by and recorded using the appropriate form (see **4.2**).

All records of supervision may need to be made available to the organisation under relevant legislation and for effective auditing.

Records must be kept and protected in accordance with all relevant legislation and organisational policy. For re-validation of registered nurses there is an organisational requirement to keep a 3 year, plus one rolling record.

4.8 Supervisees must make entries into individual patient/client case notes of any actions and rationale for planned interventions/approaches discussed pertaining to that individual. All records of supervision out with the clinical record must ensure that only initials of individuals discussed are used for identification.

4.10 Supervisors will:-

- Ensure they can demonstrate supervisory competence requirements and where there are competency gaps access specific training to develop their supervisory skills.
- Make appropriate arrangements for their own supervision and support to help them evaluate their supervision practice.
- Be clearly aware of their responsibilities and obligations to their supervisees and to the Trust; they should inform the supervisee and the Trust of any conflicts within those responsibilities/ obligations.

- Be aware of the professional and ethical boundaries of their supervisory practice; monitor and maintain them.

4.11 The development of the supervisory roles will be discussed through developmental review systems with the individual supervisor's line manager in line with the competencies framework.

4.12 Ratios of numbers of supervisor(s) to supervisee(s) should be such that effective supervision activity is enabled and protected.
4.13 Confidentiality between supervisor and supervisee cannot be absolute within clinical supervision. Trust and respect are an important part of the supervisory relationship but it is important to recognise that this has boundaries. Information may need to be shared for a variety of reasons such as:-

- A public safety issue being recognised in the supervisees work
- A breach of codes of conduct, policy or protocol
- Criminal activity being revealed by the supervisee
- Safeguarding concerns
- Audit or evaluation of clinical supervision

Definitions
Definitions of supervision and reflection are detailed in the Clinical Supervision Policy.

Appendixes
Appendix 1 - Supervision Contract
Appendix 2 – Session Template for Registered Nurses
Appendix 3 – Session Template for Social Workers; Associate Practitioners and HCA's
Appendix 4 – Supervision Charter

5 How this protocol will be implemented

• This protocol will be published on the Trust's intranet and external website.
• Professional and clinical leads will engage in training and skills analysis for their relevant areas of responsibility, undertake baseline audits and develop action plans to deliver the minimum standards outlined in this policy.
• A range of training options and clinical supervision structures will be developed to support implementation
• The trust will make commit to making clinical supervision available to all staff to whom the clinical supervision policy applies.

6 How this protocol will be audited

Clinical and professional supervision will be audited annually within the Trust to ensure compliance with NHS litigation authority standards and Standards for Better Health.

Audits will focus on compliance with the minimum standard and also an audit of the quality of clinical supervision.

Educational supervision will occur as a part of the educational audit process.

This protocol will be reviewed and amended as a part of the audit and evaluation cycle every three years.

7 Document control

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This document replaces:	Supervision Policy CLIN/0035/v4(1)	
Lead:	Name	Title
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Members of working party:	Name	Title
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This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	08 June 2016
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