

North, Central and South Liverpool primary care trusts clinical supervision policy

Clinical governance has been defined as 'a framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which clinical excellence will flourish' (Department of Health; 1998).

Clinical supervision is a key mechanism supporting clinical governance by enabling practitioners to examine their practice, their skills, knowledge, attitudes and values in a safe environment. Effective participation in clinical supervision is seen as individuals demonstrating their accountability and taking responsibility for the continuous improvement of their practice.

Purpose

The following policy aims to clarify the position and the principles underpinning the implementation of clinical supervision for nurses within North, Central and South Liverpool primary care trusts (PCTs).

Background

Individual, personal and professional accountability is inherent in the nurses, midwives and health visitors Nursing and Midwifery Council (NMC) *Code of Professional Conduct*. The public will be protected through agreed standards, which ensures safe practice, high levels of competence and performance through professional self-regulation. Professional self-regulation is a clinical governance requirement and assists in ensuring continuous quality improvement. Clinical supervision is a way to support professional self-regulation.

Principles underpinning this policy

- This policy has been developed alongside a clinical supervision implementation plan and not in isolation. For successful implementation and development of clinical supervision in Liverpool PCTs, the elements of both documents should be applied
- The PCT will aim to ensure clinical supervisors are available within each nursing discipline. As the ultimate responsibility for clinical governance rests with the Chief Executive of the organisation, therefore, the formal contract between supervisor and supervisee must relate to the policies and procedures of the organisation in which professional clinical supervision is taking place. Therefore, any external supervision would need to be subject to the same quality standards to protect the public and would only be with the knowledge and approval of the service lead. This arrangement would be in relation to exceptional clinical circumstances necessitating the need for external supervision
- North, Central and South Liverpool PCTs believe that clinical supervision is not 'optional' but a right for all grades of nursing staff regardless of seniority or role
- Clinical supervision for nurses in North, Central and South Liverpool PCTs will therefore be implemented as a mandatory requirement for all nurses within the Clinical Governance Framework of the PCTs
- Designated supervisors will undertake the supervisory role. Supervisors must have at least 2 years post-registration experience, have undertaken competence-based training and be receiving clinical supervision themselves
- Supervisors and supervisees have different and distinct roles and responsibilities. The expectations and responsibilities are outlined in more detail in Appendix 1
- A contract of supervision must be made by the supervisor and supervisee. This should be reviewed at least annually, and re-negotiated in full with each change of supervisor (Appendix 2)

- Both supervisee and supervisor can request for the contract to be cancelled. This is envisaged if either the relationship is irretrievable or following a review the relationship has come to a natural ending, necessitating a change of supervisor/ee
- Supervision will take place as and when necessary. It is recommended in the extensive literature that is available on the subject that all qualified nursing staff receive 1 hour's clinical supervision every 6–8 weeks. As a standard in the PCTs the minimum is every 3 months – this will be subject to review. The timeframe may need to be flexible if being arranged for group supervision as this will take longer than 1 hour. The details of frequency should be negotiated by the supervisor and supervisee and be recorded in the contract
- As clinical supervision is part of public and peer accountability, standards of Caldicott and confidentiality apply to the process. Therefore, the venue chosen should either be PCT or GP premises. Public areas should not be used for clinical supervision
- It is vital that both supervisor and supervisee have a clear understanding of the true meaning of confidentiality
- Sessions must be strictly confidential at all times under normal circumstances. The limits of confidentiality must be specified in the contract, see Appendix 2
- On very rare occasions, for instance:
 - where something illegal occurs or is shared with supervisor
 - breaches of the NMC's *Code of Professional Conduct*
 - infringement of PCT policies and procedures

'The supervisor is obliged to ensure the supervisee's manager is informed. It is important that both parties understand this fact and in most cases the supervisee should be encouraged and given an opportunity to inform their manager themselves, as in any adult-to-adult relationship, before the supervisor feels obliged to. In some circumstances the supervisor will be legally obliged to write a written statement regarding any breaches of the NMC *Code of Professional Conduct*. Remember, this is only in rare situations and is the same responsibility any registered nurse has in respect of public safety and the NMC's *Code of Professional Conduct*'.
- In the event of a breakdown in the supervisory relationship either on the grounds of disagreement or discrimination cannot be resolved, then the supervisor and/or supervisee's line manager should be consulted. Such a disagreement is not a reason for not receiving clinical supervision. It is incumbent on both supervisor and supervisee to act to resolve the problem as soon as possible
- It is imperative that all supervisors receive supervision themselves. This should cover both their general clinical role in addition to their supervisory role
- Clinical supervision and performance and development reviews are complementary but distinct processes – they should be separate processes.

The model

Models of supervision

Clinical supervision in North, Central and South Liverpool PCTs will be primarily offered on a one-on-one basis by a supervisor of either the same or different nursing discipline. However, in many circumstances, group supervision may be the model of choice either in addition to or instead of one-on-one supervision. This choice should be made in consultation with nurse managers, quality nurse leads, supervisors and supervisees, and in the knowledge that the processes are different and each has their own strengths and weaknesses. Where group supervision is the chosen model, supervisors are expected to undertake additional training in group work skills over and above the preparation for one-on-one supervision.

Content of sessions

Supervision sessions could include discussions on a wide range of work-related topics including:

- *any matters the supervisee/staff member wishes to include*
- *matters arising from previous sessions*
- *time to reflect on your experience of and feelings about your work*
- *reviewing your work through discussion, reports and detailed case discussion including critical incidents/ near misses*
- *continuous professional development*
- *setting your professional goals and action plans*
- *feedback on the supervision/peer review process itself*
- *case study discussions.*

Recording of clinical supervision

- *Each clinical supervision session should be recorded by the supervisor on the supervision record (see Appendix 2)*
- *The record is a PCT document and should be held by the supervisor at their base in a locked drawer or cabinet*
- *The record of the session should be discussed with, seen by and signed by the supervisee. Any differences of opinion should be clearly noted as such*
- *All actions to be undertaken by supervisee or supervisor should be noted*
- *Access to the clinical supervision record by anyone other than the supervisor would be in exceptional circumstances (ie only as part of a disciplinary, Commission for Health Improvement (CHI) inspection, legal process or audit). The supervisee would in all circumstances be informed that their records were to be accessed in this way*
- *All registered nurses and other professionals, where appropriate, are encouraged to record attendance at supervision, and in particular learning and change resulting from it as part of their professional portfolio. Evidence of professional development will be required by the NMC as part of the renewal of registration process. Effective clinical supervision and reflective practice should form a key part of this*

Change of or termination of employment

- *If a member of staff changes jobs within North, Central and South Liverpool PCTs, wherever possible they should remain with the same supervisor. If this is untenable, the supervisee should negotiate with their manager a change of supervisor appropriate and feasible with the new role*
- *Where a change of supervisor is indicated the supervision record should be sent to the new supervisor after the final supervision review session and with the supervisee's knowledge*
- *If a member of staff leaves then their supervision record will be filed by the supervisor into a brown envelope, marked 'Confidential supervision records'. This should be filed alongside the staff member's personal file. The same rules of confidentiality apply*

Reasonable expectations and responsibilities of supervisors and supervisees

Supervisee expectations:

- to understand and have access to Liverpool PCT's clinical supervision policy and implementation plan
- to receive supervision in-line with the policy and implementation plan
- to have a named supervisor who is trained and behaves in a manner which reflects the training
- to have training for the role of supervisee
- to choose the model of clinical supervision (eg one-to-one or group) and who will be your clinical supervisor
- to have a mutually agreed written supervisory contract
- protected time for the clinical supervision sessions:
 - support to be able to be released from your clinical responsibilities in order to attend
 - have the clinical supervisor give your sessions priority and stick punctually to appointments
 - appropriate length of 'air time'
- to receive effective and sensitive supervision which is conducted in an environment of mutual trust and respect
- to be encouraged to contribute actively to the agenda and session
- to be treated in an anti-discriminatory manner
- to be fully involved in all decisions on the development of action plans
- to give and receive constructive feedback
- to be treated as an adult and a professional
- to be allowed to have own opinions, to disagree, to learn from mistakes, to be unsure or not to know
- to be actively listened to by the supervisor
- to have their experience and contribution acknowledged
- no interruptions unless in the event of an emergency
- to understand and have confidence in the limits of confidentiality
- to negotiate a change of supervisor if this is appropriate
- to share responsibility for making supervision work
- to accept the mandate to be supervised/and be accountable
- to participate in negotiating a supervision contract
- to attend supervision appointments on time
- to come to supervision prepared for the session and to actively participate
- to be open and share information
- to aim to meet the PCT's legal, ethical and professional standards
- to seek and use guidance and knowledge
- to promote anti-oppressive practice and behaviour
- to implement agreements and action plans
- to inform supervisor if plans cannot be implemented
- to promote best interest of clients
- to accept appropriate responsibility for own performance
- to be active in the pursuit of own development
- to be clear and honest in seeking assistance

- to be responsible for own learning
- to give and accept constructive feedback
- to use time effectively
- to participate in problem-solving
- to reflect, think through and explore options
- to maintain confidentiality
- to identify issues in themselves or their supervisors which may impede communication with particular emphasis on power, gender and cultural issues
- to maintain confidentiality
- to have a span of control and workload which is achievable within the expectation of the trust
- for supervision to be given appropriate priority by supervisees
- for supervisees to actively prepare for sessions and to acknowledge issues to be dealt with in supervision
- for training in the skills and expectations of supervision for themselves and their supervisees, and for training in accordance with their training-needs analysis
- for all relevant information to be shared regarding case discussions in an open and objective way
- full participation by supervisees in all negotiations and agreements surrounding supervision
- to have an agreed method whereby difficulties in communication are acknowledged and raised
- access to case files, plans and recording as appropriate
- to be supervised in turn
- not to be expected to know everything but to refer to others for specialist advice as appropriate
- for staff to respect confidentiality of their own supervision with peers
- to receive constructive feedback on their performance, from their supervisees as well as their supervisor
- to have an identified channel to communicate work-based issues into organisations change
- to negotiate a change of supervisor for a particular supervisee if this is appropriate.

Supervisor responsibilities:

- to ensure staff are aware of what they can expect and their responsibilities as supervisees and to whom they are accountable
- to organise and arrange supervision according to PCT policy and implementation plan
- to ensure supervision is given appropriate priority among other tasks
- to coordinate all key activities relating to supervision (the negotiation of contract, agenda review and progress chasing)
- to prepare adequately for supervision
- to ensure that discrimination does not take place within supervision and to acknowledge and deal with any items which impede effective communication
- to identify shortfalls in their own performance and deal with these in their own supervision
- to regularly review plans and recordings
- to ensure that supervision sessions, especially outcomes and agreed tasks are adequately and clearly recorded
- to accept joint responsibility for decisions reached in supervision
- to clarify limits of and respect confidentiality of supervision between supervisee and supervisor
- to report appropriately those issues identified in supervision both individual and organisational, to their own supervisor as appropriate
- to discuss the allocation of work and monitor workload of individuals and the group.

Appendix 2

Contract

Name of supervisee: _____

Designation: _____

Name of supervisor: _____

Designation: _____

Frequency of sessions: _____

Duration of sessions: _____

Agreed venue/s: _____

Date contract agreed: _____

Ground rules for both parties:

- *supervision is confidential both verbally and when written, except for explicit exceptions (ie breaching the NMC's Professional Code of Conduct, trust, health and safety policies, operational policies and equal opportunity policies)*
- *both supervisee and supervisor can request for the contract to be cancelled. This is envisaged if either the relationship is irretrievable or following a review the relationship has come to a natural ending, necessitating a change of supervisor/ee*
- *it is recommended that all qualified nursing staff receive 1 hour clinical supervision every 6–8 weeks. As a standard in the PCTs the minimum is every 3 months, this will be subject to review. The timeframe may need to be flexible if being arranged as group supervision as this will take longer than 1 hour*
- *participation in clinical supervision is expected of every qualified health professional in the PCT, a minimum of 1 hour every 3 months*
- *timekeeping and avoiding the cancellation of sessions is a priority*
- *shared responsibility for ensuring the highest standards are maintained*
- *willingness to explore and reflect on skills, knowledge and issues affecting clinical practice*
- *the completing of relevant documentation at the end of each session must be a priority*
- *the process of supervision must be reviewed and evaluated regularly*
- *supervision sessions could include discussions on a wide range of work-related topics including:*
 - *any matters the supervisee/staff member wishes to include*
 - *matters arising from previous sessions*
 - *time to reflect on your experience of and feelings about your work*
 - *reviewing your work through discussion, reports and detailed case discussion including critical incidents/near misses*
 - *continuing professional development*
 - *setting your professional goals and action plans*
 - *feedback on the supervision/peer review process itself*

- *case study discussions*
- *caseload management*
- *clinical effectiveness*
- *team issues*
- *each clinical supervision session should be recorded by the supervisor on the supervision record (Appendix 3)*
 - *the record is a PCT document and, as such, will be held by the supervisor at their base in a locked drawer or cabinet*
 - *the record of the session will be discussed with, seen by and signed by the supervisee*
 - *any differences of opinion will be clearly noted as such*
 - *all actions to be undertaken by supervisee or supervisor will be noted*
 - *access to the clinical supervision record by anyone other than the supervisor would be in exceptional circumstances (ie only as part of a disciplinary, CHI inspection, legal process or audit). The supervisee would in all circumstances be informed that their records were to be accessed in this way*
 - *all registered nurses are encouraged to record attendance at supervision, and in particular learning and change resulting from it as part of their professional portfolio.*

Clinical supervision documentation

To be completed and kept securely within PCT premises by the clinical supervisor

Date:

Time:

Venue:

Supervisor:

Supervisee:

Issues/actions raised at last session if relevant:

Main areas of discussion at this session for supervisee:

Summary of issues brought to this session by supervisee:

(Supervisee's actions) required for next session:

Evaluation record of clinical supervision session

To be completed after each clinical supervision session by supervisee

Supervisor's name:

Tel:

Date of session:

Venue:

Date of last session:

Service in which supervisor works:

Topic area(s) discussed:

Comments:

Critical incident analysis

Time management

Professional working relationships

Ethical issues

Evidence-based practice

Standards, policies and procedures

Resources

Care planning

Other

You may tick more than one box