Unless this copy has been taken directly from the Trust intranet site (Pandora) there is no assurance that this is the most up to date version

This policy supersedes all previous issues
<table>
<thead>
<tr>
<th>Version</th>
<th>Release</th>
<th>Author/Reviewer</th>
<th>Ratified by/Authorised by</th>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Jan 2006</td>
<td></td>
<td>Shared Governance Co-ordinating Council</td>
<td>Jan 2008</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Jan 2009</td>
<td>Gillian MacArthur</td>
<td>SafeCare Council</td>
<td>Jan 2009</td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>05/12/2011</td>
<td>Hilary Lloyd</td>
<td>SafeCare Council</td>
<td>Nov 2011</td>
<td>Changed to new policy format; Added information on definitions, structure and monitoring</td>
</tr>
<tr>
<td>5.0</td>
<td>30/07/2015</td>
<td>Julie Ward, Practice Development Team</td>
<td>SafeCare Council</td>
<td>April 2015</td>
<td>Added information on NMC requirements for revalidation</td>
</tr>
<tr>
<td>5.1</td>
<td>11/03/2016</td>
<td>Julie Ward, Practice Development Team</td>
<td>Hilary Lloyd</td>
<td>Feb 2016</td>
<td>Trust Induction programme no longer includes information on Clinical supervision. Section 8 of the policy has been amended to reflect current practice.</td>
</tr>
<tr>
<td>5.2</td>
<td>21/12/2016</td>
<td>Julie Ward, Practice Development Team</td>
<td>Hilary Lloyd</td>
<td>19/12/2016</td>
<td>Changes regarding the monitoring compliance with the policy</td>
</tr>
<tr>
<td>6.0</td>
<td>15/05/2018</td>
<td>Julie Ward Practice Development Team</td>
<td>Nursing &amp; Midwifery Professional Forum</td>
<td>14/03/2018</td>
<td>Full review of policy. Introduction on page 4 amended to reflect new guidance for Midwifery and Mental Health. Section 7.1 amended as previously referenced Trust Induction programme which no longer includes information on Clinical supervision. New Trust logo added to front cover.</td>
</tr>
</tbody>
</table>
Contents
Section Page
1 Introduction .............................................................................................................................................. 4
2. Policy scope ........................................................................................................................................ 4
3. Aim of policy ........................................................................................................................................ 4
4 Duties (Roles and responsibilities) ........................................................................................................ 5
5 Definitions ........................................................................................................................................... 5
6 Revalidation with the NMC .................................................................................................................. 6
7 Clinical Supervision............................................................................................................................... 7
  7.1 Clinical Supervision Approach .................................................................................................... 7
  7.2 Preceptorship ............................................................................................................................... 7
  7.3 Supervisor Responsibilities ........................................................................................................... 7
  7.4 Supervisee Responsibilities .......................................................................................................... 8
  7.5 Confidentiality ............................................................................................................................. 8
  7.6 Standards ..................................................................................................................................... 8
8 Training................................................................................................................................................ 9
9 Diversity and Inclusion ....................................................................................................................... 9
10 Monitoring compliance with the policy ............................................................................................ 9
11 Consultation and review .................................................................................................................. 9
12 Implementation of policy ................................................................................................................ 10
13 References ........................................................................................................................................ 10
  Appendix 1 ........................................................................................................................................ 11
  Appendix 2 ........................................................................................................................................ 12
  Appendix 3 ........................................................................................................................................ 13
Clinical Supervision Policy

1 Introduction

Gateshead Health NHS Foundation Trust is committed to the provision of high quality health care in all aspects of its service to patients, visitors, local community and members of staff. The Trust advocates that all health care professionals should have the opportunity to participate in Clinical Supervision; this includes nurses, medical staff and allied health professionals.

Clinical Supervision is increasingly recognised as a vital part of modern, effective health care systems (Milne, 2007). It is not currently mandatory, but the Chief Nursing Officer for England endorsed participation in Clinical Supervision as good practice.

The Care Quality commission (2013) recognise that Clinical supervision should be valued in the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals.

The Nursing and Midwifery Council (NMC) and the Health Care Professional Council (HCPC) support the establishment of clinical supervision as an important part of clinical governance and in the interests of maintaining and improving standards. The Trust supports the NMC principles for clinical supervision.

The Chartered Society of Physiotherapy (CSP) supports the role of Clinical Supervision in relation to clinical governance, patient safety, quality and professional standards. The General Medical Council (GMC) and General Pharmaceutical Council (GPC) recognises the importance of reflection in clinical practice in relation to appraisal and revalidation.

A new model of Clinical Midwifery Supervision was implemented in 2017 (NHS England). A-EQUIP, an acronym for Advocating for Education and QUality Improvement, and the associated role of the Professional Midwifery Advocate (PMA), supports a continuous improvement process that aims to build personal and professional resilience of Midwives, enhance the quality of care for women and babies, and supports preparedness for appraisal and professional revalidation.

The A-EQUIP model works for women in three ways:-

- Supporting Midwives to advocate for women;
- Provides direct support for women within a restorative approach;
- Undertakes quality improvement in collaboration with women.

The PMA is the practitioner who will deploy the A-EQUIP model and the associated leadership role.

Mental Health Services within Gateshead NHS foundation Trust will support clinical supervision for staff in accordance with standards and guidance documented within the accreditation standards produced by the Royal College of Psychiatrist Centre for Quality and Improvement.

The Trust supports the HCPC, CSP, GPC, GMC, RCP and PMA recommendations.

The implementation of Clinical Supervision requires the support, permission and encouragement of the organisation and immediate managers, but it is essential that the ownership is taken and maintained by individual practitioners.
Clinical Supervision can be used as a strategy to support preceptorship of all health care professionals and also accelerated progression by providing the individual with appropriate support and documented evidence of progress.

2 Policy Scope

This policy is applicable to all health care professionals; Clinical Supervision supervisors and Trust managers within Gateshead Health NHS Foundation Trust who provide clinical care to any of our service users. Health care support workers may have the option to receive Clinical Supervision; this should be negotiated with their line manager.

3 Aim of policy

The aims of this policy are as follows:
- Adhere to recommendations published by the NMC (2008) “Clinical Supervision for Registered Nurses”
- Adhere to recommendations published by the HCPC, CSP, RCP and GMC and other relevant professional bodies.
- Recommend standards, which ensure safety and equity in the Clinical Supervision relationship.
- Outline the responsibilities of the supervisor and the supervisee, with regard to the necessary requirements for the preparation for the roles and the maintenance of the Clinical Supervision relationship.
- Provide a framework to enable the use of Clinical Supervision to:
  - 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 reviews on a regular basis
  - Enhance evidence based practice throughout the Trust

4 Duties (Roles and Responsibilities)

The Trust Board:
The Trust board has ultimate responsibility for providing effective healthcare services to patients. They are responsible for ensuring that there is support available to ensure the safety and wellbeing of patients in our care.

The Chief Executive:
The Chief executive is ultimately responsible for ensuing effective corporate governance within the organisation and therefore supports the Trust wide implementation of this policy.

Trust Managers:
Managers within the Trust are responsible for ensuring that all members of staff understand how the Clinical Supervision Policy applies to them. Managers are also responsible for ensuring that local procedures are developed to support the implementation of this policy. They should apply these procedures fairly and equitably. Managers should review the effectiveness of the implementation of this policy and take appropriate remedial action when they become aware of any acts or omission that contravenes it. They should support Clinical Supervision as an integral part of patient care and staff development. Matrons/department managers will support the ward/department to facilitate the implementation and development of Clinical Supervision.

Health Care Professionals:
All Health Care Professionals have a responsibility to comply with this policy and must demonstrate an appropriate understanding of Clinical Supervision. Whilst Clinical Supervision is not mandatory,
the expectation is that all Health Care Professionals will participate in Clinical Supervision as outlined in this policy and recommended by their professional bodies.

5 Definitions

The term Clinical Supervision is used to describe an opportunity for all Health Care Professionals to discuss issues regarding their personal and professional development in order to reflect on and learn from their clinical experience. It is recommended by professional bodies (for example NMC; HCPC; CSP; GMC; RCP) to support clinicians with their development.

The Concept of Clinical Supervision is not new, The NHS Management Executive in 1993 defined clinical supervision as:

"... a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations."

The NMC (2008) describes Clinical Supervision as allowing clinicians to receive professional supervision in the workplace by a skilled supervisor. It allows development of skills and knowledge and helps to improve care. Clinical Supervision enables practitioners to:

- Identify solutions to problems
- Increase understanding of professional issues
- Improve standards of patient care
- Further develop their skills and knowledge
- Enhance their understanding of their own practice.

The CSP (2005) define Clinical Supervision as a collaborative process between two or more practitioners of the same or different professions. This process should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice. These standards are maintained through discussion around specific patient incidents or interventions using elements of reflection to inform the discussion.

The NMC (2008) has defined a set of principles, which should underpin any system of Clinical Supervision that is used:

- Clinical Supervision supports practice, enabling practitioners to maintain and improve standards of care
- Clinical Supervision is a practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor
- Practitioners and managers should develop the process of Clinical Supervision according to local circumstances. Ground rules should be agreed so that Clinical Supervision is approached openly, confidently and everyone is aware of what is involved
- Every practitioner should have access to Clinical Supervision and each supervisor should supervise a realistic number of practitioners
- Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of Clinical Supervision should be included in education programmes
- Evaluation of Clinical Supervision is needed to assess how it influences care and practice standards. Evaluation systems should be determined locally.

6 Revalidation with the NMC

From April 2016 all Registered Nurses and Midwives will be subject to revalidation every 3 years by the NMC. Revalidation supports professionalism through a closer alignment with the NMC code (2015) that focuses on 4 key themes:
• Prioritise people
• Practice Effectively
• Preserve safety
• Promote professionalism and trust

As part of revalidation a minimum of 5 written reflective accounts on the code is required. Clinical supervision may be a tool to support this.

The CQC Fundamental standard (Regulation 18) states:

Provider organisations must ensure that their staff receive the support, training, professional development, supervision and appraisals necessary to carry out their duty effectively and so that they continue to meet the professional standards necessary to practice.

Within the CQC judgement framework they term supervision as ‘including Clinical Supervision’.

7 Clinical Supervision

7.1 Clinical Supervision Approach

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 Gateshead Health NHS Foundation Trust 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 ensure that correct procedures are in place to ensure that the relationship remains beneficial to both parties.

There are a number of recognised models of reflection. The reflective model adopted is dependent on the preference and needs of the health care professional. Information on reflective models is included in the Trust clinical supervision training days and the opportunity will be given to explore models during clinical supervision sessions. The model included in the Trust Clinical Supervision documentation is Gibbs Reflective Cycle (Gibbs, 1988).

There are a number of different approaches to clinical supervision and there is no single common approach. More typical methods are one to one or group supervision that are face to face and within work time and place (Driscoll, 2000). The process should be developed according to local needs and enable health care professionals to develop supervision to meet their needs. The Trust advocates that clinical supervision is conducted on a 1:1 basis or offered in small groups/teams facilitated by a supervisor.

7.2 Preceptorship

Preceptorship refers to an individualised period of support under the guidance of an experienced practitioner within the same field of practice, which aims to ease the transition into professional practice and socialisation into their new role. During the preceptorship period the new registrant should engage in the supervision process with their preceptor to address any needs or concerns, as part of their monthly feedback sessions. A record of supervision should be maintained within the preceptorship portfolio.
7.3 Supervisors Responsibilities

A supervisor is a skilled practitioner who facilitates reflection by the supervisee, providing a safe, supportive but challenging environment to promote competence, accountability and continuing professional development. They will:

- Formulate and fulfil a clinical supervision contract which will include setting dates and venue for meetings
- Facilitate and guide reflection on practice
- Maintain a written record of attendance and supervision for audit purposes
- Maintain confidentiality

The clinical supervisor must fully understand supervision and develop skills to reflect upon practice in a meaningful, analytical and supportive but challenging way. The role of the supervisor is one of an enabler for discussion and problem solving. It is expected the all clinical supervisors will complete the in house clinical supervision training or equivalent.

7.4 Supervisee Responsibilities

A supervisee is a health care practitioner who reflects on clinical, personal and continuing professional development issues to promote safe practice and self-growth. It is expected that they will:

- Negotiate and fulfil a clinical supervision contract with their supervisor
- Achieve a minimum attendance of 75% over the year
- Agree with their manager who their formal supervisor will be
- Contribute to the clinical supervision by reflecting on practice
- Challenge and support colleagues appropriately when undergoing group supervision
- Maintain confidentiality
- Maintain a written record of clinical supervision for audit purposes

7.5 Confidentiality

- The content of the supervision session will remain confidential and comply with the data protection act (1998). All documentation relating to clinical supervision must be kept securely.
- Situations that breach the Trust, NMC, or other professional bodies’ policy or legal framework regarding the safety of clients/patients are exceptions to the rule of confidentiality.
- If confidentiality is to be breached the supervisee must be informed. In the first instance the supervisee should be encouraged to report the incident and seek guidance.
- The supervisor should contact the supervisee’s line manager and a record made of the action

7.6 Standards for Clinical Supervision

- All health care professionals, regardless of banding, will have the opportunity to access informal and formal Clinical Supervision.
- Each member of staff will be allocated a supervisor through negotiation with their manager. This does not have to be a member of the actual team. Supervision sessions should be planned in advance.
- A clinical supervision agreement (Appendix 1) and the ground rules will be agreed between the supervisor and the supervisee to support a fair, open, confident and beneficial approach.
• The manager for each area will keep a record of each staff member’s supervisor. The record will be reviewed annually.
• The Trust recommended that formal Clinical Supervision takes place for a minimum of 1 hour every 3 months. This could be either 1:1, in a group, or a combination of these.
• All staff 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.
• Clinical supervision should be undertaken regularly. Managers will ensure that protected time is given for formal Clinical Supervision for a minimum of 1 hour every 3 months.
• All episodes of Clinical Supervision will be documented for personal use within the documentation provided by the Trust as provided in Appendix 2 and 3. All members of clinical staff will be encouraged to keep a reflective diary.
• A record of supervision episodes (both formal and informal) will be kept in the health care professional’s personal development file. This will be a joint responsibility between the individual and manager. Supervisees will report participation in clinical supervision at annual appraisal.
• The number of individuals or groups the supervisor has at any one time will depend on experience. This should be negotiated with their line manager but can be reviewed and amended at any time.
• If the supervisory relationship breaks down or is not working then by mutual consent the supervisee may approach her/his manager to negotiate an alternative supervisor.
• Within Mental Health Services clinical supervision should be completed at least monthly for all clinical staff members, or as otherwise stated by their professional body. Newly qualified staff or staff in training should be offered weekly supervision.

8 Training

This policy is available to all members of staff on the Trust intranet site. Managers are responsible for ensuring all individuals are made aware of the policy and requirements for clinical supervision.

All health care professionals commencing Preceptorship will be supported with training and guidance on clinical supervision. The preceptor will initially act as clinical supervisor.

Clinical Supervisors and potential supervisors will have access to formal Clinical Supervision Training or equivalent. The training for supervisors will cover:
• The policy
• Roles and responsibilities
• The reflective process
• Models of supervision and reflection
• How to formulate a contract
• Audit processes.

Support for supervisors will be from their own supervisors or Clinical Supervision arrangements

9 Diversity and Inclusion

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all staff to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.
10 Monitoring compliance with the policy

Monitoring of this policy will be built in to the Nursing and Midwifery Forum programme.

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervision Audit</td>
<td></td>
<td>Checklist</td>
<td>PDT/ AHP Managers</td>
<td>Nursing and Midwifery Forum</td>
<td>Annual</td>
</tr>
<tr>
<td>Compliance Audit</td>
<td></td>
<td>Checklist</td>
<td>PDT/ AHP Managers</td>
<td>Nursing and Midwifery Forum</td>
<td>Annual</td>
</tr>
</tbody>
</table>

11 Consultation and review

The views of clinical managers (nursing, dietetics, physiotherapy and pharmacy), matrons and health care professionals with experience of implementing this policy have been sought in the development of this policy. Consultation has also been gained through matron; ward sister and practitioner away days.

12 Implementation of policy

This policy will be circulated by the Trust secretary as detailed in OP27 Policy for the development, management and authorisation of policies.

13 References

- Care Quality Commission (2013) Supporting Effective clinical supervision
- General Medical Council (2013) The good medical practice framework for appraisal and revalidation
- www.gmc-uk.org/revalidation
- Nursing and Midwifery Council (2015) How to revalidate with the NMC http://www.nmc-uk.org/revalidation
- Accreditation for community Mental Health Services (ACOHMS)
- Quality Network for Older Adults Mental Health Services (QNOAMHS)
- Psychiatric Liaison accreditation Network. (PLAN)
- Memory Services National Accreditation Programme. (MSNAP)
Appendix 1

Gateshead Health NHS Foundation Trust
Clinical Supervision Agreement

This agreement is made between:

_______________________________ and _____________________________________
(Supervisor) (Supervisee)

We agree to the following:

• Comply with the Trusts clinical supervision policy
• Set dates and venue for meetings in advance and adhere to these as far as practicably possible
• Ensure regular supervision with a minimum of 1 hour every 3 months and achieve a minimum attendance of 75% over the year
• Agree and set the ground rules for the meetings and review these on an annual basis
• Maintain and honest and open approach
• Actively participate in the clinical supervision by both reflecting on practice and facilitating reflection.
• Maintain a written record of attendance and supervision for audit purposes
• Maintain confidentiality and keep all documents relating to the clinical supervision securely.
• Report participation in clinical supervision at annual appraisal.

Copy for Supervisor and Supervisee
## Gateshead Health NHS Foundation Trust

### Clinical Supervision Record

**Example (One to one supervision)**

<table>
<thead>
<tr>
<th>Name of Supervisor</th>
<th>____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Supervisee</td>
<td>____________________</td>
</tr>
<tr>
<td>Date</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Summary of discussion**


**Summary of reflection**


**Summary of learning**


**Action Points**


Signed (Supervisor) ____________________ Date ____________

Signed (Supervisee) ____________________ Date ____________
<table>
<thead>
<tr>
<th>Clinical Supervision Topic/Subject</th>
<th>Outcomes following Supervision</th>
</tr>
</thead>
</table>

**Gateshead Health NHS Foundation Trust**

Clinical Supervision Record

Example (Group supervision)

Name of Supervisor

Name of Supervisees

Date

---

---

---

---

---

---

---

---

---