Lincolnshire Community Health Services
NHS Trust

Clinical Supervision Policy

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Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	Whole document	New policy to align to Trust developments	February 2014	Lisa Green Annie Burks
2	1, 1:2, 3:3, 3:4, 4:4, 5:2, 6	Policy refreshed to reflect introduction of SAS and Qlikview and training elements	March 2015	Kim Todd
3	Page 1 Page 4 Page 5 Section 1 Pages 6 &9 Sections 3.2 & 4.3 Section 3.3 Page 7,9&10 Section 3.4 , 4.4 &6 Page 10 Sections 4.6 and 4.7NHSLA Monitoring	Full policy refresh Change of author Replace vision and values with behavioural framework. Training to be identified at appraisal to inform the TNA. Add intranet to dissemination. Specialist course- via TNA process Replace elearning module with Clinical Supervision Workbook Update policy list Add Director of Operations Change from Professional Development Unit to Education and Workforce Development Team Replace Supervision and Appraisal System with computerised recording system Remove Supervision agreement and register of attendance sections Removed PPAG, replaced with Q&R or QSG	January 2017	Kim Todd

3.1	Page 11	Minor amendments	June 2017	K Todd
4	Replace QSG with EPAG throughout Page 5 Revision of Policy statement to include consultation Page 6 Revision of NHSLA monitoring template Page 7 Introduction section revised to update related policies Page 7Objectives replaced with Purpose statement Page 7 Scope and definitions sections removed Page 7 Roles and responsibilities , title of Director of Nursing and Operations updated to include AHP's Reporting section removed from under this responsibility Page 8 Roles and responsibilities of Clinical Supervisors removed	Full review	January 2019	K Todd

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Policy Statement

Background
Lincolnshire Community Health Services NHS Trust recognise that in order to deliver their roles and statutory duties and to support the organisation to meet its objectives, all employed professional and clinical support staff have the right to regular supervision that enables a mechanism for providing professional advice, support and guidance, underpinned by reflective practice that empowers employees to be effective in and accountable in the conduct of their duties

This policy outlines the types and process of Clinical Supervision and requires that all professional and clinical support staff access and participate in appropriately agreed levels of Clinical Supervision.

Statement
The Trust is committed to ensuring that there is a systematic process in place for implementing, monitoring and evaluating Clinical Supervision in line with best practice guidance and is committed to ensuring that time and facilities are available to ensure that Supervision takes place, that it is recorded, monitored and audited.
This policy applies to all professional and clinical support staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.

Responsibilities
The roles of LCHST managers, supervisors, supervisees and employees are identified within the policy.

Training
All staff will receive training appropriate to their role within the supervision process. Further training will be identified at appraisal and inform the training needs analysis. All new members of staff will be introduced to the policy standards and expectations during the organisations Induction Programme and reminded of these during their Mandatory Study Days

Dissemination
Website and Intranet

Resource implication
It is expected that all staff will receive appropriate training from the organisation unless a specialised course is requested via the training needs analysis process

Consultation
This policy will be disseminated throughout the organisation to enable all interested parties to be involved in, and have the opportunity to influence policy development so as to ensure the process is logical and efficient and the outcome meets the needs of staff groups identified within Lincolnshire Community Health Services NHS Trust.

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NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ Group/ Committee	Frequency of monitoring /audit	Responsible individuals / group /committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Monthly report to Effective Practice Assurance Group (EPAG)	Qlikview end of month figure which indicates all staff required to participate in supervision and their compliance within a 3 month period	All staff in identified as requiring clinical supervision/ EPAG	Monthly	Practitioner Performance manager EPAG	Practitioner Performance Manager/EPAG/Q&R /Trust board	EPAG/Q&R /Trust board

1. Introduction

Clinical Supervision is the term used to describe a formal process of professional support which should be seen as a means of encouraging self-assessment and analytical and reflective skill Clinical Supervision can both empower and support those in practice, but only if it is developed by clinical staff and implemented through them, as the process relies on those who are actively working in practice and have current experience.

There are many benefits in Clinical Supervision to both the individual practitioner and the organisation. The process facilitates the evaluation of the practitioner's interaction with patients and the rest of the team to ensure that the best quality of care is provided.

This policy has been developed to provide a framework around which the practice of Clinical Supervision can be enhanced within LCHST. The aim of the framework is that it will support a variety of models of clinical supervision that can be developed in accordance with local circumstances and staff development needs.

This policy includes the basic principles of Clinical Supervision but is not intended to prepare an individual to take on either the role of Supervisor or Supervisee. A Clinical Supervision : Guided Study Workbook is accessible to all staff), and can be accessed via the staff intranet, patient safety, practitioner performance section. Training to prepare and refresh clinical supervisors specific to their roles require identification at appraisal to inform a training needs analysis.

This policy should be read in conjunction with the following policies/guidance:

- LCHS Your Performance Matters Policy
- LCHS Safeguarding Supervision Policy
- LCHS Preceptorship Policy
- LCHS Management of Medications Errors Policy
- LCHS Clinical /Professional Supervision Toolkit

2. Purpose

The purpose of this guidance is to implement a coordinated and uniform approach to Clinical Supervision which aims to provide all clinicians with support enabling them to maintain and develop their individual competencies with a focus on quality and safety of care

3. Duties/Responsibilities

3.1 Chief Executive Has overall accountability for the strategic and operational management of LCHST

3.2 Director of Nursing, AHP and Operations will have overall responsibility for ensuring that there is an effective training programme in place within LCHST to support the implementation and maintenance of the Clinical Supervision Policy.

3.3 Education and Workforce Development On induction, new starters will be advised of the Trusts minimum standard for supervision participation and how to access the Clinical Supervision : Guide Study Workbook. At Mandatory Training, staff will be reminded of the requirements for supervision and where to access the Clinical Supervision: Guided Study Workbook.

3.4 Service Leads at all levels are fully responsible for ensuring that effective systems are in place to provide assurances that all aspects of this policy are being applied to all clinical staff within their service. They must ensure that all clinical staff are aware of the clinical supervision policy and are actively engaging and recording their participation via the Trusts current computerised recording system. .All new starters require to be linked into clinical supervision and preceptorship requirements.

To allow for the implementation of clinical supervision, service leads will commit to offering protected time to clinicians to engage meaningfully in their supervision sessions.

The requirement of a quiet area free from interruption is essential. Service Leads will investigate non-compliance with individual members of staff and formulate action plans for completion within agreed timescales.

3.5 Clinical Staff All professional and clinical support staff have a duty to read and work within the policy, and must keep themselves up to date with all procedural documentation issued by LCHST. Staff must ensure that they are aware of the location of procedural documents and how to access them.

.Clinical staff who undertake the role of a Clinical Supervisor will receive clinical supervision themselves; this may be either one to one or in a small group. The Trust acknowledges that Supervisors need a willingness and commitment to fulfil the role.

4. Arrangements for Clinical Supervision within LCHST

4.1 Proctor's Model of Clinical Supervision

Inskipp and Proctor (2001) name the tasks of supervision as support (restorative) learning and growth (formative), and monitoring (normativer) with one on the foreground at any time

This therefore is the rationale for choosing Proctor's model as the preferred model for use within LCHST. However, if a practitioner chooses to use an alternative, provided this is a recognised model this is also acceptable.

Clinical Supervision can be offered in terms of three different functions. Within any one supervision session the relationship can focus on just one of these functions or be a mixture of two or three different functions.

The Three Function Interaction Model of Supervision, Proctor (1987) provides a common framework as outlined below:

Formative (Educational) - This is the educational process enabling the practitioner's development of expertise and skills. This learning is achieved through guided reflection on practice in a safe, time protected setting. The supervisee has the opportunity to enhance their understanding of their own skills and abilities, their client/patient, their feelings of and towards client/patient interactions and consider alternative ways of working.

Normative (Managerial) - Ensuring the practitioner maintains established standards of care by dealing with accountability aspects of practice. In the clinical supervision setting this is most powerfully achieved through reflection on practice in the supportive and challenging environment provided by the supervision relationship. It is the shared responsibility of both the Supervisor and the Supervisee.

Restorative (Supportive) - Enabling the practitioner to sustain effective work, by supportive help for those working with stress and distress. This support is achieved by the Supervisor having an unconditional positive regard for the Supervisee (this means holding a continual respect for the individual despite the circumstances). In this supportive setting, positive challenges to practice can be made. This function of supervision should not be confused with counselling as this is an opportunity to acknowledge success and nurture good practice.

4.2 Delivery of Clinical Supervision

There are a variety ways of organising/delivering clinical supervision and individuals and services should select from the following:

- One to one supervision with a supervisor from your own discipline
- One to one supervision with a supervisor from a different discipline
- Group supervision (shared supervision by teams). Group supervision can be uni-professional or multi-professional. The ratio of supervisor to supervisee is recommended as 1:6/8. It is also recommended that if the team/group is larger than this recommendation then the supervisor should consider the use of 2 supervisors or splitting the group supervision
- Network supervision – a group of practitioners with similar expertise and interests who do not work together on a day-day basis e.g. non- medical prescribers
- Specialist supervision - it is recognised that certain services have additional professional supervision requirements i.e. Supervision for Deputy Named Nurses / specialist practitioners working is a specialist service.
- Safeguarding supervision sessions will take place as required in accordance with Trust policy with the named safeguarding leads in addition to this policy.

4.3 LCHST Model and Delivery

The clinical supervision model within the Trust for the majority of services will be group supervision using Proctors model. This can be participated within as a multi or uni-professional group based on local circumstances and staff needs. However, one to one supervision is available for staff to access should the need arise or if this is a service requirement.

However in small defined areas of service where there are only one or two job roles within a specific area of practice, special arrangements will need to be made to ensure access to clinical supervision. For these individuals consideration should be given to either linking into a multi-professional group or seeking supervision outside of the Trust. If external supervision is sought this can still be recorded via the computerised recording system.

4.4 Frequency of Supervision

It is recognised that there will be variability of frequency and type of supervision required according to individual need based on individual roles, responsibilities and areas of practice The Trust has identified that clinical supervision sessions need to take place:

- Minimum 3 monthly
- Maximum 1 monthly unless an individual situation depicts that supervision is required earlier
- Sessions should comply with an individual's professional body requirements where appropriate

5. Dissemination and Implementation

5.1 Dissemination

This policy will be disseminated using the usual Trust communication mechanisms: Team Brief and the Intranet. Service Leads are responsible for ensuring their teams are aware of this policy and requirements.

5.2 Implementation

Training requirements for both refresher and for new supervisors, if required will be identified appraisal and inform a training needs analysis. Basic awareness training is via a workbook.

6. Process for Monitoring/Auditing Compliance and Effectiveness

The Qlikview dashboard will hold the names of all individuals required to undertake supervision in line with their role and record their compliance which will be monitored monthly. Clinical Supervisors are to ensure that each supervisee records their attendance at of all supervision sessions they facilitate via a computerised recording system, which will be underpinned with a record of discussion held by the supervisee that identifies generic topics and themes discussed. These will be used to demonstrate that clinical supervision is taking place to the Trust and contribute to the clinician's portfolio.

Monthly compliance for Clinical Supervision will be reported into Effective Practice Assurance Group, Quality and Risk Committee and Trust board.

This policy will be reviewed on an annual basis with a formal audit process undertaken every three years.

7. Further information

Supporting information and recording templates are available within the LCHST Toolkit for Clinical/Professional Supervision which can be found in the staff intranet.

8. References

The Health Education and Training Institute (2013)

CQC Supporting Effective Supervision (July 2013)

Making the most of Supervision Inskipp and Proctor (2001)

The Francis Enquiry (Feb 2013)

Proctor, B. (2004). Group Supervision. A Guide to Creative Practice

Carter, A. (2005). *The effectiveness of clinical supervision on burnout in community mental health nurses in Wales.* Cardiff University.

Ooijen E.V. (2003) Clinical Supervision Made Easy, Bureau and Council for Education and Training in Youth and Community Work. Leister

9. Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	To provide a framework for the implementation of clinical supervision across clinical groups within LCHST. To improve quality of practice for a positive impact on services and better outcomes for patients		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Implementation of the policy will support the delivery of improved quality driven care and services		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Kim Todd		
Date:		21st January 2019		