



Northamptonshire Provider Services

Supervision Policy

Policy PROV 23

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1. Background

Clinical supervision has been described variously since the 1970's and was first used as a method of supporting and monitoring psychotherapists and was described as 'An intervention that is provided by a senior member of a profession to a junior or junior members of the same profession' by Bernard and Goodyear (1998).

There have been many attempts to utilise the concept of supervision in all of the healthcare professions but too often it has been used as a method of monitoring the service rather than enhancing clinical practice and promoting professional progress.

The purpose of supervision should be to produce benefits for the individual whilst improving the service delivered; this will only be achieved if supervision encourages the development of new ways of working or responding to situations.

2. Introduction

Northamptonshire Provider Services is committed to providing the best possible care to its patients and supervision is an integral part of an overall organisational development strategy that will ensure that practice both clinical and non clinical continuously improve. Furthermore supervision contributes to an individual's continuing professional development and develops skills of reflection that will encourage challenge within the service. This will also ensure that all staff gain a deeper understanding of their individual accountability.

In some areas of service delivery there are significant risks that must be addressed and minimised and a culture of reflection, challenge and critique is a method of ensuring that practice is safe and fit for purpose. The formal documentation of supervision also acts as a record of the interaction and provides evidence of good practice.

3. Aims and Scope

This strategy and policy has been developed to provide a strong framework around which the practice of supervision can be embedded within the normal business of provider services. The strategy and policy will not be prescriptive in the model of supervision as this will be dependent on the type of supervision and the circumstances of the individuals and service type. There will be positive outcomes to the implementation of supervision and these are described in Benefits section 6 below.

4. Definitions

- Clinical supervision has been defined to varying degrees in literature since the 1970's and this has led to clinicians participating in supervision achieving varying levels of success. The Department of Health (1993) described 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 goes on to say that 'it should be seen as a means of encouraging self assessment and analytical and reflective skills'.
- Management supervision is a regular meeting with the line manager in order to discuss operational, development and management issues relating to the supervisee's role, primary tasks, required performance standards, support and training needs and management priorities of the service.
- Professional supervision is profession specific e.g. relating to specific professional roles, responsibilities and regulatory frameworks and as such should be delivered within the profession.

All types of supervision place the onus of responsibility on the supervisee and are therefore useful in ensuring every member of staff participates actively in the improvement of their own and their profession/service development.

5. Good Practice

Successful implementation of supervision will be dependent on a culture where individuals are valued and where time is made available for them to access relevant supervision.

It will be considered good practice to:

- Ensure that clinical supervision is available to all practitioners from all professions and grades.
- Prepare all supervisors and supervisees by ensuring that training is available.
- Develop a partnership between managers and practitioners that allows time for supervision.
- Be distinct from formal line management except in the case of management supervision.
- Support and enhance practice for the benefit of patients
- Be accepting of the need for different models of delivery for different staff and service areas.
- Recognise that all services will be enhanced by the progression of individuals and teams that are fully engaged with regular supervision.

The practice of clinical supervision can and should be adopted by all clinicians but non clinicians should not be excluded from the concept of supervision.

The process of supervision has been tested in other arenas with success. Many international businesses adopted the process of Quality Circles and the process is not dissimilar to that of supervision, engaging the workforce in addressing common problems whilst developing the individual.

All staff groups must adopt a method of supervision that ensures no one person feels isolated. This will require time and energy and an innovative approach to improving methods of working and the delivery of the business.

6. Benefits

“If a culture of discussion, debate and openness is adopted the benefits to the organisation can be measured” according to Consedine (2004).

Supervision has a part to play in encouraging staff to engage with the concept of change and improved delivery of service and this can be measured by key performance indicators such as:

- Fewer errors / incidents
- Improved relationships
- Changes to service delivery
- Improvements to retention of staff

This strategy and policy should be considered together with the Development plan for Provider Services and with the Professional Governance Framework (2007). It will be further embedded in the Leadership framework required to underpin the evolving clinical structures.

Provider Services must ensure that clinical and non clinical staff are able to access supervision. It must further ensure that supervision is formal and documented. Supervision should be seen as an integral part of “normal business” that can be audited.

7. Roles and Responsibilities

7.1 Senior Management Team¹

The senior management team will ensure that all staff can access supervision from an appropriately trained supervisor. Furthermore they must ensure that the practice of supervision is encouraged by operational managers.

¹ The Senior Management Team comprises the Managing Director, Provider Services and the Associate Directors

7.2 Operational Management Team²

The operational management team must ensure that the numbers of adequately trained supervisors is available and bring to the attention of the Head of Professional Development and Practice and the Training Manager if further training is required. There is also the need to ensure that supervisors and supervisees have time set aside for supervision. Professional and clinical supervision should be distinct from Management supervision.

7.3 Supervisors

Should be adequately trained and possess sound skills in reflection and challenge. Be safe and confidential and possess a mature capability that will engender trust. Supervisors must also demonstrate personal commitment and accountability. All supervisors must also access their own supervision. Always act in a professional manner.

7.4 Supervisees

Must be able to identify issues that he/she requires help with and be able to ask for time to address these issues. Must understand the purpose of supervision and contribute freely to the supervision process. The supervisor must also be able to consider solutions to the issues under discussion. Always accept challenge and feedback professionally. Participate in the process of “shared responsibility.”

8. Implementing Supervision

8.1 Core Principles

- Supervision should be safe, sound and supportive.
- All components of supervision should enable the supervisee to reflect on their practice.
- Supervision should have the primary purpose of ensuring that the quality of service provided is appropriate to the needs of the user and as effective as possible.
- Supervision must be safe and confidential.
- Supervision is considered to be best practice for all staff.
- All staff must seek to access supervision but it is the manager’s responsibility to enable this to happen.

8.2 Organisation of Supervision

- Supervision may be organised as either one-to-one or in groups.

² The Operational Management Team comprises the Strategic Development Managers, Health Improvement and Inequalities Lead and Acute Services Development Manager

- It can also be uni-professional or multiprofessional or service specific.
- It can be accessed from within the trust or, in the case of more specialist practice can be accessed from outside the trust.
- Training will be available for supervisors and supervisees.

8.3 Frequency

All practitioners will be afforded protected time to participate in supervision. Recommendations from the evaluation study by Porter (1998) were that supervision should be accessed at least 4 – 6 times per year to be of value. Individuals and groups may wish to access supervision more frequently and this should be agreed with line managers in those instances.

Every supervision session should be between 1 – 2 hours in duration with agreed start and finish times.

8.4 Supervision Contracts

It is important to have clear working arrangements for every supervision relationship, and every supervision relationship must have its own contract.

This contract must be agreed and signed by both the supervisor and supervisees.

The supervision contract must include:

1. The name of the supervisor and the supervisee/s
2. Frequency and length of supervision sessions. If at all possible all sessions should be agreed for the forthcoming year
3. Confidentiality clause. The limits of confidentiality must be specified including reasons for breaking that confidentiality. The confidentiality clause to be used is:

All issues discussed will be in confidence, unless there is anything disclosed that affects the wellbeing of the supervisee or is detrimental to patients, professional practice, the team or the organisation.

4. The supervision contract should have a date agreed and a review date.
5. The documents will be kept in a mutually agreed location.

Templates of documentation can be found in Appendices 1 – 4

8.5 Registers

There are 2 key registers that must be maintained.

1. A register of supervisors will be maintained by the Head of Professional Development and Practice
2. A register of attendance must be maintained by supervisors and maintained by Clinical Facilitators or team leaders/ business manager. The reason for non attendance by supervisees must be recorded.

9. Monitoring of the Process

The Head of Professional Development and Practice will monitor attendance at supervision biannually via audit findings which will be reported at Internal Safeguarding Children's Board.

References

Bernard, J.M. & Goodyear, R.G. (1998) Fundamentals of Clinical Supervision

Consedine, M. (2004) Clinical Supervision – Value and Possibilities

Department of Health (1993) NHS Management Executive – Statement on supervision

Porter, I & Wright, H (1998) Groupwork: Perspectives and Practice

Reference Material referred to in writing this document:

The Chartered Society of Physiotherapy – A guide to implementing clinical supervision

Royal College of Nursing – Clinical supervision in the workplace – guidance for occupational health nurses

Nursing & Midwifery Council – A-Z advice sheet – Clinical supervision

Nursing & Midwifery Council – Standards for the preparation and practice of supervisors of midwives

Leicestershire County & Rutland PCT – Clinical Supervision policy

SUPERVISION CONTRACT

Supervisor:		Designation:	
Supervisees:		Designation:	
Date for review of the Contract:			
Agreed Venue:			
Frequency of Supervision:			
Length of session:			
Record Keeping: Type of record to be kept, who will keep them and how the record will be used.			
Confidentiality Clause:		All issues discussed will be in confidence, unless there is anything disclosed that affects the well being of the supervisee or is detrimental to patients, professional practice, the Team or the organisation.	

The content of supervision over a period of time is expected to embrace the following issues:

- i. Workload/caseload management/discussion of individual cases.
- ii. Supervisory role which a supervisee may undertake where appropriate.
- iii. The meeting of Quality Assurance objectives set in a programme for the current year.
- iv. Individual/personal development (offering practical/emotional support where required).
- v. Training issues
- vi. Interpersonal and Team issues
- vii. Policy and Practice issues
- viii. Information giving and clarification
- ix. Any other matters requiring attention.

Supervision will be conducted in a professional manner and in line with this contract. Information and data will be used to provide quality indicators and/or evaluate the Structure/Process/Outcome of Clinical Supervision the confidentiality of individuals will always be preserved, unless it is within the confidentiality clause.

SIGNATURES:

SUPERVISOR:

SUPERVISEES:.....

.....

.....

.....

.....

DATE:

SUPERVISION REGISTER

CLINICAL SUPERVISOR:	
DATE:	
TIME:	
VENUE:	
SUPERVISEES ATTENDED:	
SUPERVISEES APOLOGIES:	REASON FOR NON-ATTENDANCE:

PLEASE RETURN TO YOUR CLINICAL FACILITATOR

APPENDIX 3

CLINICAL SUPERVISION RECORD

SUPERVISOR:

SUPERVISEES:

.....

.....

.....

DATE: START TIME:..... FINISH TIME:.....

Topic/Subject brought to Supervision	Outcome following Supervision

**REFLECTIVE PRACTICE
SIGNIFICANT EXPERIENCE ANALYSIS**

Description of the event
Why was the event important to you and how did you feel about it?
On reflection: 1. What was satisfactory?
2. What was most troubling?
3. What might you have done differently?
4. What was the outcome of reflecting upon this in supervision?
What were the agreed actions with your supervisor?

Appendix 5

Policy Impact Assessment – Screening Tool

Name of Directorate: Provider Services

Date of Assessment: 08/10/10

Policy being assessed: Supervision Policy

Assessment Carried out by: Rose Patrick

1	Policy Title	Who is affected	Statutory requirements	Full Assessment Needed Yes / No	Priority High / Medium / Low
	Supervision Policy	Staff employed by NHSNPS	No specific statutory requirements	No	Low