Nottinghamshire Hospice
adding life to days

POLICY INFORMATION (Policy no CS011)	
Subject	**Clinical Supervision Policy and Procedure** *(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).*
Applicable to	This policy applies to all health professionals and clinical staff who work for or provide care on behalf of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	15 October 2024
Next review date	15 October 2027
Lead responsible for Policy	Director of Care
Policy reviewed by	Education Lead
Notified to (when)	Quality and Safety Committee (15 Oct 2024)
Authorised by (when)	Quality and Safety Committee (15 Oct 2024)
CQC Standard if applicable	
Links to other Hospice Policies	Learning, Training & Development Policy and Procedures PS006 Clinical Governance Policy CS005
Links to external policies	Professional Standards and Ethics Royal College of Occupational Therapists Standards of Continuing Professional Development HCPC 2017
Summary	This policy aims to provide a clear understanding of clinical supervisory processes at Nottinghamshire Hospice that focus on the personal and professional development of care staff. It also provides a framework for the reporting of supervisory activity undertaken at the Hospice which can form part of the quality assurance and reporting for governance purposes.
This policy replaces	Clinical Supervision Policy and Procedures CS011 2021-4

IMPORTANT NOTICE

Staff should refer to the Hospice Intranet for the most up to date Policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	**Date**	**Review date**
Original policy written by Joanne Polkey, Director of Care Services	Aug 2019	Aug 2021
Policy reviewed by SMT	Aug 2019	
Policy ratified by Quality and Safety Board	Aug 2019	Mar 2021
Policy reviewed by Jo Polkey, Ann Rowe (Trustee), Kate Martin – Palliative Care Lead	March 2021	
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Policy reviewed by Education Lead	March 2024	
Policy authorised by Quality and Safety Committee	15 Oct 2024	15 Oct 2027
Updated control sheet and published on website	Sept 2019	Oct 2024

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1.	**Introduction** The concept of clinical supervision was identified in *A Vision for the Future* (1.) The value and benefits of clinical supervision have repeatedly been highlighted in successive national guidance, for example, *The NHS Plan 2000* (2). The **Care Quality Commission** states that "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 response to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice." (3.) Nottinghamshire Hospice recognises that staff work in emotionally charged environments, caring for people approaching end of life and supporting their families. An appropriate provision of support to reflect the challenges faced by staff is imperative if they are to continue to offer care of the highest quality and protect patients when they are at their most vulnerable. There are several types of supervision – three most commonly referred to are: clinical, management and professional. The terms used sometimes overlap. • **Clinical supervision** provides an opportunity for staff to reflect on and review their practice, discuss individual cases in depth, change or modify their practice and identify training and continuing development needs. • **Managerial supervision** is carried out by a supervisor with authority and accountability for the supervisee. • **Professional supervision** is often interchangeable with clinical supervision. This is often carried out by another member of the same profession or group. Where it is a statutory requirement for some health professionals to undergo supervision e.g., midwives, counsellors, it should not be confused with clinical supervision. Nottinghamshire Hospice provides access to both Clinical and Managerial Supervision to support its staff, this policy details the Clinical Supervision. There are many definitions and models relating to clinical supervision. The following definition from the **Nursing and Midwifery Council** (2010) reflects

	healthcare settings. "*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*" (4.) The Royal College of Nursing **(**Standard 7**)** (5.) states that the time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirements and skill mix within the team. It describes Practice development as encompassing clinical supervision, assessment, supervision and teaching, Continuing Professional Development (CPD), revalidation and lifelong learning. For the purpose of this document the term supervisor refers to the professionals facilitating clinical supervision and supervisee refers to those attending clinical supervision.
2.	**Policy Aim** This policy aims to provide a clear understanding of Nottinghamshire Hospice's Clinical Supervision which focuses on the personal and professional development of all clinical staff. It also provides a framework for the reporting of clinical supervisory activity undertaken at the Hospice which can form part of the quality assurance and reporting for governance purposes.
3.	**Scope** The policy is aimed at all health professionals and clinical support staff including volunteers at Nottinghamshire Hospice. This policy has been developed to provide a framework around which the practice of Clinical Supervision can be enhanced within Nottinghamshire Hospice. 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. Clinical supervision does not seek to replace managerial supervision. The role of the line manager in providing supervision for their staff is an important part of

	ensuring effective performance is maintained. Clinical supervision is an additional means of support and development to that line of management. All clinical staff working for Nottinghamshire Hospice will have managerial supervision by their line manager. (Learning, Training & Development Policy and Procedures HR0006)
4.	**Policy Principle** All healthcare professionals and clinical staff who have direct patient contact will have access to clinical supervision. This includes both professionally registered and non-registered staff. Nottinghamshire Hospice will provide all clinical and healthcare staff with enough time to carry out/attend clinical supervision sessions and as such will be paid additional hours should they not be able to undertake sessions within their usual working hours due to hospice work commitments. It is the joint responsibility of individuals and their line managers to ensure that they receive access to clinical supervision at the required frequency.
5.	**Roles and Responsibilities** **Registered Manager** The Registered Manager is responsible for having suitable arrangements in place to ensure that people employed for the purposes of carrying out the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people who use services safely and to an appropriate standard. Clinical supervision is one way of ensuring this and the Registered Manager is responsible for monitoring the quality of the supervision offered . **Line Managers** Line managers are responsible for ensuring their staff are aware of clinical supervision opportunities. In some instances, staff may receive clinical supervision via another employer, if verified and this should be clearly documented within the management supervision. Clinical supervision at the Hospice should still be encouraged and all staff should attend at least one Clinical

	Supervision session at the Hospice annually to ensure the challenging nature of hospice work is fully recognised and acknowledged. Line Managers will • Provide time for clinical supervision and monitor attendance. • Provide ongoing managerial supervision for all their staff. **All professionally qualified care staff** It is mandatory for all professionally qualified Care staff to: • Actively engage in clinical supervision activities in accordance with the requirements from their professional body and the Hospice. • Ensure that they participate in clinical supervision to meet their personal and professional development needs. • Be proactive in agreeing the direction of their supervision and identification of area of practice that needs to be explored in a supervisory session. • Maintain a record of learning from supervision/coaching in their personal/professional portfolio. **All other care staff (PCAs)** Whilst it is not mandatory for care staff without a professional qualification to attend clinical supervision, the Hospice strongly encourages them to: • Actively engage in clinical supervision activities at the Hospice. • Ensure that they participate in clinical supervision to meet their personal and work development needs. • Be proactive in agreeing the direction of their supervision and identification of area of practice that needs to be explored in a supervisory session. • Maintain a record of learning from supervision/coaching in a personal/professional portfolio. **Clinical Supervisors** Clinical Supervisors will have undertaken relevant training and be allocated sufficient time to competently provide clinical supervision for their quota of staff.

	Clinical Supervisors will not be the line manager of the person they are providing clinical supervision to. They must: • Provide an environment in which supervisee feels safe and is encouraged to explore potentially difficult situations, behaviours and attitudes. • Ensure that they focus on the developmental needs of the supervisee and maintain a non-judgmental approach. • Utilise appropriate skills to ensure that supervision sessions are effective and purposeful. • Agree with supervisee at the outset regarding any communication that will take place with the supervisee's line manager. • Maintain supervision records and complete a record of supervisory activity and return this to the line manager.
6.	**Standards and Practice** Good clinical supervision relies on trust and therefore (within some limits, see below) a supervisee has a right to expect the content of the session to remain confidential. At the start of every session a contract/ground rules and the content will be agreed between the supervisor and supervisee. If concerns are identified in the course of clinical supervision about a staff member's conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the staff member's line manager. This should be clearly set out in any supervision contract. Clinical Supervision may involve a supervisor and a group of supervisees reflecting on and critically evaluating clinical practice with a view to supporting best practice and improving performance. It should be planned and systematic and conducted within agreed boundaries with the purpose of developing skills and narrowing the gap between theory and practice.
7.	**Format, Frequency and Model of Clinical Supervision** **Format of Clinical Supervision** This policy recognises the following scenarios as acceptable for use in the Hospice. Clinical supervision can be undertaken as an individual practitioner or

with a group of practitioners.

- **One to one -** with a supervisor from the same or different clinical setting or profession
- **Group supervision -** where a group of staff receive supervision together from the same supervisor
- **Informal supervision -** Whilst this policy focuses on the provision of clinical supervision in a formal setting, it is acknowledged that some staff participate in informal discussion of experiences with colleagues outside of the work setting. This can provide a valuable learning experience; however, the Hospice encourages staff to engage in formal supervision processes to ensure that the activity remains a meaningful and constructive process for the supervisee and to demonstrate how this activity has contributed towards personal and professional development with maximum benefit for patient care. Episodes of informal supervision will not be recorded as clinical supervision at the hospice.

Group and/or individual clinical supervision will be supported depending on local requirements. Clinical supervision should be face-to-face, however, where this is not possible flexible methods of supervision will also be made available e.g., telephone calls, Zoom etc.

Where individual sessions are required, they may last up to 50 minutes. Group sessions will accommodate a maximum of 5 people and last up to 90 minutes.

Frequency of Clinical Supervision

As a rule, staff who hold a professional qualification i.e. Registered Nurses require more frequent clinical supervision in order to help maintain their registration and deal with the more complex workload.

To ensure that all staff receive the appropriate amount of Clinical Supervision to their role, Nottinghamshire Hospice has drawn up the following guide:

- 4 - 8 shifts per month = part time
- 9 -16 shifts per month = full time

	Registered Nurse's clinical supervision requirements • working only for NH full time – every 8 weeks = 6 sessions/year • working only for NH part-time – every 12 weeks = 4 sessions/year • employed elsewhere and receiving (verified) clinical supervision = 2 sessions/year at the hospice **PCA's clinical supervision requirements** • working only for NH full time – every 12 weeks = 4 sessions/year • working for NH part-time – every 16 weeks = 3 sessions/year • employed elsewhere and receiving (verified) clinical supervision = 2 sessions/year at the hospice **Model of Supervision** There are several different models that can be utilised in Clinical Supervision and facilitators are encouraged to develop their own style, using models and frameworks to support the process of reflection within the sessions they facilitate. Proctor's framework (6.) is well recognised and will be adopted for group Clinical Supervision sessions. This encompasses three main areas of focus as follows - • **Normative** – reviewing, maintaining and developing standards of care in relation to safety, ethics and quality practice. • **Formative** – developing professional knowledge and skills and embrace the concept of reflection to apply theory to practice. • **Restorative** – the supportive element focusing on self-awareness and self-development.
8.	**Bereavement Support Service** Supervision in counselling is an important part of working to professional standards. As such, it is required by the *Ethical Framework for the Counselling Professions*, published by the British Association for Counselling & Psychotherapy (BACP). Every active Counsellor, Counselling Volunteer and Student placement facilitating

	support at the hospice is expected to undertake clinical supervision. The Bereavement Standard Operating Procedure (SOP049) outlines the procedures to be followed for Counsellors, Volunteers and Students.
9.	**Training** Due to the nature of the work we undertake the Hospice has chosen to invest in training supervisors in the 'Restorative Resilience Model of Supervision' as it has an emphasis beyond the content of the work being done by the health professional and aims to build their resilience and autonomy. The model has been shown to reduce burnout in health visitors by 43% and stress by 62%, with an increase in 'compassion satisfaction' Wallbank and Woods (7.) It has now been largely adopted by NHS England. All Clinical Supervision supervisors will have received specialist training and have a good understanding of Clinical Supervision so they can fulfil their role in a competent way and be alert and observant in recognising signs of the following - • **Compassion satisfaction** – the pleasure that one derives from being an effective caregiver. • **Burnout** – feelings of hopelessness, difficulties in dealing with work or carrying out the work effectively. • **Compassion fatigue** – psychopathological symptoms associated with secondary exposure to stressful events. Specialising in providing care for those experiencing death, grief, and bereavement has been recognised as a trigger for compassion fatigue.
10.	**Confidentiality** The supervision process is confidential between the supervisor and supervisee. Any discussion of the content of a supervision session should not be discussed outside of the session without the agreement of all parties. However, should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the supervisor is required to take appropriate action e.g. illegal activity, bad practice, and unprofessional conduct.

11.	**Documentation and Reporting** In order to audit and evaluate the process of clinical supervision it is necessary to record some basic information relating to the process in terms of frequency and duration of meetings and basic themes discussed. Before starting supervision with an individual or group the supervisor must explain what records will be maintained and used in reports to demonstrate the level of supervision attended. These reports do not include the individual names of supervisee. Nor will they contain any of the content of the supervision discussion. This will include a contract for group sessions (**Appendix 1**) Supervisors are required to keep written records of all supervisory activity. As a minimum, the supervisor must record the following details for every formal session; the date, time, place, names of attendees, topics discussed and any learning / actions that resulted from the clinical supervision activity. They will also forward a copy of this record to their manager (**Appendix 1**). Supervisees are encouraged to keep records as they form a useful reference for future sessions, a reminder of action agreed, help in individual revalidation processes and support the evaluation of the process for the Hospice's ongoing quality improvement activity (**Appendix 2**). Managers will ensure that a record of attendance at supervision is maintained, for reporting and available to Senior Managers when requested. This record will also be useful to support individual clinical staff with evidencing their continuing professional development for revalidation. Supervisees are also reminded that any reference to patients should be anonymous.
12.	**Evaluation** Evaluating clinical supervision is an inclusive process that seeks feedback from staff about practical aspects such as timing of sessions and about experiential aspects such as how helpful they have found sessions. This will be carried out informally at the end of every session but also in a more formal approach utilising

	the Professional Quality of Life Scale (ProQOL) once a year . (Appendix 3) Evaluating the themes discussed helps to identify potential areas for development and support within the teams. This allows managers to respond to the stresses and difficulties staff are experiencing in their work. Supervisors will meet every 3 months to share relevant data and plan training and development. The whole Clinical Supervision process will be reviewed regularly by the Supervisors, the Education Lead and the Director of Care.
13.	**Monitoring** The Quality and Safety Committee will receive a report on Clinical Supervision attendance and emerging themes every six months.
14.	**Equality Impact Assessment** An Equality Impact assessment has been completed.
15.	**References** 1. 'A Vision for the Future' (Department of Health 1993) 2. NHS Plan 2000 3. Supporting information and guidance: Supporting effective clinical supervision, CQC (2013) 4. NMC Standards for Competence for Registered Nursing 2010. p6 5. Nursing Workforce Standards, Royal College of Nursing 2021 6. Group Supervision a Guide to Creative Practice (2nd Edition). Proctor, B (2011) London: Sage 7. A healthier visiting workforce: findings from Restorative Supervision programme. Wallbank, S and Woods, G (2012) Community Practitioner, vol 85, no 11, p20-23
16.	**Further Reading** • Supporting Information and Guidance: Supporting Effective Clinical Supervision. London: Care Quality Commission Care Quality Commission (2013)

	• Multidisciplinary attitudinal positions regarding clinical supervision: a cross-sectional study Journal of Nursing Management 14 (8) 617-627. • Resilience – A framework for supporting hospice staff to flourish in stressful times Hospice UK (2015) • A Clinical Supervision Toolkit Helen and Douglas House (2015) • Clinical Supervision: what do we know and what do we need to know? A review and commentary. Jones, (2006) Journal of Nursing Management 14 (8) 577-585 • Reflection on how clinical nursing supervision enhances nurse's experiences of well-being related to their psychosocial work environment. Begat and Serverisson, (2006) Journal of Nursing Management 14 (8) 610 - 616 • A Guide to Implementing Clinical Supervision, Chartered Society of Physiotherapy. (2005) • Standards for competence for registered nurses Nursing and Midwifery Council - NMC, (2018) • The Code Nursing and Midwifery Council – NMC (2018) • The New NMC Code – Professional Staff, Quality Services, Nursing and Midwifery Council – NMC (2018) • A-EQUIP A Model of Clinical Midwifery Supervision NHS England 2017

Appendix 1

Supervision Attendance Record and Contract

Supervision Attendance Record

Date of session	
Name of supervisor	
Address of venue	
Name of those attending	

Print name	Sign

Clinical Supervision Contract

- Supervision will take place every eight to twelve weeks.
- Supervision sessions will last between 50 – 90 minutes depending on the number of supervisees.
- Mutual confidentiality within the boundaries of professional practice. Agree how concerns can be shared and escalated with line manager.
- Attend the sessions, if need to cancel ensure plenty of notice where possible
- Punctuality – be on time, start on time, finish on time (supervisor to monitor)
- Mutually agreeable comfortable, quiet place without disturbance or distraction
- Discussion with supervisee about what they hope to achieve from supervision
- Review of supervision after session four
- Supervisor to have a plan to support session i.e.. questions to support initial sessions and relationship building
- Mobile phones on silent

Please provide a list or summary the topics discussed e.g., pain management, difficult patient Please note, this information will be used for quality monitoring and details of discussion should not be shared.
Please list any learning / actions taken Please note this information will be used for quality assurance

Reflective Account Template

Reflective Account	
This form or the NMC reflective accounts record log are designed to help you think about and reflect on any learning that you have identified during your clinical supervision. This reflection can be used as evidence for your own development or as part of your Revalidation if you are a nurse.	
Supervisor's name	
Supervisor's job role & workplace	
Date of clinical supervision	
What is the nature of the learning you have identified?	
What did you learn your clinical supervision session?	
How did you change or improve your work as a result?	
How is this relevant to your code? Select a theme: prioritise people - practice effectively - preserve safety - promote professionalism and trust.	
Sign	
Date	

ProQOL Version 5
Professional Quality of Life Scale (ProQOL)
Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you care for people you have direct contact with their lives. As you may have found, your compassion for those you care for can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a carer. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things (in the last 30 days).

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

1. I am happy.
2. I am preoccupied with more than one person I care for.
3. I get satisfaction from being able to care for people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I care for.
7. I find it difficult to separate my personal life from my life as a carer.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I care for.
9. I think that I might have been affected by the traumatic stress of those I care for.
10. I feel trapped by my job as a carer.
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a carer.
13. I feel depressed because of the traumatic experiences of the people I care for.
14. I feel as though I am experiencing the trauma of someone I have cared for.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with training and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a carer.
20. I have happy thoughts and feelings about those I care for and how I could help them.
21. I feel overwhelmed because my workload seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I care for.
24. I am proud of what I can do to help.
25. As a result of my helping, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a carer.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.