

Frequently asked questions

These are provided for guidance or quick reference guide only, so always refer to the policy

1. General Definitions

1.1 What is Clinical Supervision?

Clinical supervision is a process where professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care, treatment and engagement with patients and/or donors. It is a method of supporting and developing competence and maintaining up to date practice by providing practitioners with the opportunity to meet on a regular basis with an experienced colleague to discuss and reflect on their experiences in clinical practice.

Clinical supervision is an important contribution to clinical governance. The Francis Inquiry (2013) stated that nurses should be given effective support to deliver compassionate and committed care. Organisational benefits of clinical supervision are achieved through personal and professional development that results in a high achieving motivated nursing workforce. An effective system of clinical supervision can demonstrate to our regulator(s) that you are supported to deliver services safely and to good standards.

Clinical supervision is advocated by the Care Quality Commission (2013), the Royal College of Nursing (2017) and supports the Nursing and Midwifery Council (NMC) revalidation requirements.

Care Quality Commission (2013) Supporting Information and Guidance: Supporting Effective Clinical Supervision.

Royal College of Nursing (2003) Clinical Supervision in the Workplace.

Skills for Care (2007) Providing Effective Supervision.

2. Your Supervision

2.1 As a Registered Nurse, do I have to participate in Clinical Supervision?

Participation in clinical supervision is not mandatory, however NHSBT is committed to supporting all nurses to access this important development activity. If you are not sure whether you wish to participate, you should discuss your thoughts with your manager, or with another nurse who is themselves participating in clinical supervision.

2.2 Who can be a Clinical Supervision supervisor?

Clinical supervision is a process enhanced by a sense of mutual trust and respect between all parties and should ideally be provided by someone who is competent to support an individual to enhance and continuously develop their knowledge and skills base. It is accepted that in some situations peer supervision (someone who works at the same level as you rather than more senior) would be appropriate.

While any nurse who feels confident and competent enough to be a supervisor can take on this role, it is important to recognise the level of commitment required.

Supervisors should be adequately trained and have the skills, experience and knowledge of the area of practice for the role to be effective. A supervisor does not have to be from the same professional background as the supervisee, although this is strongly advised. It is also recommended that a supervisor also participates in clinical supervision.

Supervisors have a responsibility to:

- Identify their own development needs to maintain supervisor competency.
- Ensure they have access to their own supervision.
- Prepare for supervision sessions.
- Provide an environment in which the supervisee feels safe to explore potentially difficult situations, behaviours and attitudes.
- Be mindful that if issues of potential professional misconduct or safeguarding concerns are raised, these concerns must be reported immediately referring to the appropriate policy e.g. Whistle-blowing; Safeguarding, Dignity at Work, Anti-Fraud etc)
- Maintain a non-judgemental approach.
- Utilise appropriate skills to ensure that supervision sessions are effective and meaningful, ensuring there is an appropriate balance between support and challenge within the supervision relationship.
- Provide regular feedback to the supervisee, including rapid responses should an urgent need arise.
- Encourage the supervisee to seek specialist advice or help where necessary.
- Agree with the supervisee at the outset regarding any communication that will take place with their manager.
- Ensure an agreed supervision contract is in place so that both parties are aware of roles, responsibilities and boundaries.
- Maintain supervision records / log record of supervisory activity, as agreed as part of the supervision contract.

2.3 As a Manager, what are my responsibilities towards clinical supervision?

As a manager you will need to ensure that you:

- Recognise the benefits that clinical supervision provides and highlight those for whom this would be a useful mode of personal and professional development.
- Ensure all nurses within your remit have access to an appropriately prepared supervisor and that a process for clinical supervision is in place.
- Provide time for clinical supervision within working hours.
- Inform the Nursing Leadership Team of any barriers to implementing clinical supervision.
- Ensure all newly employed nurses are made aware of the Clinical Supervision Policy
- Respect confidentiality.

2.4 What if I cannot identify a clinical supervisor locally?

We have a number of nursing teams, some of whom work at a distance from other nurses. Finding someone to be a supervisor locally can sometimes be a challenge. Remember that there may be other nurses in your local area from another Directorate who you may be able to link with. Although they may not do the same job as you, they may still be able to offer clinical supervision support. Ask around your local centre to see if other nurses are based there, or ask your manager for advice.

If you are still unable to identify someone, contact the NHSBT Nursing Leadership Team: Nursing.LeadershipTeam@nhsbt.nhs.uk.

(Please note this e-mail is checked regularly but not daily, so please allow time for a response).

Ideally clinical supervision would be done face-to-face, but in some circumstances, this may need to be done via telephone or Skype.

2.5 As a new starter, when would clinical supervision start for me?

If you are a new nurse joining us, we suggest that this should commence within 3 months of you starting with us. This ensures that you understand the clinical aspects of your role, and have an opportunity to discuss these with your supervisor, in addition to understanding our expectations about our clinical supervision culture.

2.6 What is group clinical supervision?

Clinical supervision is often carried out on an individual (one-to-one) basis, but can be with a group of practitioners.

The principles of group supervision are the same as that of individual supervision. However, greater consideration needs to be made to the establishment of ground rules at the start of the process and there should be a shared common purpose between the group members.

Group clinical supervision has the potential benefit of building a culture of safety and trust within the group, and offers greater opportunities for shared knowledge and experience and learning from each other.

2.7 How much time can I claim for clinical supervision?

All our registered nurses are entitled to a maximum of an hour of paid clinical supervision per month as part of their contracted hours. These hours may not necessarily be used individually, e.g. a two-hour session every two months may be preferable.

Any time allocated must have management agreement in advance. If this is away from the immediate work environment, advance agreement must be made regarding travel arrangements and expenses.

In addition to formal clinical supervision, nurses should routinely actively participate in reflective practice, discussing with colleagues as appropriate.

If you face any barriers to accessing clinical supervision, it is important that you discuss this with your Manager. Managers have a responsibility to escalate to the Nursing Leadership Team any barriers to implementing clinical supervision.

3. Documentation

3.1 What documentation do I need to complete?

It is important that all supervision discussions are properly and promptly recorded to maximise impact, support completion of agreed actions within agreed timescales and to avoid any confusion or disputes (Skills for Care 2007). It is also recommended that supervisors should have a written agreement or contract with each person they supervise, so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.

An example supervision contract, and supervision record / log of supervisory activity templates are provided. These are example templates only, and can be adapted, or alternative documentation may be used. The supervisor and supervisee should agree documentation and who is responsible for completing it.

You will need to keep these records yourself (in your personal professional portfolio).

3.2 Who can see my clinical supervision records?

These records are confidential to the supervisor and supervisee. Access to the records by any other person may only be given with the agreement of both parties.

4. Policy Approval and Review

Policy version	Related document to: UCD/People/Clinical/035v1.0
Title	UCD/People/Clinical/035v1.0/FAQv1.0
Approved by SPC	January 2018
Equality Impact Assessment completed	N/A
Counter Fraud check	N/A
This document replaces	NEW
Effective Release Date	24 th April 2018
Review Date	April 2022
Author	Daryl Hall
Filepath	G/HR/HR/Everyone/Policies
Distribution	Available on People First

5. FAQ's Section Details

Section	Section Heading	Page
1	General Definitions	1
2	Your Supervision	1
3	Documentation	3