



**NHS Greater Glasgow & Clyde
Mental Health Services: Nurse Clinical Supervision
Policy & Framework**

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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MHS 01 – Mental Health Services: Nurse Clinical Supervision Policy

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	Oct 2014	First Draft	L Hall
2.0	June 2018	Change of Title from Partnership to Mental Health Services and applied throughout document	S Pettigrew
		Added a Policy Statement to Page 4	
		Reviewed Section 1 Introduction and updated the references. Added supporting documents list to read in conjunction with the policy	
		Rationale page 5- reduced content and emphasis of policy being separate and distinct from Professional Nurse Line Management Supervision. Updated previous references of key documents and moved these to a table of key summary documents on page 6	
		Definitions page 5- slightly amended wording at beginning of definition by removing applicability across other disciplines and professionals	
		Section 2.3 page 7- changed from purpose of clinical supervision to roles and responsibilities as this had been described prior to this section already	
		Section 2.4 page 7- Models of Supervision – reduced the narrative of Proctor Model and replaced with table of three functions and table of approaches.	
		Section 2.5 Page 9 – Differentiating Nurse Clinical Supervision and Nurse Line Management Supervision – changed the narrative to a table. Moved examples to Appendix 1. Updated the diagram to illustrate the process and linked with NMC revalidation	
		Section 3 – page 10. At subsections reduced narratives and added to and referred to appendices	
References and Bibliography page 12 – Reviewed and updated			

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		<p>Appendices page 14 onwards – added an additional 1 with overall guidance and models. Other appendices remain Unchanged</p>	
3.0	May 2022	<p>There have been changes made to the majority of the sections in the Policy to ensure alignment with the NES Clinical Supervision Position Statement Sept 2021</p> <p>Original appendices 1 and 3 have been removed and threaded throughout the policy.</p>	Fiona McMahon

NHS Greater Glasgow & Clyde

Mental Health Services: Nurse Clinical Supervision Policy & Framework

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Mental Health Services: Clinical Supervision Policy & Framework

1.0 Policy Statement

NHS Greater Glasgow and Clyde (NHSGGC) supports the NMC position that Clinical Supervision is an important part of clinical governance and is an essential component for maintaining and improving standards of care recommending that:

“Clinical supervision should be available to registrants throughout their careers so that they can constantly evaluate and improve their contribution to patient/client care.”

Whilst there is no agreed best or single definition of supervision (line management, professional and clinical) there are common purposes attributed to supervision. These include ensuring competent and safe practice, promoting wellbeing and professional practice and developing knowledge, skills and values (Dawson, 2013; Daly and Muirhead, 2015).

NHS GGC demonstrates this ongoing commitment to the nursing workforce development by establishing this Clinical Supervision Policy and Framework. Through the engagement in Clinical Supervision staff are supported to deliver safe, effective, person centred care.

2.0 Introduction

NHSGGC Mental Health Services are committed to the personal and professional development of both registered and unregistered nursing staff. Clinical Supervision is a vital aspect of the governance framework that enables and supports staff to deliver high quality health care.

Clinical supervision is recognised as a strategy, not only for learning and development, professional accountability and improved patient care (Hall, 2018) but as a supportive mechanism to promote positive health and well-being for the workforce (Bilfairn and Stonehouse, 2017). There is now increasing recognition of the need to offer access to clinical supervision with an emphasis on the **restorative** component, in addition to the existing provision for practice and professional supervision.

There is a growing body of evidence demonstrating the impact that well supported, valued and developed healthcare staff can have on improving outcomes for service users. Safe, effective person centred nursing care delivery requires commitment, compassion, empathy, understanding, knowledge and skills in order that we respond flexibly to meet diverse and complex healthcare needs of the individual and their relative/carers. Clinical Supervision is recognised as vital for the ongoing support and development of staff to ensure safe and effective care delivery (Scottish Government 2017a; 2017b; 2017c; 2010).

Positive staff wellbeing significantly improves care quality and safety, service user experience, productivity and the sustainability of health and care services (West & Coia 2019; West and Dawson, 2018).

This policy outlines a formal, structured process of Clinical Supervision. This approach is based upon the premise that dedicated time for shared reflection on practice within Clinical Supervision supports:

- Delivery of safe, effective and person centred health care
- Personal, professional and service development
- A culture of openness and continuous quality improvement

This policy should be read in conjunction with the following supporting documents:

- NHSGGC Mental Health Services: Nurse Line Management Supervision Guidance
- [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
- [nmc-standards-for-competence-for-registered-nurses.pdf](#)
- [NMC Revalidation Process](#)
- [NMC Enabling Professionalism in Nursing and Midwifery Practice](#)
- [NHS Scotland: Code of Conduct for Health Care Support Workers & Workbook](#)
- [NHS Education for Scotland Clinical Supervision: Nursing and Midwifery Workforce, Position Statement Sept 2021](#)

This policy describes models to support formal structured processes of clinical supervision. However it is also important that nurses recognise and use other opportunities for reflection and discussion with colleagues out with this formal process to support their resilience and clinical/professional practice.

Some examples are Complex Case discussions/Multidisciplinary reviews/discussions with other members of the MDT about a clinical situation/presentation.

3.0 Scope

This policy and framework applies to all registered and unregistered nursing staff employed within NHSGGC Mental Health Services. The policy outlines a common set of principles and structures to be applied within all settings in order to support nurse professional practice, improve patient experience, safety and clinical outcomes.

4.0 Rationale

This policy and framework has been formulated to ensure clarity of roles, responsibilities and accountability for implementing and undertaking Clinical Supervision.

Clinical Supervision is separate and distinct from Professional Nurse Line Management Supervision and it should be read in conjunction with the Nurse Line Management Supervision Guidance document. Nurse Line Management guidance provides the line manager with a mechanism for ensuring that clinical supervision is being provided and that the policy requirements are being met.

In summary Clinical Supervision:

- Is essential for staff support, professional and practice development
- Enables critical thinking and to reflect systematically on the staff contribution to quality improvement and quality care delivery.
- Promotes wellbeing and motivation at work
- Assists registered nurses to evidence fulfilment of NMC Revalidation criteria
- Is a fundamental component of clinical governance and provides assurance around clinical practice.

Table 1 provides a summary of key documents outlining the reason why there is a requirement for Clinical Supervision.

Table 1

<p>The Francis Inquiry Report – Recommendation 14 [Public Inquiry]</p>	<p>... The need for published principles focusing on safe patient care.</p>
<p>Rights, Relationships & Recovery –Action 12 [Scottish Government]</p>	<p><i>“All mental health nurses must undertake regular clinical supervision.....All mental health Nurses must exercise their responsibility to ensure that they engage in regular clinical supervision and evidence this in their personal development plans on an annual basis”.</i></p>
<p>Getting it Right for Every Child (GIRFEC) [Scottish Government]</p>	<p>A Clinical Supervision process and regular practice will support nurses to realise the values, the principles and the 10 core components of “Getting it right for every child”</p>
<p>Patient-Centred Leadership Re-discovering our Purpose. Kings Fund</p>	<p>Suggests that by supporting staff through supervision we will build their Resilience to meet the emotional and physical challenges of caring for people.</p>
<p>Standards for Competence for Nurses [NMC]</p>	<p>ALL Nurses must:</p> <ul style="list-style-type: none"> - Maintain...standards...throughout their careers to remain on our register. - practise in line with The Code (NMC 2015) - be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation. (pg. 7) <p>Mental Health Nurses must:</p> <ul style="list-style-type: none"> - Have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks (pg17)
<p>The Code [NMC]</p>	<p>Through revalidation, you will provide fuller, richer evidence of your continued ability to practise safely and effectively when you renew your registration. The Code will be central in the revalidation process as a focus for professional reflection.</p>
<p>Nursing 2030 Vision [Scottish Government]</p>	<p>Nursing will ensure practitioners are supported, enabled, empowered and listened to, and that they have access to ongoing supervision appropriate to their roles</p>

5.0 Definitions, Roles and Responsibilities

The terms *clinical supervision*, *clinical supervisor* and *supervisee* are widely used in healthcare settings and have many interpretations. For the purpose of this policy and framework, reference will be made to these terms in the following definitions and outlined roles and responsibilities.

5.1 Clinical Supervision

Clinical supervision is a person centred, structured, professional arrangement between a supervisor and one or more supervisees, and is a recognised restorative strategy for:

- Learning and Development
- Professional Accountability
- Support and Reflection
- Promoting Health and Wellbeing
- Dissemination of good practice and shared learning

It is a formal process of professional support, conducted in regular, private and protected time away from the practice setting. It is not managerial led and should be viewed as a journey of exploration and discovery which embodies professional and personal development. The clinical supervision relationship should provide mutual benefits for both supervisor and supervisee. ***As previously mentioned, there are other opportunities where nurses can have the opportunity to reflect on a clinical situation/presentation and this should be recognised as clinical supervision and recorded using the NMC revalidation reflective account template.***

5.2 Clinical Supervisor

A clinical supervisor is a person who will facilitate the supervision session for the supervisee(s). The clinical supervisor must:

- Be a registered clinician.
- Have knowledge and understanding of the Clinical Supervisor role.
- Have appropriate clinical skills and experience.
- Have knowledge and understanding of the supervisee' job role and clinical competencies.

5.2.1 Roles and Responsibilities

The supervisor is responsible for ensuring confidential discussions and reflections take place in a supportive environment, in which personal and professional learning is central. They will have completed the **NES Clinical Supervision modules** and be deemed competent in facilitating sessions by their line manager. The supervisor has a duty to share information with their line manager that they consider to be a risk to the patient or staff member.

5.3 Supervisee

The supervisee is the person receiving supervision. This applies to both registered and unregistered healthcare staff.

5.3.1 Roles and Responsibilities

The supervisee has a responsibility to participate in clinical supervision, and use the session positively to enhance knowledge and professional skills. They will have a confidentiality agreement with their supervisor, however, have a responsibility to report any concerns with the session to their line manager.

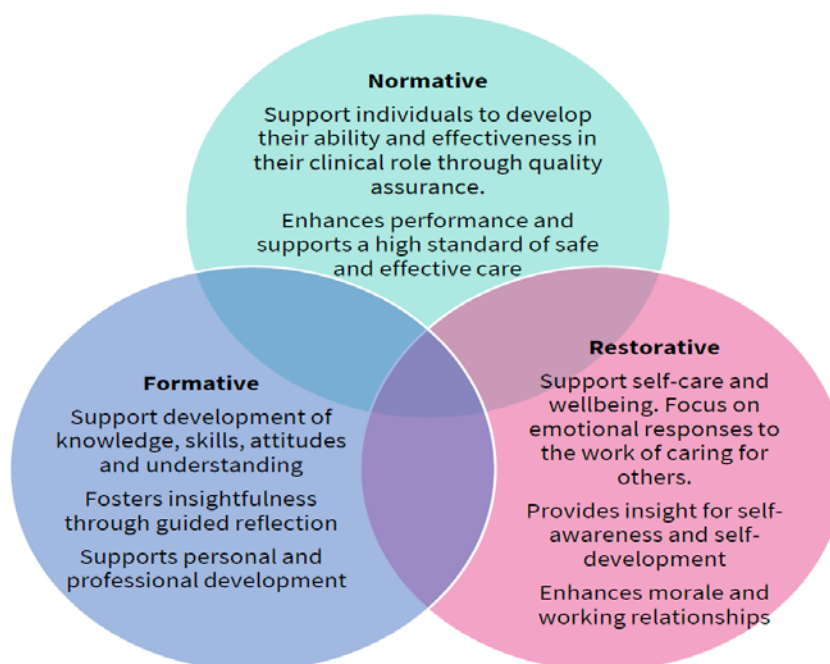
5.4 Line Manager

The line manager is responsible for ensuring that all staff have access to and participate in clinical supervision and that any concerns raised are acted on as appropriate.

6.0 Models of Clinical Supervision

There are a number of Clinical Supervision models and approaches to delivering supervision available. NHS GGC Clinical Supervision training is based on the Proctor (1986) classic, three-function, interaction model of Clinical Supervision see figure 1

Figure 1



Clinical Supervision approaches include:

One to one (1:1) Clinical Supervision	This is the most commonly used approach: <ul style="list-style-type: none"> the nurse (supervisee) the supervisor (approved by the Nurse Line Manager).
Triadic Clinical supervision	This approach is mainly used to support the Clinical Supervisor's skills development and involves 3 people: <ul style="list-style-type: none"> the nurse (supervisee) the supervisor (approved by the Nurse Line Manager) the consultant (who is there to assist the supervisor).
Group Clinical Supervision	This approach is mainly used to meet the shared needs of a particular staff group and involves more than 3 people: <ul style="list-style-type: none"> a number of nurses (supervisees) the supervisor (approved by the Nurse Line Manager) <p>The Clinical Supervisor in this approach would be expected to have group facilitation skills/ experience.</p>

<p>Peer Group Clinical Supervision</p>	<p>This approach is mainly used to meet the needs of a peer group and involves more than 3 people:</p> <ul style="list-style-type: none"> • a number of peers similar banding/post (supervisees) • the supervisor role rotates around the peers <p>This approach is likely to be used by well-established peer groups of senior/ experienced staff who work on a basis of mutual respect and equal status.</p>
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7.0 Differentiating Nurse Clinical Supervision & Nurse Line Management Supervision

Clinical Supervision and Nurse Line Management Supervision are separate and distinct processes which it is important to differentiate.

<p>Nurse Line Management (NLM) Supervision</p>	<p>This is mandatory hierarchical professional supervision for the purpose of ensuring nurses are performing effectively and efficiently in their employed role. In order to ensure that nurses are operating within safe parameters of their employed nursing role, function and NMC Code it is imperative that nurses are line managed by a senior registered nurse.</p> <p>NLM supervision includes:</p> <ul style="list-style-type: none"> • Workload review • Nursing practice review (NMC Code/ HCSW Standards) • Ensuring that the Nursing Core Competency (NCC) Framework is completed, signed off and the Learning Education and Development (LE&D) Framework is utilised to support this. • Performance appraisal (PDP Review) • Monitoring <i>Clinical Supervision Policy</i> compliance • Caseload weighting/ supervision (community nurses) • NMC Confirmation (registered nurses) <p>In the case of NLM Supervision the supervisor must always be a higher band/ more senior than the nurse being supervised. NLM supervision records are retained on staff file.</p>
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Clinical Supervision	<p>This professional agreement is a policy requirement for the purpose of ensuring protected time for facilitated, structured reflection on nursing practice. Clinical Supervision is a safe place for nursing practice to be supported and challenged through reflective discussion thereby promoting safe, effective, person centred care delivery.</p> <p>Clinical Supervision includes:</p> <ul style="list-style-type: none">• Reflecting on and identifying issues that the nurse needs to action/ address• Utilising appropriate tools such as the Nursing Core Competencies (NCC) and Learning Education & Development (LE&D) Frameworks as a resource for reflection and learning.• Reflecting on and supporting skills development• Reflecting on difficult situations, support wellbeing and nurture resilience• Reflecting on and clarifying issues that need to be discussed at NLM supervision (i.e. PDP/skills development/ service improvement) <p>In the case of Clinical Supervision the supervisor does not necessarily be a higher band/ more senior than the nurse being supervised but the supervisor must be approved by the NLM. A copy of the Clinical Supervision agreement must be given to the NLM. All other Clinical Supervision records are retained by the Nurse.</p>
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8.0 Clinical Supervision Process

This section sets out the steps of the Clinical Supervision process. Roles and responsibilities have already been outlined above.

8.1 Choosing a Clinical Supervisor

- Nurses must be provided with a choice of Clinical Supervisors
- The Clinical Supervisor must be approved by the Nurse Line Manager or alternative
- The Clinical Supervisor can support a maximum of 4 supervisees (1:1 supervision) and maximum of 7 supervisees (peer group supervision)

8.2 Clinical Supervision Agreements, Plans & Session Summaries

NHSGGC have provided template Clinical Supervision documentation which includes: Clinical Supervision Agreement (Appendix 1); Clinical Supervision Plan (Appendix 2) and Clinical Supervision Session Summary (Appendix 3)

8.3 Clinical Supervision Agreement

- Clinical Supervisor is responsible for ensuring that a Clinical Supervision Agreement is established
- The Clinical Supervision Agreement is a contract between the Clinical Supervisor and the nurse (supervisee) that makes the duration; parameters and boundaries of the professional relationship explicit.
- The nurse (supervisee) must provide the Nurse Line Manager with a copy of the completed Clinical Supervision Agreement
- The nurse and the Clinical Supervisor must also keep a copy of the completed Clinical Supervision Agreement

8.4 Clinical Supervision Plan

- Clinical Supervision works to the nurse's (supervisees) agenda and it is highly recommended that a written Clinical Supervision Plan (Appendix 2) is used as this aids preparation, as well as ensuring the Clinical Supervision session remains structured, focused and meets the needs of the nurse (Rudd & Wolsey 2000; Bond & Holland 2010).

8.5 Clinical Supervision Session Summary

- At the end of each Clinical Supervision session, key points/decisions and any actions planned will be recorded in a Clinical Supervision Session Summary (Appendix 3).

8.6 Clinical Supervision Session Frequency, Duration & Venues

The frequency and duration of Supervision sessions will vary according to the Supervisee's situation however it is recommended that:

- Minimum of x 6 hours of Clinical Supervision per year, with flexibility to adapt this based on individual needs
- All scheduled & completed Clinical Supervision sessions must be recorded using the Clinical Supervision Attendance Record (Appendix 4) which must be shared with the Nurse Line Manager as evidence of policy compliance.

8.7 Record Keeping & Confidentiality

It is important that staff comply with NHSGGC policy and maintaining accurate records provides evidence of policy compliance. Also ensuring effective structured Clinical Supervision sessions that meet the needs of the nurse is achieved.

It is the responsibility of the nurse (supervisee) to maintain and retain accurate records. The nurse will provide copies of the agreement, plan and attendance record with the supervisor. The nurse must provide the Nurse Line Manager with a copy of the signed agreement and the completed attendance

record.

Clinical Supervision Documents	Nurse (original doc)	Clinical Supervisor (copy)	Nurse Line Manager (copy)
Agreement	Yes	Yes	Yes
Plan	Yes	Yes	No
Attendance Record	Yes	Yes	Yes
Session Summary	Yes	No	No

Clinical Supervision relationships are based on trust where discussions are confidential. Disclosing the content of Clinical Supervision to any outside party would therefore require explicit consent from both the nurse and the Clinical Supervisor. However **in the event that the nurse reveals unsafe, unethical or illegal practice and is resistive to taking appropriate action then the Clinical Supervisor is duty bound to raise and escalate their concerns to their immediate Nurse Line Manager.**

8.8 Delivering Clinical Supervision - Remote or in-person

Accessibility is a key aspect in ensuring engagement with clinical supervision. Flexibility in location and time should be offered and processes such as identifying a supervisor and scheduling should be simple. Clinical supervision via digital platforms can be as effective as face-to-face and may better suit individual's learning styles or work/life balance. It is also possible to participate in supervision via the telephone although non-verbal cues are less available to the supervisor in these circumstances. Sessions should be arranged in an environment that provides a safe and conducive learning space for the supervisee whether online or in-person.

8.9 Revalidation and Reflective Account

Registered nurses are responsible for ensuring accurate Clinical Supervision records are maintained. Clinical Supervision documentation can contribute to the NMC regulatory requirement for registered nurses to maintain a portfolio of evidence. The NMC as the regulatory body has the right to request to view documentary evidence. Registered nurses are legally required to share documentary evidence pertaining to their professional registration. Nurses and Clinical Supervisors may prefer to retain Clinical Supervision documentation using for example the electronic portfolio. Secure storage of documentation should be outlined in the Clinical Supervision Agreement.

Resources References & Bibliography

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NHS Education for Scotland Clinical Supervision: Nursing and Midwifery Workforce, Position Statement Sept 2021

Nursing Midwifery Council (NMC) (2002), *Supporting Nurses and Midwives through lifelong learning*, NMC London

Nursing Midwifery Council (NMC) (2006), *PREP (Post-registration education & practice) Handbook*, NMC London

Nursing Midwifery Council (NMC) (2008a), *Clinical supervision for registered nurses*, NMC Advice Sheet, NMC London

Nursing Midwifery Council (NMC) (2008), *The code: Standards of conduct, performance and ethics for nurses and midwives*, NMC London

Nursing Midwifery Council (NMC) (2009), *Accountability*, NMC Advice Sheet, NMC London

Nursing Midwifery Council (NMC) (2010), *Standards for competence*, NMC London

Learning Resources:

NHS Education for Scotland (NES) Clinical Supervision Resources

Supervisees complete Unit 1/ Supervisors complete Units 1-4

[Clinical supervision | Turas | Learn \(nhs.scot\)](#)

For further information regarding learning, development and training contact your Practice Development Nurse Team or Practice Education Facilitator

Appendix 1: Clinical Supervision Agreement

Clinical Supervisor: _____

Clinical Supervisee: _____

We have both read and agree to our rights and responsibilities as stated in the Mental Health Services Nurse Clinical Supervision Policy & Framework.

The choice of Clinical Supervisor has been mutually agreed: Yes No

We will meet for Clinical Supervision (*describe planned frequency and duration of meetings*):

We will keep a record of attendance at these meetings and the required minimum documentation i.e. this agreement document and a Clinical Supervision Session Attendance Record Appendix 4. We will maintain confidentiality as outlined in the Clinical Supervision Policy & Framework and will comply with policy requirements.

We have also agreed the following additional points / ground rules (*optional*):

This is an agreement for:

- 1:1 supervision
- Group supervision
- Other Please detail _____

This agreement will be reviewed before (*date*): _____

Signed:

Supervisee:

Date:

Supervisor:

Date:

Supervisee's Line Manager:

Date:

Appendix 2: Clinical Supervision Plan (TIPPIT)

Supervision TOPIC	Supervision Session INTENDED OUTCOME	PROCEDURE/METHODS to be used in the session to achieve intended outcome	PREPARATION required (if any) (1) By Supervisor (2) By supervisee	INDICATOR of Success [type measure(s) to be used]	TARGET Measure

Guidance on Negotiating a Clinical Supervision Plan

1. Identifying topics

To help identify topics, you might find it helpful to consider the following prior to meeting with your supervisor:

- Your current clinical caseload / workload
- Your current role and responsibilities
- Current issues in your workplace – clinical, legal, ethical, organisational
- Anticipated changes in your role/responsibilities
- Likely service developments
- Quality/cost/cycle time initiatives
- Your career development
- Guidance/feedback from your manager, mentor or others
- Your performance objectives and Personal Development Plan
- Recent or upcoming Performance Review
- Interaction with colleagues/internal customers/partner organisations
- Interaction with patients/clients/public
- How you support others in their learning & development
- Current stressors at work and how you cope with them
- Skills/knowledge/competency development needs relating to any of the above

2. Planning sessions

Prior to your Clinical Supervision session consider the topics you want to raise and note them in your plan. At the first supervision session, discuss your potential topics with your supervisor, working together to identify and prioritise them. Negotiate when these topics will be explored with a proviso that if some unforeseen, urgent issues comes up in the interim, planned topics will be deferred to a later session. Through discussion/ negotiation with your supervisor, complete the remaining columns as follows:

Column 2	“Intended Outcome” is what you can realistically achieve in the time available in the supervision session – e.g. “draft an action plan”, or “explore options”
Column 3	“Procedure/Method(s)” define what activities will be undertaken during the supervision session to help achieve the Intended Outcomes – e.g. brainstorming, observation, discussion, rehearsal, option appraisal
Column 2 / 4	“Preparation Required” defines what both you and your Supervisor need to do before the supervision session so that you are ready to work e.g. gathering information, bringing documents to the session, reading, etc
Column 5	“Type of Measure” is the means by which you will measure success – this may be “hard”, e.g. numbers of cases reviewed, Action plan drafted Yes/No, or “soft”, e.g. satisfaction rating scale
Column 6	“Target Measure” is the minimum achievement which you would rate as a success, e.g. 80% of cases reviewed, or >7 satisfaction rating

Once the planned topics have been addressed, repeat the process.

Appendix 3: Clinical Supervision Session Summary

Date of Session: _____

Clinical Supervisor: _____

Supervisee: _____

Consultant: _____

(if triadic model is used)

Brief notes on key points it would be useful to record

Please log any Decisions and Actions

Issue	Action	By Whom	By When

Signature of Supervisee: _____

Signature of Supervisor: _____

Clinical Supervision Session Summary Guidance for Completion

General guidance

1. Before commencing your session, ensure that you are well prepared and have the Clinical Supervision Plan and any other relevant documentation with you.
2. Spend a few minutes reflecting on whether or not the issue(s) you identified in your Clinical Supervision Plan are the ones you will work on today, or they should be delayed because another issue has arisen that needs to be dealt with urgently.
3. Keep the Clinical Supervision Plan to hand whilst giving/receiving supervision.
4. Use initials rather than a patient/service user or colleague's full name.
5. Care planning, etc. should **not** be detailed in the Clinical Supervision Session Summary – these belong only **in** the patient/service user's individual care plan or case notes.
6. Notes in the **Clinical Supervision Session Summary** on relevant details from the Clinical **Supervision Plan** will allow this form to 'stand-alone', without reference back **to** the Clinical Supervision Plan.

Specific guidance

1. *“Brief notes on key points it would be useful to record”*:- Limit these notes to brief, factual bullet points, focusing on learning. Avoid overly detailed process notes, or reference to the Supervisee's emotional reaction to distressing situations.
2. *“Please log any Decisions and Actions”*:- In this section, you may find it useful to use the format shown below.

Issue	Action	By Whom	By When

