

# Making Clinical Supervision better through staff views

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## Background

Clinical Supervision is mandatory for clinical, patient facing staff. As a Service Line, we reported compliance on a quarterly basis. Attendance is around 90%, but we wanted to find out what staff feel about supervision and how we could make it better. Staff were generally attending Supervision, but how could we make them want to be there, rather than having to?

### Aim:

To find out staff views of giving and receiving Clinical Supervision

### Objective:

To elicit what would make Supervision better for both Supervisors and Supervisees

### Methods:

- In June 2019 two survey monkeys were sent out to all services within the service line for dissemination to staff, one for supervisees and one for supervisors.
- Response was 99 supervisees and 28 supervisors

## What did we ask via the survey?

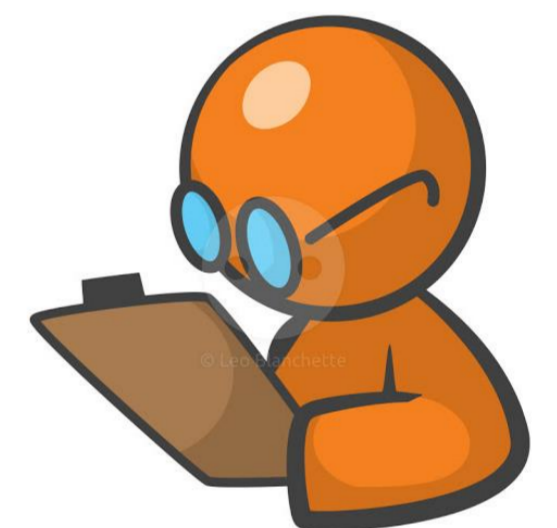


### Supervisees:

- Do you attend supervision regularly?
- What model of supervision is used (1:1, with managerial, professional, group/action learning set)?
- Do you find it useful and why?
- What is the best thing about supervision?
- What could make it better?

### Supervisors:

- What model of supervision do you supervise?
- How many individuals/groups are you responsible for?
- What is the best thing about being a supervisor?
- What would make being a supervisor better?
- What would make it easier?



## Results

### Positive Points

- Shared learning and gaining others' perspectives (Both)
- An opportunity to reflect, discuss concerns and problems (Supervisees)
- Supervisor/group can challenge/problem solve (Supervisees)
- Helping others develop/grow (Supervisors)
- Support/offer direction (Both)
- Confidential (Supervisees)
- Protected time (Supervisors)

### Issues/improvement suggestions

- More structure including being positive, use of templates, follow up from previous session and action planning (Both)
- Time (Both)
- Not required (Supervisees)
- Lack of confidentiality (e.g. if with others from same team) (Supervisees)
- Updates and increased support (Supervisors)
- Travel (Supervisees)
- Dislike Group/1:1 (supervisees)
- Support to organise sessions (Supervisors)

## Outcomes

- Supervisors update, shared summary report via Governance process
- We are piloting supervisor self-assessment
- More supervisors have been trained to meet Trust requirements
- Each service has reflected on which activities provide supervision
- COVID has meant remote attendance has become more acceptable
- Improving structure of sessions and supervisor update sessions held to learn from each other – hints and tips shared with all supervisors
- New Supervisor sessions running – very practical and incorporating learning from the survey

## Next Steps

- Senior staff to attend Supervision and ensure it is given priority when possible.
- Peer review is under discussion – due to COVID more sessions are run by teams so a recording could be viewed or we can try self assessment
- To boost attendance figures
- Need to capture all activity, not just formal sessions e.g. observational, joint visits, case reviews etc
- Develop recording template – being piloted and to go to Governance via Documentation group
- Repeat survey monkey Q4 2019-2020

## Learning:

- The Supervisor is key to staff wanting to attend supervision. If a supervisor has a positive approach and the session is well structured (including appropriate use of less formal supervision opportunities), supervisees are more likely to see the benefit of attendance.
- Asking staff for their thoughts about Clinical Supervision raised some issues we had expected, but also highlighted some ideas we would not otherwise have addressed. We hope to learn further from the next round of survey results.