“Reviving clinical supervision is the key to high-quality care”

At the end of the 1990s I worked as a practice development nurse at the Chesterfield Royal Hospital. At that time a concept, though not new, was being strongly promoted by the profession’s leaders as a way of de-stressing nurses, and sharing knowledge between more experienced practitioners and those less so. And perhaps most importantly of all, a way of making sure patients were at the centre of high-quality, safe, effective and patient-focused care. This was clinical supervision.

Clinical supervision had an amazing effect. Nurses and midwives had a chance to share the stress of their work with colleagues and so reduce it. They were able to learn in a structured and safe way in a forum that was protected and away from the bedside. Equally important, nurses were able to share professional standards, ensuring that patient care was based on a bedrock of high standards that were non-negotiable.

In the intervening years, clinical supervision has unfortunately, to a large extent, gone quiet. It does exist in practice but only on a small scale and mainly in mental health nursing. The system, it could be argued, is an unrealistic notion that we can’t fund or find time for.

The Francis report into the care failings at the Mid Staffordshire Foundation Trust has caused a serious crisis of confidence inside and outside the profession. Included in the report were descriptions by health professionals of intolerable pressures to compromise standards and even to hide what was going on at the trust. They spoke of bullying and exposed managers of concealing bad care. What became apparent is that in every corner of the NHS there may exist serious shortcomings in care, including avoidable suffering and even patient deaths.

What are we to do to help overcome this huge crisis in trust? What can we do to help nurses maintain their initial idealism? How can we help staff to work to their highest level to innovate patient care and, in doing so, unlock the incredible skills and desire of nurses to give the high-quality, focused and efficient care that our patients deserve?

Fifteen years on from my time at Chesterfield, I believe that clinical supervision is an idea that has definitely come of age. In light of the serious pressures facing healthcare in the UK today, it is a truly effective way of helping nurses overcome the increasing levels of stress, and to help new nurses maintain their initial idealism so vital in the future of nursing care in the UK.

A well-established system of clinical supervision has been proven to be effective in enhancing the normative, formative and restorative features so vital in the provision of high-quality nursing care.

I believe the profession needs to renew clinical supervision with effort, commitment and haste to ensure that nurses speak up against the institutional pressures to give patients poor care, dictated by poor managers. We must do it now before another scandal unfolds.

Chris Bassett is a lecturer in nursing at the University of Essex.