Clinical Supervision Policy & Procedure

Contents

1 Statement of Intent

South East Coast Ambulance Service NHS Foundation Trust (The Trust) is committed to ensuring patients receive the best possible outcomes from their 999 or 111 call. Promoting good outcomes requires a competent and confident clinical workforce which is able to meet patient need.

1.2. Clinical supervision is an intrinsic aspect of clinical practice and has strong links to improved patient care and workforce wellbeing. This document describes the following.

1.2.1. What Clinical Supervision is in the Trust

1.2.2. How Clinical Supervision is provided

1.2.3. Who provides Clinical Supervision

1.2.4. When Clinical Supervision is provided

1.3. The Trust is committed to providing its staff with the appropriate clinical support and leadership, and clinical supervision is a key strand of clinical leadership and operates alongside, and in support of, service delivery.

1.4. The trust will provide clinical leadership and supervision for all staff in patient facing roles (physical and virtual) and, where necessary, clinicians in other roles who are required to remain clinically current. This includes clinicians in all trust areas of care, and across all professional groups.

1.5. All clinical staff will have time within their job plan for clinical supervision and which will include a defined number of supervision shifts each year with a named supervisor, as well as other planned and ad-hoc supervisory and professional activities (i.e. group supervision sessions).

1.6. This policy focuses on clinical supervision using the following definition taken from the published literature:

A working relationship between practitioners which aims to enhance clinical practice, fulfil the goals of the employing organisation, meet ethical, professional and best practice standards, while providing personal support and encouragement in relation to professional practice.

Adapted from Dawson, M., B. Phillips and S. Leggat. 2013. Clinical Supervision for Allied Health Professionals: A systematic review. Journal of Allied Health. 42 (2): 65 – 74.

There are other forms of supervision that are not in scope of this policy:

- Educational supervision, mentorship, and preceptorship
- Managerial and operational supervision
- Safeguarding Supervision (see reference section for policy link)

- Direct supervision applied as a result of the need to support practice (for example, return to practice or from long term absence, restricted practice).

All forms of supervision within a clinical setting provide support for staff and improvements for patients. Clinical supervision has no managerial function, and so care will be applied when considering any crossover, or in case where the intersection of supervisory activity is required (for example, a colleague moving from NQP to Paramedic.)

1.7. The relationship between supervisor and supervisee is crucial and so those engaging in supervision will be supported to provide non-judgemental supervision in a trusted relation and applying the best practice principles relating to psychological safety and wellbeing. Staff will be supported to choose their supervisors and supervisees within a process that matches staff based on a range of factors that will promote effective supervision.

2 Principles

2.1. This document references the **Care Quality Commission** (CQC) document, **Supporting Effective Clinical Supervision** (2013) and various points in the **Health & Social Care Act**, and should be read in conjunction with this procedure

2.2. Clinical Supervision is part of clinical governance for the Trust, and is associated with better levels of patient care, satisfaction and risk within organisations which utilise it effectively

2.3. Clinical Supervision supports the Trust's value and promotes them in relation to the process of supervision, ensuring those supervising others and those being supervised view the experience positively, and as an intrinsic part of their role.

2.4. All staff who hold professional registrations have an obligation to participate in supervision, both as a supervisee and/or supervisor (depending on role and seniority). All eligible staff are required to engage in supervision as a supervisee where there is no specific professional requirement. All staff may become supervisors if they wish, and no grade of staff or role is excluded.

2.5. Clinical supervision is undertaken on the basis of a trusted, confidential relationship between supervisor and supervisee. Managers must never approach a supervisor to either ask about the content of supervision discussions or request that a supervisor undertakes monitoring of a supervisee on their behalf.

2.6. The confidential nature of supervision must adhere to fundamental principles outlined in broader legislation. Where matters relating to safety,

safeguarding, or illegal acts are raised within a supervision, these can and must be reporting accordingly.

3 Policy Aims and Objectives

3.1. Aims

3.1.1. To implement clinical supervision in line with:

- Lord Carter report recommendations
- Regulations 12 and 18 in H&SCA
- AACE national Clinical Supervision Framework

3.1.2. To support staff to:

- Build confidence.
- Maintain competence.
- Resolve uncertainty.

3.2. Objectives

- Improve staff satisfaction survey results.
- Improve retention/reduce attrition.
- Improve health and wellbeing.
- Promote SECAmb as an employer of choice.

3.3. Benefits

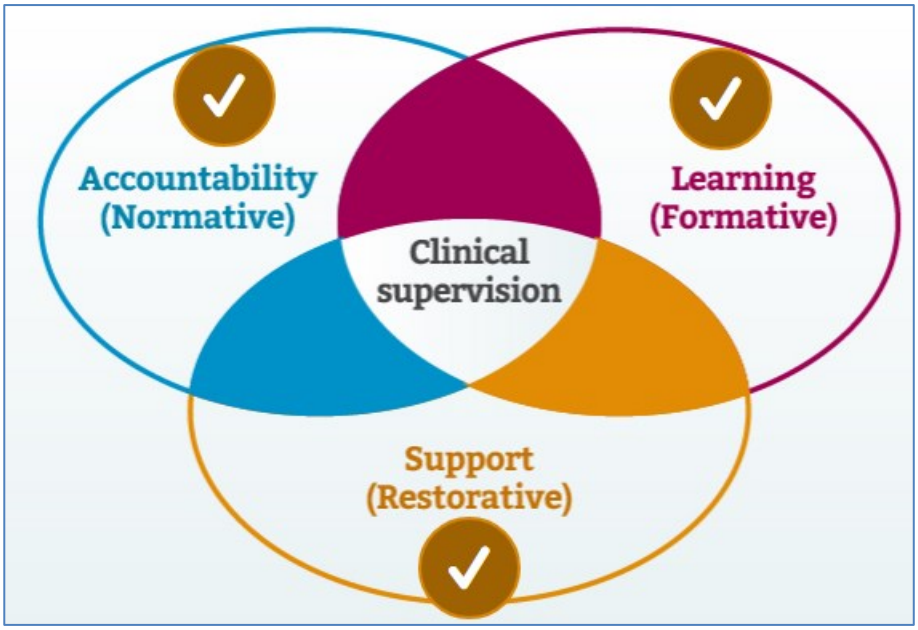
- Reframing colleagues understanding of supervision and what is in it for them.
- Reducing variation
- Improved patient and staff safety
- Improved operational efficiency.

3.4. What is Clinical Supervision in SECAmb

3.4.1. Clinical supervision is "*an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team*" (Skills for Health, 2007) and promotes the following in relation to the delivery of patient care.

3.4.2. The five aspects to clinical supervision are:

- A reflective component
- Support from a skilled supervisor
- Focus on clinical practice (including team dynamics, communication and personal coping)
- Professional development
- Improving patient treatment and care



4 Responsibilities

4.1. This procedure is aligned to Scope of Practice and Clinical Standards Policy which identifies the lines of accountability at policy level.

4.2. The **Chief Paramedic Officer** has executive responsibility for clinical supervision.

4.3. The **trusts clinical directors** are responsible for promoting the culture of supervision and ensuring it is delivered as part of patient facing staff job plans across all professional groups.

4.4. The **Consultant Paramedics** are responsible for overseeing the policy on a day-to-day basis for the Trust as part of the ongoing promotion and delivery of clinical leadership.

4.5. **Clinical Education** are responsible for ensuring educational programmes are made available and/or delivered to ensure supervisors are suitably trained. **Clinical Education** will also ensure that new staff/trainees are made aware of the use of clinical supervision in the Trust.

4.6. In the operational setting, responsibility for ensuring job plans are enacted and recorded, and pairing of supervisors with supervisees sits with the local service delivery team. Clinically, this will be supported by the locality-based **Practice Development Leads, Critical Care Clinical Operations Managers** and **Clinical Education Practitioners**.

4.7. All **registered clinicians** have a regulatory obligation to engage in supervision, both as supervisors AND supervisees. Other grades of staff may provide clinical supervision as part of their job description.

4.8. **All employees** are responsible for adhering to this policy.

5 Procedure

5.1. What is Clinical Supervision

5.1.1. Building on the policy statements earlier in the document, the Trust defines clinical supervision as:

> *"A working relationship between practitioners which aims to enhance clinical practice, fulfil the goals of the employing organisation, meet ethical, professional and best practice standards, while providing personal support and encouragement in relation to professional practice*."

5.2. Why is Clinical Supervision Good for Patients

5.3. The CQC document makes the following statement

> *"Clinical supervision can help ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice. "*

5.4. Clinical care must be high quality, safe, and patient centred. Supervision can help ensure that all staff can focus on taking the best course of action for their patients by understanding the professional skills and attributes that underpin practice.

5.5. Who provides Clinical Supervision

5.5.1. Supervision can be provided by anyone in the clinical setting who is competent and required to do so based on their job role/specification, and/or registrant obligation. Clinical Supervision can take place at any level of the organisation and may be provided by peers at the next level of practice, or a higher level where needed. In some cases, it may be appropriate for near to peer level supervision to be used but should still have a gradient that promotes the principles outlined.

5.5.2. Levels of responsibility to provide clinical supervision is described for each clinical grade in the Scope of Practice & Clinical Standards Policy, and across all professions and practice settings, and typically is provided by.

- Paramedics working with Emergency Care Support Workers (ECSW), Associate Practitioners, Technicians and Advanced Technicians
- Paramedics working with student paramedics
- Paramedics working with other paramedics in education roles
- Pharmacists and Nurse Practitioners in the NHS111 CAS
- First Contact Practitioners and Urgent Care Practitioners working with the EOC

- Enhanced and Advanced Paramedics, either working alongside, as part of a team at the patients' side, or remotely via telephone advice.
- Other delegated/approved supervisory relationships (i.e. HEMS Doctors supervising procedures at incidents) including interprofessional supervision in contact centre settings.

5.5.3. Supervision is an extension of the supervisor's professional responsibility, and it is vital that the supervisor is subject to supervision themselves to ensure competency in what they supervise

5.5.4. Staff on programmes of learning (e.g. ECSW or AAP course, in service paramedic university pathway) or those on structured preceptorship programmes (e.g. NQP) may receive clinical supervision from mentors or preceptors alongside support from their named clinical supervisor. Clinical shifts may not be required with the named clinical supervisor while on programmes of education.

5.6. **Frequency and Delivery of Supervision.**

5.6.1. All staff should undertake four supervision shifts each year, along with ad-hoc supervisions with their supervisor as needed. A shift is defined as a period of duty which should typically be no less than 8 hours in total.

5.6.2. Supervision shifts may include a supervision meeting at the commencement of the shift or be done following a meeting undertaken prior to a shift on an earlier date as close to the shift date as possible. Supervision meetings that are not completed as part of the shift may be undertaken in person or remotely (via Teams)

5.6.3. Supervision is provided in the following modes.

- **One to one supervision**. This takes place in the relevant practice setting and commences with a meeting lasting typically around an hour. The meeting should review the core aspects of the supervisory discussion and shape the approach to the period of clinical practice for the rest of the shift. The supervisory discussions can continue throughout the shift between patient contacts, and so the initial hour is intended to provide time at the start of the shift to frame the rest of the supervision.

- **Ad-hoc supervisions** can be short encounters with a supervisor either with advanced planning or where an opportunity arises.

- **Group supervision**. This is not part of the core four yearly supervisions and may be used to support a group of students/trainees, or a group of staff impacted by a particular practice concern. Typically, staff should take part in group supervision twice a year and could take the form of governance days, learning from events, Mortality and Morbidity reviews, etc). This may depend on the clinical role.

5.6.4. Remember that clinical supervision is planned in advance for the four annual supervisions (meetings and shifts) but may also be dynamic or ad-hoc. All supervision encounters should be accompanied by a completed clinical supervision record via the Trust provided recording system.

5.6.5. ***Recording of Periods of Supervision***

5.6.5.1. Clinical supervision recording has been reviewed using the DPIA process.

5.6.5.2. Staff will be supported to develop a supervisory relationship with a named supervisor, and a Supervision Agreement will be developed and stored in the supervisee's local personnel file. Suitable systems will be developed to support the matching of supervisors to supervisees to ensure both compatibility in key areas of development, and to ensure all staff can find a supervisor.

5.6.5.3. Individual supervisions should be recorded each time using the dedicated Microsoft Teams form. The record is broken down into the relevant parts of the discussion and does not need to be an exhaustive record of the encounter, rather a capture of the headlines and essence of any conversation again which progress can be reflected on as the supervision record builds.

5.6.5.4. The supervisee "owns" the supervision record and is only visible to them and their named supervisor via a Power BI environment. Data is held according to the Trust policies information data protection.

6 Education and training

6.1. All eligible staff will undertake an approved programme to provide a fundamental understanding of the principles of clinical supervision. This may be in the form of an eLearning module accessed via ESR or the Trust's own learning platform or taught content during induction for new starters.

6.2. The ongoing development of education for clinical supervision will be reviewed by the Clinical Education Department as an iterative process, aligned to organisation development and the availability of education material assessed as suitable for clinical supervision within the ambulance sector.

6.3. Education will be aligned to the appropriate level for the clinical grade of the supervisor or supervisee and follow best practice guidance from national direction or guidance issued by professional bodies (i.e. College of Paramedics).

6.4. Some enhanced and advanced clinical staff will have undertaken a master's level module on leadership that includes clinical supervision. Where there is already competency able to be demonstrated in clinical supervision, this will be recognised, and further modular education will not be required.

6.5. Clinical leads such as Practice Development Leads, Critical Care Clinical Operations Managers and Place-based Educators will support the ongoing competency of supervisors to ensure quality and effectiveness is maintained.

7 Monitoring compliance

7.1. A supervision report will be sent on a quarterly basis to the Professional Practice Group to report on core supervision education and completion of planned supervisions within an agreed tolerance that considers absence.

7.2. An annual clinical supervision report will be sent to the Quality and Patient Safety Committee, in line with the requirements and recommendations outlined by national directions and/or professional bodies.

8 Audit and Review (evaluating effectiveness)

8.1. This procedure will be reviewed every three years or sooner if new legislation, codes of practice or national standards are introduced. The policy will be subject to an initial review 6 months after publication.

8.2. This procedure will be monitored by the Professional Practice Group to review levels of clinical supervision being undertaken in the Trust.

8.3. All changes made to this policy and procedure will go through the governance route for development and approval as set out in the Policy on Policies.

9 References

9.1. Health and Care Professions Council Standards of Proficiency – Paramedics

9.2. Health and Care Professions Council Standards of Education & Training

9.3. Health and Care Professions Council Standards of Conduct, Performance & Ethics

9.4. Care Quality Commission (2013) Supporting Effective Clinical Supervision

9.5. NMC Standards - nmc-standards-for-competence-for-registered-nurses.pdf

10 Financial Checkpoint

10.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

10.2. The development of the clinical supervision model was based on a governed pilot evaluation which included the assumptions for costs, all of which are aligned to existing systems and processes.

Appendix A: Benefits

Clinical Supervision Benefits Realisation Outline							
Domain		**Measurement**	**Method**	**Description**	**Timescale**	**Benefits**	**Due date**
Health & Social Care Act: Compliance with Regulation 12 and 18	1a	Self-assessment against regulatory standards	Assessment	Review of the regulations which require healthcare providers to adequately supervise staff	After full roll out trust wide	Regulatory compliance (Safe, Well-Led)	
	1b	CQC Report feedback	Inspection	Report from CQC after inspection following implementation of roll out (local pilot and trust wide)	After full roll out trust wide	Regulatory compliance (Safe, Well-Led)	
Retention	2	Reduction in staff leaving Trust with supervision cited as being a consideration	Quantitative report	To observe if less staff leave, or state they are going to leave, citing improvements felt following clinical supervision being implemented	After pilot site phase	Reduced attrition. Stable workforce. Patient safety	
Wellbeing	3a	Number of referrals for psychological care reduced following introduction of clinical supervision	Quantitative report	To observe if Wellbeing services are being referred to less often due to clinical supervision	Long term observation	Less sickness, attrition, staff wellbeing and satisfaction	
	3b	Staff reported improvements to wellbeing	Survey / focus groups	Survey to gauge views from staff to see the level of impact that clinical supervision has on staff wellbeing	As part of pilot and phase and during full roll out	Less sickness, attrition, staff wellbeing and satisfaction	

Clinical Supervision Benefits Realisation Outline							
Domain		**Measurement**	**Method**	**Description**	**Timescale**	**Benefits**	**Due date**
Staff satisfaction	4a	NHS Staff Satisfaction Survey results	Report	Results published in Trust report. To check for any link with roll out of clinical supervision	After next NHS Staff Survey	Well led. Attrition.	
	4b	Local focused survey	Survey	Survey staff ahead of formal NHS Staff Survey to test the level of change	After pilot phase	Well led. Attrition. Project impact.	
Attendance	5	Causal change in attendance following introduction of clinical supervision (short term sickness)	Quantitative report	To observe sickness rates following implementation of clinical supervision	As part of pilot and phase and during full roll out	Less sickness, attrition, staff wellbeing and satisfaction	
Supervisions included in annual appraisal	6	Clinical supervision cited in annual staff appraisals and used to support objective setting	Audit (anonymised)	Quantitative performance report	As part of pilot and phase and during full roll out	Operational effectiveness	
Number of face-to-face supervisions undertaken versus plan	7	Percentage of supervisions completed F2F	Report	Quantitative performance report	As part of pilot and phase and during full roll out	Operational effectiveness	
Number of clinical supervisions undertaken on shift versus plan	8	Percentage of supervisions completed F2F	Report	Quantitative performance report	As part of pilot and phase and during full roll out	Operational effectiveness	
Number of other types of supervision undertaken (i.e., ad-hoc, group sessions)	9	Number of other supervisions	Report	Quantitative performance report	As part of pilot and phase and during full roll out	Operational effectiveness	

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Appendix B: Example Supervision Recording Template

n.b. *This for was used in the Clinical Supervision pilot. The final record template will be accessed electronically via the Trust supervision recording system. The form below reflects the content of the record.*

How you approach your supervision will be up to you and your supervisor to determine. Nevertheless, it's important that your supervision remains focused and meets your individual learning and development needs.
If you choose to submit supervision as part of your CPD profile, it's also important that you keep an accurate record of this activity and are able to demonstrate how your supervision has contributed towards your professional development.

The template below provides some suggestions for how you might wish to structure your supervision sessions, in order to effectively demonstrate your learning and development. Your professional body may also have examples or templates that you may wish to consider.

Name of supervisee:	
Name of supervisor:	
Date of meeting:	

What's the aim or purpose of your supervision session?

Supervision can have multiple objectives, such as discussions of your caseload, assistance with particular tasks or challenges; wellbeing checks; workload planning; or debriefing discussions.

It's important that your supervision has a clear focus. You should try to keep the purpose of your supervision as targeted as possible by identifying clear actions and objectives at the beginning of each session.

If this is a follow up session, it could be helpful to review notes of your last meeting to discuss previous actions identified and any progress made against these.

Think about:

- *Building confidence*
- *Enhancing competence*
- *Resolving uncertainty*

Consider

- *Discussing wellbeing*

- *Lines of enquiry that link to confidence, competence, and uncertainty through the lens of wellbeing and the need to signpost for additional support where needed.*

Remember: Supervision is not about being given answers

What goals have you achieved since your last supervision?

When discussing your achievements, you may also consider how you have put this learning into practice and how this has contributed towards your professional development.

What challenges have you faced since your last supervision?

You may want to outline any challenges that you have faced since your last supervision, and what you have done to overcome these.

If any challenges remain, you could outline what's needed to help you overcome these going forward.

What future learning objectives have you identified and what do you hope to achieve before your next supervision?

How will you achieve these objectives, and by when?
How will these contribute towards your professional development?
Will you need any additional support?

Feedback from supervisor

Feedback should be clear and focused. It should also be evidence based, which means clearly outlining the reasons for any comments provided.

Identifying clear actions and objectives will help ensure feedback is constructive, but you should also use this section to reiterate/highlight any achievements and progress made.

What actions have been agreed?

Think about what you have learnt from this supervision session, and what will you do differently.

When will your next supervision session be?

Agree a date, time and venue for your next session.

Signed: (Supervisee)	
Date:	

Signed: (Supervisor)	
Date:	

Appendix C: Supervision Agreement Template

There is no blanket approach to supervision. Everyone has their own style and needs, so it will be up to the supervisee and the supervisor to determine what works best for each pair.

When approaching your supervision, it can also be good practice to establish a supervision contract or agreement between the supervisor and supervisee. If employed, your employer may have their own supervision contract that you would be expected to use. Your professional body may also have examples or templates that you may wish to consider.

The template below provides a set of factors that you could consider to help approach your supervision effectively, and that you might wish to include in a future contract. Where possible, this agreement should be considered by both the supervisor and supervisee together from the outset, so that participants have a clear and shared understanding of what the supervision will entail, as well as their responsibilities and objectives.

For suggestions about how to structure your supervision and what to discuss, take a look at our Supervision Recording Template.

What's the aim or purpose of your supervision?

It's important that your supervision has a clear focus. You should try to keep the purpose of your supervision as targeted as possible by identifying clear actions and objectives. To help focus your supervision, you should try answer the following questions.

What area does your supervision relate to?
Do you need assistance with a particular task, or work planning?
What learning or development needs do you have, and how will supervision help you achieve these?

What structure will your supervision take?

Will your supervision take place on a one-to-one basis? Or would peer, or group supervision be more appropriate?

Will your supervision take place face-to-face or remotely? If face-to-face, will direct or indirect supervision be required?

When considering these questions, you should think about whether you have a particular learning need, and the nature of the task, and how this will best be achieved. You should also think about your personal learning style, and what

works best for you.

How frequent will your supervision be?

Will the supervision take place weekly, fortnightly or monthly? Or would a one-off session be appropriate?

What will the duration of the supervision be?

Will the supervision take place at a particular time of day?

Have you both set aside protected time?

Where will the supervision take place?

Will you require access to specific facilities, resources or equipment?

Is there sufficient privacy, and will you be able to maintain confidentiality?

Is there an acceptable level of background noise?

Will you be disrupted or distracted?

Where your supervision takes place will also depend on the nature of the activity, as well as the options available to you. Wherever you hold your supervision, it's important that the supervisee feels confident to openly reflect on their practice, and that the supervisor is able to provide constructive feedback and advice.

Who will be supervising you?

It's important that the supervisor has the appropriate knowledge, skills and experience to conduct the supervision being requested.

Though cross-profession supervision is supported, you should consider whether the nature of your supervision will require support and oversight from a member of the same profession.

How will feedback be provided and what are the terms of confidentiality?

How will feedback be provided to the supervisee, and the supervisor?

What type of record will be kept, and how will this record be used?

Where will these records kept, and who will have access?

What are the confidentiality terms?

It's important both participants agree and have a shared understanding about confidentiality arrangements, and about which circumstances may require information to be shared. For example, if a fitness to practice concern should arise or disclosure about crime is made.