ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

NHS England and NHS Improvement

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Clinical Supervision

A Framework for UK Ambulance Services 2021

Foreword

The publication of the Lord Carter Review into unwarranted variation in English Ambulance Trusts, concluded with several key recommendations. Recommendation 2 related to 'delivering the right model of care and reducing avoidable conveyance to hospital' as follows:

- **NHS England should accelerate work to support reduction of avoidable conveyance to hospital, working with ambulance trusts, lead commissioners, STPs, NHS Improvement and NHS Digital.**

Whilst Lord Carter pointed to the differences across various Trusts, his report did not go as far as assessing whether the variation in conveyance decisions was safe. The patient safety benefits of providing clinical supervision will have secondary benefits, including a reduction in avoidable conveyance.

As well as a dedicated focus on development of pathways, digital solutions for accessing patient records, and development of a common set of clinical protocols, Lords Carter's report called for Ambulance Trusts Boards to agree a common clinical supervision model by April 2019 and then rolling this out across the service, ensuring it is fully embedded by April 2021.

Whilst acknowledging that the Lord Carter Review was the primary driver for development of this document, more recently, the publication of the HCPC commissioned study into reasons for the disproportionately high number of complaints to the HCPC, highlighted that inadequate supervision was thought to be a key factor associated with the findings.

The report suggested that workplace supervision is integral to the provision of safe and effective healthcare systems, and the prevention of mistakes and problems in the workplace. The report also highlighted that many professionals report difficulties in the context of traditional managerial supervision that can be linked to organisational tensions, poor relationships between managers and subordinates, and a lack of resources.

Clinical Supervision, in essence, is the creation of a safe space for learning. It is the intention that this framework can be applied across a variety of settings, creating a safe and protected space for staff to openly discuss and learn from their experiences. It has already progressed from being a luxury in UK Ambulances Services, to becoming a central tenet in a qualified healthcare professional's continuing professional development. Within nursing and the other allied health professions clinical supervision is well established. It is now crucial that the development of workable clinical supervision frameworks are embedded for Paramedics and other patent facing colleagues as allied health professionals working principally in the ambulance service.

In this Clinical Supervision Framework, we have reflected on the patient facing contact across the ambulance sector and how provision of care within the ambulance setting is reliant on crucial input from a multi-disciplinary team that includes non-registrants. Therefore, this framework is designed to reflect the vital role of all members of staff with patient facing contact.

Reflecting on conversations with our colleagues, we are aware that clinical leaders and healthcare professionals are keen to embrace clinical supervision for the benefit of their own practice. A common theme throughout the development of this framework has been the importance of the individual human encounter, through professional conversation between participants, which is based on mutual trust, respect, and psychological safety. Indeed, a relationship which is based on a shared understanding of the purpose of supervisory sessions, and one which is based on an agreed contract, will enhance knowledge and skills, support professional development, and improve the service we provide.

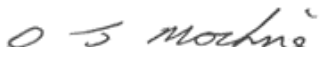
At the same time, we are also acutely aware that lack of time, and heavy workload can impact on the level of support, quality and flexibility of supervision that needs to be delivered if we are to gain the benefits, so important to delivering the recommendations of the Lord Carter review. In the process of developing this framework we have had numerous discussions on striking the right balance between effective decision support, clinical supervision, and the impact on frontline resources, as well as support and training for supervisors.

Ambulance services are professional organisations where frontline clinicians possess a high degree of control, and the ability of supervisors to directly influence clinical decisions are more constrained. The importance of clinical supervision that promotes a balance between effective decision making and the crucial need to facilitate reflective practice in a safe environment cannot be underestimated if we are to achieve the level of outstanding and consistent clinical practice needed to ensure our patients are managed in the right place, first time.

Clinical supervision of our patient facing staff will improve effectiveness of care, deliver significant improvement in the process of care delivery, and enhance patient outcomes. The need for flexible approaches to clinical supervision must reflect the needs of individual services and be reflected in individual service policies and guidelines. As a sector, we must embrace digital solutions that will help in overcoming geographical challenges and increase the richness of learning styles and tools available from digital platforms. We must ensure that supervisors are adequately skilled and have the attributes to fulfil their responsibilities, and we must create environments that facilitate a constructive supervisory relationship.

Finally, it would be remiss of us not to acknowledge the significant impact of the COVID 19 Pandemic. The impact on ambulance services and their staff has been profound and we should not lose sight of the fact that Clinical Supervision should be a key wellbeing intervention as we continue to emerge from the most significant event that we have experience throughout our careers in the NHS. The opportunity to embed effective clinical

supervision across the UK Ambulance Sector is a superb opportunity to harness the potential benefits for staff wellbeing and patient care.



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INTRODUCTION

The aim of this document is to provide a common clinical supervision framework which can be adopted by all UK Ambulance Services for any member of staff who has contact with patients or service users. It is crucial that we provide a safe, structured framework which will support, assure, and develop the knowledge, skills, and values of the workforce especially as we adopt multi-disciplinary responses to urgent and emergency care demand.

The framework acknowledges and accounts for the increasing number of staff employed by ambulance services working outside the service in a portfolio and / or rotational way across health and care systems and the term 'ambulance services' encompasses not only NHS but also voluntary and private services (VAS & PAS).

The focus on both registered and unregistered staff purposely acknowledges the importance of all patient facing and patient interacting roles in the ambulance setting. However, whilst most of the evidence and guidance in this document does relate to qualified/registered staff, implementation of the principles of this framework at a local level can reflect the extent and content required for each role.

Clinical supervision is not managerially led and is not the same as preceptorship or mentoring, which are different concepts required for practitioners at different times of their careers. It is not counselling, and a skilled supervisor will be able to acknowledge when boundaries becomes blurred and address these accordingly.

In order to define clinical supervision we must consider why it is so important, and what we are trying to achieve. Clinical supervision is a key process to support the delivery of good quality healthcare. The introduction of clinical governance in the NHS in 1998 refocused attention on quality improvement of clinical care and it makes it the duty of every person associated with clinical care.

Clinical supervision generally operates in conjunction with clinical governance by introducing a way of using reflective practice and shared experiences as part of continuing professional and organisational development. However, as well as reflective practice, clinical supervision can encompass a range of activities such as role development, action planning, and simulation.

Whilst there are many definitions of clinical supervision, the definition we are adopting within this document is:

A process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service user protection, quality and safety of care.

In developing this framework, and in view of the driver to reduce variation in avoidable conveyance, the authors remained cognisant of the physical environment in which ambulance staff work. As such, we acknowledge that remote decision support or direct observation may form part of the clinical supervision process.

Most importantly, clinical supervision has been recognised as a learning tool which involves advising, helping, inspiring, leading, and liberating. It must not, in any way, be recognised or perceived as a punitive process and should contribute positively to the wellbeing of all staff. The importance of a robust clinical supervision framework which promotes reflective practice in a learning environment is critical in the adoption of a 'just culture'.

Clinical supervision will need to evolve to include all staff working across a variety of settings and is not limited to frontline ambulance services. It will avoid discrimination, promote inclusivity, and highlight the benefits that supervision can bring to the member of staff, the practice environment, patients and service users. It must be viewed as essential for all patient facing staff.

Supervision can be delivered across professions and multi-disciplinary teams and include all dimensions of a post holder's role. However, the evidence highlights that having a supervisor who is an expert in the field adds to their credibility.

Policy Statement, Aims, and Guiding Principles

Within UK Ambulance Services, supervision will be a process by which staff are enabled to routinely reflect on practice, develop both professionally and personally, and manage interactions and situations associated with the care and treatment of patients. It will support and enhance competencies by providing staff with the opportunity to meet on a regular basis with an experienced colleague or peer to discuss, reflect and learn from their experiences.

Overarching aims of the framework:

- To provide UK Ambulance Services with a clear understanding of supervisory processes that focus on the personal and professional development of staff
- Provide a framework for organisations to adopt high quality and equitable clinical supervision, supporting all clinicians to access supervision appropriate to their role and grade.
- To provide a framework for recording of supervisory activity undertaken, which can then be utilised for governance purposes.
- To ensure that the framework is reflective of the multi-disciplinary workforce and is inclusive of all grades of staff.
- To provide guidance regarding the development of skills, competencies, and confidence of supervisors.

More specifically, the sections within this clinical supervision framework are structured to achieve the following objectives:

- Outline a multifaceted approach to providing clinical supervision based on three distinct phases; pro-active, active and re-active.
- Clearly identify clinical supervision as being an integral element of effective clinical governance, ensuring delivery of high-quality, evidence-based care.
- Define a standard of clinical supervision that will allow Trusts to ensure staff are supported to maintain clinical competency in the role they undertake.
- Ensure staff are supported to reflect on their emotional responses to the work they undertake.
- Be suitably adaptable to accommodate all clinicians in the ambulance sector, as well as those who are working in alternative clinical environments.
- Provide a mechanism for Ambulance Trusts to drive positive cultural change and promote professional behaviours throughout organisations.
- Outline a framework for Trust Boards to assess the effectiveness of implementation/continuation of clinical supervision activities within each organisation.

It is acknowledged that each Trust will have their own model, policies, and guidelines, for delivering clinical supervision. Therefore, the framework seeks to outline the key principles, which all Trusts are recommended to adopt. This framework is the result of cross-organisational partnership working and forms a commitment from all Trusts to work together to ensure effective clinical supervision is provided across the sector, realising the multiple benefits to individuals and organisations alike, as well as the wider healthcare economy.

The framework is structured around the following sections:

- What is clinical supervision?
- The principles of effective clinical supervision?
- The benefits of clinical supervision?
- Who should participate in clinical supervision?

- Choosing the right clinical supervision model
- Benchmarking requirements
- Education, training, and development of supervisors
- Frequency and duration of clinical supervision
- Content of clinical supervision

The following guidance has been used in the development of this document and reflects the minimum required standard from staff working across the ambulance sector:

1. CQC Supporting Information and Guidance: Supporting effective clinical supervision 2013
2. HCPC Standards of Conduct, Performance, and Ethics 2016
3. HCPC Standards of Continuing Professional Development 2018
4. HCPC Standards of Proficiency for Paramedics 2014
5. NMC Professional standards of practice and behaviour for nurses, midwives, and nursing associates 2018

The ambulance sector must acknowledge that its workforce is increasingly multidisciplinary in nature. For example, doctors, pharmacists, psychotherapists, midwives, and others are employed within the UK Ambulance sector. Whilst the document has focused on guidance relating to Allied Health Profession and Nursing, specific roles within each organisation will need to be considered when implementing locally.

Professional Drivers

Professional Responsibility

Registrants working in any setting must be aware of their own accountability for their practice, as set out by their individual regulator.

Practitioners in the UK Ambulance Sector face a rapidly evolving healthcare system, in which they will continually have to meet new challenges. Clinical supervision will help practitioners to maintain and improve their practice and manage change.

An individual's ability to reflect on their practice is a core element of their personal development in order to ensure that they remain safe, responsive, and effective throughout their professional career, and within their scope of practice.

The framework will also include non-registered healthcare professionals who have contact with patients or service users.

All regulatory bodies require registrants to participate in clinical supervision. This should be an evaluative relationship that extends over time and has the simultaneous purposes of enhancing the professional functioning of the supervisee and monitoring the quality of their professional activities. Clinical supervision should be used to supportively develop an individual's performance but not be seen as a punitive process to performance manage staff, where areas for improvement are identified, supportive measures should be put in place.

NHS Inspection and regulation.

The CQC Guidance (Effective Clinical Supervision) sets out what effective clinical supervision should look like and has broad application to registered providers, registered managers and staff across ALL care sectors and settings. The guidance is designed to be used by legally responsible registered providers, registered managers and the staff they supervise, in relation to regulatory requirements.

SECTION 1

What is Clinical Supervision?

There are several existing definitions of clinical supervision. The Department of Health (1993) provide the following useful definition:

Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations." (Department of Health 1993).

Newcastle University (2019) on "The characteristics of effective clinical and peer supervision in the workplace" define it as:

"The relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the supervisee and monitoring the quality of their professional services."

Clinical supervision is undertaken in accordance with an individual's best practice guideline. For registered staff this will be in accordance with their registering body's guidelines and other appropriate standards.

Clinical supervision does not seek to replace managerial supervision. However, the role of the line manager in providing supervision for their staff is an important part of ensuring effective performance is maintained.

Clinical supervision is an additional means of support and development to that of line management. The evidence suggests that whilst it may be useful to integrate some aspects of clinical and managerial supervision, it is recommended that the roles of line manager and supervisor remain separate to avoid conflict within the duality of the role and the impact on the success of the clinical supervision process. The framework does acknowledge that the ambulance setting may lend itself to a combined role and that a locally determined, flexible approach may be required.

The is a close relationship between Clinical Supervision and Peer Supervision, the latter providing an opportunity for peers in the same organisation working together for mutual benefit, for example through provision of feedback, self-directed learning, and evaluation. Whilst this framework stresses the importance of clinical expertise and credibility in the facilitator, peer supervision can be considered as a useful tool in complementing the approach that more formal clinical supervision adopts.

To ensure clarity the following terms will be used.

Term	**Definition**
Clinical Supervision	A facilitated discussion between two or more clinical colleagues to actively reflect on practice and to encourage the development of professional skills and personal insight to improve clinical practice and patient care whilst sharing experiences and anxieties. A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence assume responsibility for their own proactive and enhance consumer protection and safety of care in complex situations (NMC, 2006).
Professional Supervision	A facilitated discussion between two or more colleagues from the same profession. Colleagues can review professional standards and identify professional training and continuing development needs.
Line Management	Line Management refers to the support and guidance provided by a line manager to a direct report that enables them to undertake the day-to-day operational aspects of their role. Lime management will include workload, staff welfare, information sharing, objective setting, and daily work issues.

Safeguarding Supervision	It is recognised that working in the field of Safeguarding entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful Safeguarding supervision delivered within the Trust is a form of professional supervision focused on the safeguarding work being carried out with people who use the services provided by the Trust. Safeguarding supervision aims to produce positive outcomes for patients, staff, facilitators, and the organisation.
Clinical Supervision Facilitator	An appropriately qualified member of staff who has the capability to deliver clinical supervision. A person working with another individual to help them develop personally and professionally through the processes of clinical supervision. A facilitator supports and develops the practitioner to deliver quality care through critical reflection on practice (Driscoll, 2000).
Clinical Supervision Participant	A member of staff receiving clinical supervision. A person receiving support and help to develop through supervision.

(Adapted from South Western Ambulance Service NHS Foundation Trust (2020) Clinical Supervision Policy).

SECTION 2

The principles of an effective Clinical Supervision Framework

Effective clinical supervision creates an environment that encourages shared learning and allows participants to reflect, evaluate, evolve, and refine their own clinical practice. It encourages staff to support one another, promoting teamwork, creating a positive and just culture by celebrating good practice and demonstrating that we value our people. It also provides a safe environment for staff to explore and discuss personal and emotional responses to their work, with a strong focus on supporting staff wellbeing. Clinical supervision seeks to enhance the relationship between theory and practice, driving standardised, evidence-based, care. Clinical supervision must be authentic and supportive to all patient facing staff, whatever their role, grade or scope of practice.

Provision of clinical supervision is integral to delivering safe and effective, high quality care and is essential to achieving effective clinical governance as well as promoting

professional practice. It is a structured process that ensures the workforce is supported and encouraged to honestly reflect on experiences, supporting continual professional development. It also supports delivery of best practice to service users, significantly contributing to improved patient experience, outcomes and safety.

The out of hospital clinical environment presents unique challenges in providing supervision opportunities; therefore, a model needs to be suitably flexible to provide appropriate access, whilst being able to align to different organisational structures. In order to overcome logistical and geographical barriers, ambulance trusts must embrace digital technology wherever possible.

Delivery should be multi-faceted to optimise accessibility and efficacy. Provision of clinical supervision requires investment, however, the multiple benefits it can bring to outcome and experience for patients and other service users and wellbeing of the clinical workforce, mean that implementation is of vital importance and must have equal parity with non-clinical supervisory structures.

The 'Three Function Interactive Model of Supervision' (Proctor, 1987) describes how Clinical Supervision can support staff needs to promote a culture of safe, reflective and patient centered practice;

Restorative (Support)

The Restorative Clinical Supervision model was developed and designed to support the needs of healthcare professionals working with complex clinical caseloads. It supports staff working with stress and distress by providing a space where staff are listened to in a safe space, whilst acknowledging and validating good practice. Staff are encouraged to explore their own reactions and feelings enabling them to self-identify any need for signposting to further support.

The model has been used across a wide range of professionals working clinically and we know that those professionals who are exposed to supervision within the model are more clinically effective, less likely to be off sick and develop better workplace relationships.

It is known that when professionals undertake complex clinical work, they move between anxieties, fear or stress about their work. If they can process these natural feelings about the work, they are able to focus on their own learning needs and development and then they enter a creative, energetic and solution focused zone.

Normative (maintaining standards)

The normative function focuses on evaluation and quality aspects of professional practice, referred to as the accountability or normative function. The Normative element focuses on supporting individuals to develop their ability and effectiveness in their role, whilst

facilitating restoration through validation of the participant's clinical actions or through discussion of any consequences resulting from clinical errors.

Formative (education):

This process can be facilitated by the facilitation of reflective practice in a timed, safe space, staff can learn from one another, share, and seek to understand differing perspectives and interactions with a view to develop the expertise and skills of all participants.

This function of the model aims to focus on the development of knowledge and skills through education and can inform appraisal, revalidation, and leadership development.

Self-leadership can be explored, examining how the participant interacts with others, influences change, and improves care. This will also increase self-awareness and self-confidence.

SECTION 3

The benefits of clinical supervision for patients?

Clinical supervision is a basic principle of good healthcare that has been shown to positively increase delivery of quality care to patients. The varied and complex case load experienced by the ambulance workforce in the UK means that without clinical supervision staff are less able to fully develop the knowledge, skills and abilities that they require if they are to develop their practice in the best interests of patients. However, an effective supervisory model can allow ambulance staff to demonstrate their increased knowledge and skills and crucially, link that development to practice. This improvement in knowledge and skills allow practitioners to develop their own clinical practice, thereby enhancing the quality of the service they provide and this has been linked to improved outcomes for patients.

While support and clinical supervision can have direct benefits for patient outcomes, inquiries have highlighted that a lack of support and clinical supervision as potential contributory factors for adverse care events. Indeed, one of the key recommendations of the Francis report was the introduction of a just culture to improve the quality and safety of patient care. Clinical supervision can provide a safe space allowing ambulance staff to discuss and reflect on complex clinical decision making and to constructively explore these reflections in a supportive way. Therefore, clinical supervision can provide a structure that allows for individual and organisation learning and is ideally placed to achieve this key outcome.

There is evidence from wider studies to show that clinical supervision is linked to improvements in patient and educational related outcomes through promotion of accountability, knowledge and skills development. The development of professional

accountability, through the opportunity to engage in reflective practice as part of a clinical supervision structure, is critical to enabling effective clinical decision making while retaining patient safety.

What are the outcomes of clinical supervision for staff?

As well as the outlined benefits to patients there is evidence that demonstrates that clinical supervision is beneficial to staff, by providing a safe space to allow staff the opportunity to open up and reflect on incidents or cases that will enable them to process the complexities of pre-hospital work. Effective clinical supervision can support the delivery of the following outcomes:

- It supports staff to manage the personal and emotional impact of their practice. It provides a safe environment where they can compare practice with those in similar roles, and discuss stressful and emotional issues.
- It provides ways to explore the complexity of clinical judgements and to question one another in a supportive culture, through peer to peer discussions and supervisory support.
- It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development.
- Clinical supervision affords the opportunity for staff to receive assurance and recognition of their clinical practice.
- It also promotes self-regulation and self-awareness through reflective practice improving the quality of the clinical care provided to the patient.
- Positive impact on job satisfaction and a feeling of value, reduced anxiety, and stress.
- Improvement in confidence and leadership skills.

All the above will contribute to the health and wellbeing of individuals by helping to reduce some of the emotional burden and therefore stress and burnout.

The outcomes of Clinical Supervision to the organisation?

The benefits that individual clinicians derive from supervision should in turn contribute to improved patient care. In this respect Cotton (2001) points to the potential for clinical supervision to improve the quality of patient care through the development of professional practice. Equally, Chilvers and Ramsey (2009) believe that clinical supervision, by reducing occupational stress, should safeguard the standards of patient care, and therefore improve the overall delivery of the quality of service.

Through effective clinical supervision, the organisation will benefit from:

- Patients receiving safe, effective and person-centred care at all times
- Improved clinical standards, and enhanced education, professionalism, and expertise of the workforce
- Continued focus on the promotion of quality improvement.
- Improved clinical effectiveness, and compliance with clinical governance
- A stable and engaged workforce, with a reduction in staff turnover, workplace stress and staff burnout with an increase in job satisfaction and retention
- Greater uptake in clinical supervision, through investment in personal development and awareness of both the Facilitator and Participant roles
- The means to develop a strategic view of emerging themes and trends, that are escalated from the provision of a structured forum in which staff are encouraged to explore variations in clinical practice
- Having an open and transparent culture, whereby staff are encouraged and supported to be open and honest regarding their own clinical practice or/and health and wellbeing
- A reduction in incidents resulting in patient harm through early identification of variations in clinical practice
- A developed set of evidence based clinical protocols which supports and provides staff with the confidence for undertaking safe decision making and reflections, resulting in reductions in avoidable conveyances and effective patient care

SECTION 4

Who should participate in Clinical Supervision?

All ambulance staff with direct contact with patients and service users should participate in regular Clinical Supervision. This includes face to face and telephone/remote contact and is therefore intended to cover clinical contact centre, the voluntary sector, NHS 111, and Non-Emergency Patient Transport staff. All ambulance staff can be affected by what they see or hear in the workplace and Clinical Supervision provides a ‘safe space’ where individual needs can be addressed.

General Principles:

- All ambulance staff in patient contact roles are expected to engage in and participate in clinical supervision activities to enhance wellbeing, learning, and professional development.

- Have a shared understanding of the purpose of the supervisory sessions, which are based on an agreed contract.
- All parties should be punctual, reliable, professional and respectful as outlined within the mutual contract and agree to ground rules before a Clinical Supervision session.
- Should be regular and based on the needs of the individual. Ad-hoc supervision should be provided in cases of need.
- The frequency of clinical supervision should also account for the phase of training of each individual participant i.e., Newly Qualified Paramedic.
- Will be an open, interactive process where all parties have the right to express without fear, their feelings, opinions, anxieties and hold equal status based on mutual trust and consent.

Participant duties and responsibilities

Board/Chief Executive Officer

Has overall responsibility for ensuring that systems and processes are in place to enable staff to undertake their role in a safe, competent, and efficient manner.

Named Director

Holds executive responsibility for ensuring governance arrangement are in place for patient safety and staff development. Monitors overall compliance with the provisions of this framework.

Directorate Leads

(Service Directors, Deputy Service Directors, General Managers, Heads of Service, Consultant Practitioners) – Responsible for promoting, encouraging, and ensuring colleagues access reflective learning and Clinical Supervision regularly. They are also responsible for ensuring that there is an adequate leadership framework and working practices in place which allow people to effectively facilitate and participate in supervision.

Line Managers

- Ensuring that this framework is followed within their area of responsibility.
- Monitoring participation, allocating time and resources to help staff fulfil supervision requirements and attend clinical supervision sessions.

- Recognising the benefits that clinical supervision provides for staff and highlighting staff for whom this would be a particularly useful mode of personal and professional development.
- Providing time for clinical supervision within working hours.
- Providing support and advice for any safeguarding issues that may arise.

Individual staff (Participant)

- Actively engaging in Clinical Supervision activities in accordance with the requirement for their professional body (where applicable);
- Preparing for sessions, being punctual, reliable, professional, and respectful.
- Reading the contract and agreeing to ground rules before a Clinical Supervision session (See Appendix A).
- Ensuring that they participate in Clinical Supervision to meet their personal and professional developmental needs.
- Be open to receiving constructive feedback on workplace actions and professional performance and take an active role in developing insight and self-awareness to inform reflective practice.
- Agreeing with their clinical supervisor, the frequency and duration of sessions and inform them of any issues that may affect the process.
- Identification of areas of practice that could be explored in a supervision session.
- Maintaining a record of learning from supervision in their professional portfolio (where applicable).
- Maintaining a record of learning from supervision relevant to their role, scope of practice and grade as part of continual professional development and completing an evaluation and reflective account.

Clinical Supervision Facilitators

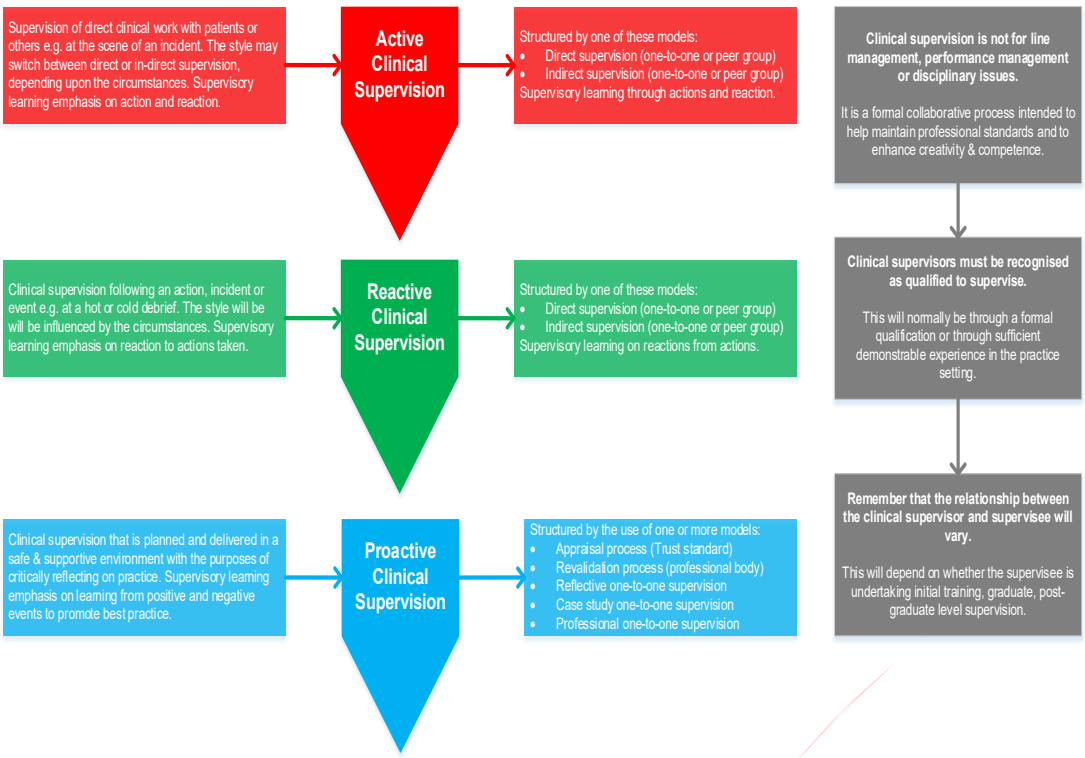
- Providing an environment in which the participant feels safe to explore potentially difficult situations, behaviors, and attitudes.
- Preparing for sessions, being punctual, reliable, professional, and respectful.

- Ensuring focus on the developmental needs of participants whilst maintaining a non-judgmental approach.
- Utilising appropriate skills to ensure that supervision sessions are effective and purposeful; challenging behavior and attitudes that could cause concern about clinical practice and the development or use of clinical supervision.
- Agreeing with the participants contract (see appendix a) which includes ground rules to assist at the outset regarding any communication that will take place with the participants.
- Maintaining confidentiality except when standards / codes of professional conduct are breached, unsafe practices are identified, or safeguarding concerns arise. In these incidences, local safeguarding, adverse incident policy's etc. will be enacted.
- Maintaining supervision records.
- Encouraging participants to share relevant information with their line manager to inform annual appraisals.
- Completing a record of supervisory activity whilst maintaining confidentiality.
- be committed to, and suitably trained to utilise appropriate skills to ensure that supervision sessions are effective and purposeful.
- Continue to develop as a facilitator, maintaining an appropriate level of knowledge and skills, and to engage in their own supervisory development.

SECTION 5

Choosing the Right Model

There is a significant knowledge base on the different models of clinical supervision. Therefore, a literature review was conducted to assist in informing development of the preferred option. There are a variety of models and approaches to clinical supervision and following an analysis of the available evidence, the following model has been adapted from a number of examples. It follows the principle of three stages of clinical supervision as adopted, for example, by the formative, restorative, normative framework adopted by the RCN.



SECTION 6

Benchmarking requirements for Clinical Supervision Facilitators?

Clinical Supervision is considered a fundamental part of service delivery for ambulance services however benchmarking of standards is a complex task. Whilst Clinical Supervision is a requirement for all of those in 'patient facing' roles across nursing, medical and AHP professions, ambulance services are complex in that this involves a myriad of clinical and non-clinical roles across a range of grades and NHS bands and the following points must be considered:

- Paramedics, nurses and doctors require a minimum level qualification, however many other Healthcare Professionals, whilst having completed a recognised qualification, may not be at this level.

- The qualification requirements for the paramedic role have undergone change in recent years and that whilst from September 2021 the minimum standard for entry on to the HCPC register will become a BSc (Hons), approximately two thirds of registered paramedics currently working in ambulance services do not hold a level 6 qualification.

- Many ambulance services now typically require paramedics to undertake an NQP programme before working independently, which can often take up to 2 years to complete.

- It is also increasingly the case that staff employed by ambulance services work outside the service in a portfolio and / or rotational way across health and care systems

- The term 'ambulance services' encompasses not only NHS but also voluntary and private services (VAS & PAS).

There are no current standards set for Clinical supervision in the Ambulance sector. This framework aims to provide guidance relevant to encompass a portfolio of staff roles rather than one distinct profession group. Reviewing evidence and guidelines for other HCP Clinical Supervision policies revealed the following:

- Although it is acknowledged that the facilitator needs to be 'experienced' it does not allude to how this can be measured in quantifiable terms.

- There are implications that a minimum level of education or entry on a professional register as a compulsory standard for the clinical supervision facilitator however, as aforementioned, this is not a requirement for all roles within ambulance services thus potentially excluding a number of staff from taking on the facilitator role.

- There is a lack of evidence on standards reflecting the personal qualities essential for the role.

- There is absence of clear guidance on duration and frequency of supervision, and how to measure the performance of an effective clinical supervision model.

Proctor's Model (1987) describes 3 key components of Normative, Restorative and Formative processes to assist in a structured, supportive approach to enable development of the clinical supervision participant and their practice. With this in mind the clinical supervision facilitator must understand the aims and objectives of clinical supervision and be committed to driving quality improvement and continuous professional development. Whilst certain roles within ambulance services require the clinician to be a member of their respective professional registers, this is not the case for many other staff grades working in both in a clinical and non-clinical capacity and indeed, they may have no formal requirements for CPD. As clinical supervision provides a structured approach to deep reflection on practice, the facilitator must have a knowledge about this specialty and be able to guide the participant with the application of reflective practice skills.

For the purpose of the document, rather than attempting to benchmark against standards that do not appear fit the unique needs of ambulance services, this framework will instead attempt to provide recommendations as a collection of professional judgements incorporated within all remaining sections.

SECTION 7

Education, development, and training for Clinical Supervision Facilitators

Training and development of the facilitator will be determined by their role, scope of practice and grade. Delivery of training should be flexible allowing for individual's and organisational needs.

All clinical supervision facilitators should demonstrate and maintain the following skills and competencies:

- Recognise and adapt to individuals learning styles and needs.
- Competent and knowledgeable in own role and the role being supervised.
- Have a good understanding of local and national guidelines relevant to the participant
- Self-awareness – recognises own limits and weaknesses, knows when to seek further advice and support from others, and is aware of barriers in learners and in themselves.
- Good communicator and active listener, able to facilitate difficult conversations.
- demonstrate cultural competence in supervision
- Confidential and discreet.
- Good organisational skills – able to plan own time effectively to facilitate and commit to additional supervisory requirements, able to maintain clear and accurate records in line with GDPR.
- Has a good understanding of when and how to escalate concerns appropriately.
- Ability to work collaboratively.

How and when should this be achieved?

- Facilitators should have completed any formal contractual learning or supervisory periods relevant to their role (e.g., NQP period)
- Evidence based and informative.
- Recommendation that facilitators should have completed a relevant accredited training programme i.e., Level 6 Clinical Supervision module or equivalent.
- Ongoing CPD
- Allocation of a colleague or peer with experience in clinical supervision to support the clinical facilitator.
- Regular reviews of suitability to undertake the role is to be determined by individual Trusts. Facilitators who receive appropriate training and development will be able to cultivate an environment which prioritises patient safety and

encourages ongoing learning that all team members can participate in and benefit from (Health Education England, 2018).

Management, quality assurance, audit, and monitoring of Clinical Supervision Activity

How is suitability for a Clinical Supervision Facilitator role determined?

- Any member of staff, with relevant accredited training programme is eligible to facilitate Clinical Supervision.
- One Clinical Supervision lead should be appointed per Trust as a central point of contact. The Clinical Supervision leads should produce an annual report regarding clinical supervision activity in their Trust.
- Trust clinical supervision leads should meet annually to share reports.
- All clinical supervision facilitators should participate in regular clinical supervision themselves to ensure they can share, discuss and cope with any additional emotional burden caused by the role.
- A register of clinical supervision facilitators should be maintained within each Trust.
- Each Ambulance Service should develop a mechanism to monitor and audit the uptake and quality of clinical supervision.

SECTION 8

What is the recommended frequency and duration of Clinical Supervision?

- The frequency and duration of a Clinical Supervision session should be agreed upon between the facilitator and the participant/s before a session depending upon need.
- It is recommended that Clinical Supervision sessions are SMART (*Specific, Measurable, Attainable, Realistic, and Timed*).
- The duration of a session is to be determined before a session commences, to enable organisational planning and to ensure participants know what to expect.
- The recommended duration is a minimum of one hour. This allows enough time for a focused, productive discussion and discourages lengthy unfocused discourse.
- The duration of clinical supervision sessions may also be determined using digital solutions.
- Each organisation should have an associated policy which outlines frequency and duration requirements – this should also incorporate some flexibility for ad-hoc requirements.

- Staff should participate in a Clinical Supervision session at least quarterly. However, the frequency of sessions should reflect the individual needs of staff.
- Clinical Supervision should take place face-to-face. This includes the use of virtual conferencing software which enables staff to participate in a Clinical Supervision session whilst working in the mobile, dispersed ambulance service environment.

SECTION 9

The Content of Clinical Supervision

To ensure clinical supervision is fulfilling the clinical governance expectations for quality and safety standards, it is necessary to determine the appropriate content of clinical supervision sessions.

Thus, this section does not seek to specify precisely how clinical supervision should be undertaken, more provide an outline structure as to the content of clinical supervision and the potential benefits this may bring to patient facing staff. It is useful to set out the content of clinical supervision and offer clarity in the intention of the exercise, namely that the practise should be one of a supportive process aimed at guiding clinicians in the delivery of up-to-date, safe and effective clinical care.

Content and structure

Historically, supervision within ambulance services has often lacked focus around the principal function of an individual's role, instead focusing on predetermined organisational objectives as a means to 'instruct' patient facing staff as to operational process or procedures, often leading to unwarranted variation in outcome, as highlighted within the Lord Carter review.

This guidance provides a timely opportunity to shape the nature of these clinical supervision discussions to not only ensure organisational direction is disseminated and embedded but more importantly participants have an opportunity to reflect upon and discuss clinical delivery and individual cases with the intention of learning from experience and continue to improve practice. Pearce *et al* (2013), undertook a systematic review of the content of clinical supervision sessions for nurses and allied health professionals and found that whilst there is a paucity of evidence in many areas of clinical supervision content, three clear strands appeared to be consistent throughout.

Reflective Practice

The process and undertaking of reflective practice is far from a new concept within the clinical practice of health care practitioners, more especially those who have studied within

a Higher Education Institution. The process offers opportunity for clinicians, through a variety of constructs to, reflect back on an individual incident or incidents and assess their own practice against set standards and evidenced expectations. This acknowledgement of past experiences, where *'what went well'* and *'what didn't go quite so well'* can be discussed in equal measures, facilitated by a peer or ideally a senior clinician, can be an extremely effective learning tool. When used effectively and undertaken regularly it will engage the clinician and inevitably improve their clinical performance in future care delivery.

Task Orientated Content

Pearce *et al* (2013) describes task orientated content as being activities that take place in clinical supervision sessions which are directed at specific objectives or tasks and are solution focused. This therefore is a more focused element of supervision, often but not exclusively being driven by specific objectives. Examples may include:

- Clinical appraisal of compliance against determined organisational standards, i.e. clinical indicator bundles, clinical performance metrics or outcomes.
- Review of personal development plans to ensure both the individual and organisation are working together to maximise the opportunities afforded.
- Review of clinical documentation. Providing a focused and consistent approach to the completion and content of clinical records can aim to address this widely acknowledged clinical concern. All documentation must remain confidential.
- Dissemination of learning through a cascade mechanism. This may be organisational learning following an untoward or serious incident, changes in clinical practice or other targeted measures.

Equally, when used in combination with reflective practice this may be useful remediation for areas of learning highlighted by the individual.

Stress Management

This final theme offers opportunity for staff to share experiences and learn that often the areas of work that created stress or anxiety is a shared feeling amongst many of their fellow colleagues. When undertaking clinical supervision sessions as a group, this ability to discuss common issues illustrated that often these moments of pressure where also felt amongst others. This methodology not only exposes opportunity for shared learning but also promotes wellbeing within the supervision sessions that enables a more positive future outlook, engagement and output. In turn leading to less burnout, self-blame and fewer withdrawals from the professional setting.

None of these elements are exhaustive lists and many more bespoke aspects can be tailored into this format. However, when viewing the examples given, they do align to the processes of active, reactive, and proactive supervision.

Review

This Clinical Supervision Framework will be reviewed on an annual basis or sooner in the light of any changes in the guidance from professional bodies as required and appropriate national and professional standards and guidelines to which the Trusts must adhere. The Framework also recommends that individual Ambulance Trust's review the effectiveness of Clinical Supervision through their own Quality Committee (or equivalent) and through monitoring at Board level.

Equality Impact Assessment

As part of this document development, an Equality Impact Assessment has been completed to minimise and if possible, remove any disproportionate impact on Trust employees and/or on the patient population served.

SECTION 10

Interdependencies and Other Considerations

Clinical Supervision in Supporting Mental Health & Wellbeing

Ambulance staff report higher levels of mental ill health compared with the general population. Research by the mental health charity Mind found that emergency services staff were twice as likely to identify problems at work as the main cause of their mental ill health problems, compared with the general workforce. Almost nine in ten (88%) reported experiencing stress and poor mental health while working for blue light services. Staff reported reluctance to disclose a mental health problem at work, perceived stigma associated with mental health and felt unsupported by employers to address mental wellbeing.

With the unprecedented impact of the COVID-19 pandemic on the workforce, it is vital that ambulance organisations develop a culture that normalises help-seeking and nurtures staff mental wellbeing. Clinical Supervision is a concept that is not only important for the provision of high-quality patient care; it is an integral approach to developing an organisational culture that places equal importance on employee mental health and wellbeing. The principles of Clinical Supervision create the supportive skills and values

needed, whilst promoting a safe and confidential environment to enable staff to reflect and develop both professionally and personally.

Clinical Supervision helps to enhance communication which is central to all NHS roles. Effective communication relies upon many factors, such as environment, unconscious bias, cultural and language differences, expectations, and prejudices (leading to assumption and stereotyping), effective listening, emotional barriers, and effective use of verbal and non-verbal skills. Communication is related to emotional intelligence which in turn is associated with empathy. When emotional intelligence is developed, the resulting improvement in empathy and interpersonal skills can lead to better communication and more successful relationships. Without effective communication and reflective practice, staff can feel isolated and unsupported, and this can lead to poor mental health and staff who are unable to thrive at work.

Reflective practice is key to enabling staff to cope with the personal and professional impact of their role with the ambulance service. Each Ambulance Service will need to consider how reflective practice can be truly embedded irrespective of demand. Through regular Clinical Supervision staff are empowered to develop themselves and organisational processes to improve their own wellbeing, whilst advancing standards of patient care. Many ideologies and frameworks support the reflective processes, emphasising the importance of knowing and understanding oneself.

By taking time to reflect upon their own reactions and emotions staff can increase awareness of their own assumptions and expectations. This is important for building the emotional resilience needed to cope with work-related stressors. Furthermore, this awareness also enables staff to identify their own support needs to ensure that they don't just cope at work, but thrive. A thriving workforce will increase organisational capability through reduced sickness absence and increased presenteeism. Thriving employees are also better equipped to meet the demands of providing patient care through decision-making and personal and organisational development that is unimpeded by poor mental health and burnout identified among poorly supported workforces.

Clinical Supervision provides a space where interpersonal intelligence is used to interpret behaviours to help participants to understand others. Clinical Supervision facilitators should be taught to notice the perceptions and reactions of others and to understand the consequences of communication. This is important as Clinical Supervision offers a safe, structured space where any underlying difficulties can be identified, and staff can be signposted to support services when needed. In the busy ambulance environment, there are very few places outside of Clinical Supervision where staff may have an opportunity to safely discuss work-related anxieties, consider their own coping mechanisms and seek-help when needed.

The integration of Clinical Supervision into an ambulance organisation can help to encourage open discussion about work-related stressors, normalise help-seeking behaviours and tackle the prevailing stigma. This in turn not only results in improvements for patient care, but the cathartic, supportive factors can result in improvements in resilience, emotional intelligence, empathy, and a reduction in stigma about talking about work-related stressors and help-seeking at work

Finally, the emergence of Professional Nurse Advocates (PNA) for Mental Health, within the nursing profession, provides Ambulance Services with an opportunity to access PNA courses for registered nurses working within the ambulance sector, and offers the potential for the creation of Professional Paramedic Advocates (PPA) in due course. The impact of PNA in the context of restorative clinical supervision has been demonstrated to reduce the time off sick, and to promote better mental health across the wider workforce. The framework strongly recommends that the Ambulance Sector Leadership Structure gives due consideration to developing the role of PPA and PNA.

Protected Characteristics

Access to clinical supervision will be available to all staff regardless of age, disability, gender, reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and maternity, and whether they receive clinical supervision as part of continuing professional development.

This framework has been developed on the basis that all protected characteristics under the Equality Act 2010 are included in the scope and remit of this framework and that there will be no impact on any groups within the Act.

The UK is becoming increasingly diverse, highlighting the need for ambulance services to respond adequately to the communities they serve. A range of studies have underlined ethic inequalities occurring across a range of health care services and this suggests that practitioners may not be recognising and responding adequately to the culturally informed needs of individuals.

It is crucial that the application of the Clinical Supervision Framework promotes the discussion of Black and Minority Ethnic (BAME) cultural and health issues, as it is recognised that discussing these issues in a clinical supervision environment can positively impact the supervisory relationship and participant's satisfaction with the supervision process. There is evidence that culturally competent supervision can also positively influence the participant's practice.

- Addressing issues around ethnic diversity and all cultural considerations inappropriately in supervision can have a negative impact on supervisees. All Ambulance Trusts should ensure that Clinical Supervisors can and should have access to the available literature and access to training to guide culturally competent supervisory behaviour.

Throughout the clinical supervision process, supervisors must be able to demonstrate cultural considerations and competence across all protected characteristics, through highlighting, conceptualising, and working with cultural issues which arise in the context of the supervisory relationship.

Ambulance Dataset (ADS)

The implementation of the Ambulance Data Set (ADS) offers the opportunity to understand the patient journey beyond the initial Ambulance Service care. With the collection and sharing of both operational and clinical patient information to a central data repository, ADS records can be linked to other healthcare data sets, with this information then returned to Ambulance Services. Initially focused on data from Emergency Departments using the Emergency Care Data Set (ECDS), this linked data will allow more detailed understanding of patient outcomes, including final diagnosis, investigations, treatments and onward destination. The linking of ADS data with other data sets will provide a richness and depth of data that has not previously been available within Ambulance Services.

The return of linked outcome data into services will provides an analytical opportunity to identify and understand the use of a wide range of treatments and medications for particular conditions, ensuring the most appropriate interventions are incorporated into standard operating procedures within the clinical governance structure.

Due to the data set design, the linked data will also provide the opportunity to deliver feedback to clinicians on an individual basis. The provision of linked data will allow ambulance service clinicians completing the Electronic Patient Record to continue to build on their confidence, competence and knowledge to improve the delivery of care to patients through the understanding of the impact of their own clinical practice on the patient outcomes.

Whilst the data provided by ADS can be delivered a number of ways, it is important to recognise that standard feedback models should be adopted to ensure that staff wellbeing is protected, and information is delivered in positive and constructive ways.

There is currently no legal basis to allow for the information flow of linked data back into Ambulance Services, and the ADS Project Team is currently in the process of submitting a Section 251 application to the Confidentiality Advisory Group (CAG). Approval of this

application will satisfy legal and information governance requirements to allow data to flow but pending receipt, all Ambulance Service Trusts should consider how Clinical Supervision can benefit from the ability to harness end to end patient information and outcomes..

Appendix A: Example Clinical Supervision Contract

Please ensure that you have read the contract of clinical supervision as it will be assumed that you have read, understood, contacted the facilitator with any questions or ground rule amendments that you may have and that you agree to abide by the ground rules before you join a session. Thank you.

Purpose of Clinical Supervision

- To facilitate the growth and development of the participant to become a more effective practitioner, acknowledging the importance of outcomes & 'moving on';
- To discuss work related topics as well as personal issues that may impact on work, as appropriate;
- To achieve a balance between support, personal and professional development and safe practice, standards and quality care;
- To have an atmosphere & environment where discussion can be open and honest and where the person can bring 'whatever they are carrying';
- To have the opportunity to give and receive clear and constructive feedback, but not to be critical, acknowledging the good, the positive & successes as well as the improvement points;
- To regularly discuss & monitor stress levels.

Length and frequency of session

Usually 1 hour, but session length should be agreed upon between the facilitator and participant/s before the session begins.

Confidentiality

The topics discussed during the session will be confidential. The facilitator and the participant/s will not divulge any aspects of the session in any other arena (the exception to this is when a safeguarding issue or clinically unsafe practice or an act of misconduct is identified). Anything taken outside of Clinical Supervision session requires the full consent of all participants.

Should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the facilitator is required to take appropriate action.

Record keeping

Appropriate records will be taken and kept confidential by the individual.

Ground Rules

The ground rules are flexible and can be changed and agreed upon between the facilitator and participant/s before a session. For example, pre-agreeing whether mobile phones and radios should be turned off or left on is worth considering. The following offers a recommended guide for Clinical Supervision ground rules;

Time keeping

Sessions will be SMART (Specific, Measurable, Achievable, relevant, and time-based) in nature. The typical length of a Clinical Supervision session will be 1-hour. However, this can be decided upon a priority basis by the facilitator or agreed upon at session commencement between facilitator and the participant/s depending upon circumstances. All participants are expected to arrive punctually and cannot join the session once it has started.

All participants will agree to **respect** the opinion of others and give space for others to have their say without interruption

Time Out

Sessions will not be interrupted by persons outside of the group after sessions have commenced, as this interrupts the flow of discussion. However, participants are free to leave the session at any time if a 'time out' is required. They are free to return to the session anytime during the allotted session time.

The session will always start with a 'check-in' – How are you feeling?

The discussion topics for Clinical Supervision sessions will be;

- decided upon by the facilitator prior to the session or;
- Prepared by the participant/s before the session and agreed upon at session commencement.
- In the case of group supervision sessions, the chosen topic for discussion will be voted upon by all participants present.

The participant/s and facilitators will be committed to attending Clinical Supervision sessions.

The Clinical Supervision session will always close with an open & honest review, to include all members and the facilitator, to include: What has worked well and what needs improvement?

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