NHS
South Western
Ambulance Service
NHS Foundation Trust

Meeting:	**Clinical and Quality Oversight Group**
Date:	Thursday 11 November 2021
Paper Title:	Clinical Supervision (CS) Policy

Prepared by:	Sasha Johnston
Presented by:	Jennifer Winslade

CQC Domain:	Safe Effective
Strategic Goal:	Every Patient Matters Every Team Member Matters

Action:	Approval
Recommendation:	The Clinical and Quality Oversight Group is asked to approve the Clinical Supervision (CS) Policy

Summary	For the uninitiated, Clinical Supervision (CS) is simply a framework which provides a safe, confidential space for staff to reflect upon and talk about work-related experiences. Evidence suggests that this format enables staff to learn from one another, share experiences, understand differing perspectives, challenge one another safely and is a cathartic exercise for staff wellbeing. The CS policy was developed in conjunction with a staff working group and was approved in December 2020. Since then a national Clinical Supervision policy for all UK ambulance organisations has been developed. This work was commissioned following Lord Carter's 2018 review into unwarranted variation in English Ambulance Trusts by NHSE and NHS Improvement, and supported by the Association of Ambulance Chief Executives and the College of Paramedics. Lord Carter's report recommended that Ambulance Trust boards should agree upon and implement a common Clinical Supervision model. Sarah James and Sasha Johnston have been involved in the development of this work and the national policy has been heavily influenced by the work already undertaken in SWASFT. However, discussions at a national level highlighted the need for the Clinical Supervision offering to made available to all ambulance employees. In response a summary of the recommended changes to the Clinical Supervision policy are as follows (detailed amendments can be found in the accompanying tracked changes document and final draft of the recommended version 10 of the SWASFT CS policy):

	• To reflect the equal balance of power which should be achieved during a CS session, the wording has been changed from 'supervisor' to 'facilitator' and from 'supervisee' to 'participant'. • Clinical Supervision facilitator eligibility criteria change: The current version of the CS policy states that facilitators should be a registered Healthcare Professional (HCP). However, to promote inclusivity, equity and consistency it is recommended that the facilitator role is made available to any member of staff if they meet the following eligibility criteria; i. Completed the relevant higher education CS module ii. AND they are a registered HCP or a Peer Support Guardian • Level 3 safeguarding; it is recommended that 'CS facilitator' is designated as a specialist role (the TEL team are happy to facilitate this) and that facilitators are allocated level 3 safeguarding on the ESR. Simon Hester has been consulted and agrees with this course of action. There is a risk that safeguarding issues may be raised during CS sessions and this additional tier of education will support the facilitators in managing such risk. • Appendices A-E have been updated to adhere to principles of anonymity and to better reflect the process of Clinical Supervision as guided by the literature.

Clinical Supervision Policy

Version:	10
Status:	Final Draft
Title of originator/author:	Sarah James, Deputy Director of Quality, Sasha Johnston, Research Paramedic, Lizzie Ryan, Learning and Development Officer
Name of responsible director:	Executive Director of Quality
Developed/revised by group/committee and Date:	Clinical and Quality Oversight Group, Thursday 11th November 2021
Approved by group/committee and Date:	
Effective date of issue: (1 month after approval date)	
Next annual review date:	
Date Equality Impact Assessment Completed	
Regulatory Requirement:	

Trust Policy Foreword
SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner and upholding the Trust zero-tolerance to bribery.

Compassion in Practice – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

Fit and Proper Persons – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary

qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Information Governance - SWASFT recognises that its records and information must be managed, handled, and protected in accordance with the requirements of the Data Protection Act 2018, General Data Protection Regulation (GDPR) and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high-quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

Contents

General Information

1. Purpose

1.1 This Policy aims to provide a clear understanding of supervisory processes at South Western Ambulance Service Trust (SWASFT) with a focus on the personal and professional development of staff. Secondly, it provides a framework for reporting Clinical Supervision activity undertaken at SWASFT for governance purposes. The content of the Clinical Supervision session will remain confidential, sensitive information will only be shared at the discretion of the facilitator and participants' joint agreement as per the Clinical Supervision contract; however, general data and information can be extrapolated for assurance.

1.2 Clinical Supervision is a process by which employee's are assisted to improve working practices through reflection. The participant/s professionally and personally develop and provide support to manage complex situations associated with the administration, support and delivery of the care and treatment of patients.

1.3 To introduce Clinical Supervision on a regular basis within the workplace to encourage reflection of work-related practice with a person trained to facilitate Clinical Supervision. The facilitator will help to guide the reflective process by listening, analysing and questioning. The purpose of the process is to stimulate reflection, promote professional and personal development, to provide support and to achieve quality care and working practices by maintaining and improving standards, thereby promoting safe care and reducing risk.

1.4 The policy also incorporates safeguarding Clinical Supervision which is a form of professional Clinical Supervision.

2. Scope

2.1. This policy applies to **all staff** employed by SWASFT regardless of job role.

2.2. Clinical Supervision;

- is part of a natural progression throughout an employee's career;
- may be undertaken on a one-to-one basis, or as a group depending on the practitioner preference;
- was designed to provide a safe space for discussion about clinical care. However, this does not preclude staff who are not registered healthcare professionals. Any staff member regardless of job role can be affected by

what they see or hear at work and should be involved with Clinical Supervision when required.

- is not the exercise of covert managerial responsibility or managerial supervision;
- is not a system of formal individual performance review
- is not hierarchical in nature.

3. **Definitions**

3.1. There are many definitions and models relating to Clinical Supervision. The Department for Health (1993) and Skills for Care (2007) provide useful definitions;

"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)

"An accountable process which supports, assures and develops the knowledge skills and values of an individual group or team" (Skills for care, 2007)

3.2. Clinical Supervision will be provided by the Trust to its staff in accordance with best practice guidance for the particular needs of the staff member's role and in relation to the requirement of stakeholders i.e. Universities. For clinical staff, examples of best practice guidance include the Health Care Professions Council (HCPC), College of Paramedics (CoP), the Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN), General Medical Council (GMC) etc.

3.3. For the purpose of this document the following terms are utilised (See Table 1);

Table 1. Clinical Supervision Terms and meaning

Term	Meaning
Clinical Supervision	➢ A facilitated discussion between two or more colleagues to actively reflect on practice and to encourage the development of professional skills and personal insight in order to improve working practice and patient care whilst sharing experiences and anxieties. ➢ A formal process of professional support and learning which enables individuals 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).
Professional Clinical 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.
Safeguarding Clinical Supervision	➢ Safeguarding Clinical 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 Clinical Supervision aims to produce positive outcomes for patients, staff, supervisors, and the organisation.
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 participant/s to deliver quality care and working practices through critical reflection (Driscoll 2000).
Participant	➢ A member of staff partaking in Clinical Supervision. ➢ A person receiving support and help to develop through Clinical Supervision.

4. Duties, Responsibilities and Reporting

4.1 **Chief Executive** – Has overall responsibility for ensuring that systems and processes are in place within the Alliance and to ensure staff undertake their role in a safe, competent, and efficient manner.

4.2 **Deputy Director of Nursing and Quality**– Holds executive responsibility for ensuring governance arrangement are in place for patient safety and staff development. Monitors overall compliance with the provisions of this policy.

4.3 **Directorate Leads** (Service Directors, Deputy Service Directors, General Managers, Heads of Service) – Responsible for promoting, encouraging, and ensuring colleagues access reflective learning and Clinical Supervision regularly. They are also responsible for ensuring that there are systems and working practices in place which allow employees to facilitate and to attend Clinical Supervision sessions.

4.4 **Learning and Development Department**

4.4.1 The Learning and development department is responsible for;

- Maintaining an up-to-date list of recognised facilitators available for the facilitation of sessions for others;
- supporting the audit and monitoring of Clinical Supervision activity taking place;
- the provision of training and development and/or signposting to appropriate courses and support for current and future facilitators;
- supporting staff to access a facilitator if required.

4.5 **Clinical Supervision role responsibilities**

4.5.1 Line Managers are responsible for;

- ensuring that this policy is followed within their area of responsibility;
- monitoring attendance, allocating time and resources to help colleagues fulfil Clinical Supervision requirements and to 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 support and advice for any safeguarding issues that may arise.

4.5.2 **The Staying Well Service** is responsible for;

- providing a source of support for Clinical Supervision facilitators;
- providing support and advice for any risk of harm / safeguarding issues that may be identified during Clinical Supervision.

4.5.3 **Individual staff (participant)**

4.5.4 All staff members are responsible for;

- actively engaging in Clinical Supervision activities in accordance with the requirement for their Continued Professional Development and if relevant, their professional body;
- preparing for sessions, being punctual, reliable, professional and respectful;
- ensuring that they take up Clinical Supervision to meet their personal and professional developmental needs;
- agreeing with their line manager the frequency and duration of sessions and informing them of any issues that may affect the process;
- the direction of their Clinical Supervision and identification of areas of practice that could be explored during a session;
- maintaining a record of learning from Clinical Supervision in their Continued Professional Development portfolio;
- completing an evaluation and reflective account following Clinical Supervision.

4.6 **Facilitators**

4.6.1 The facilitators are responsible for;

- providing an environment in which the participant/s feel safe to explore potentially difficult situations, behaviours and attitudes;
- preparing for sessions, being punctual, reliable, professional and respectful;
- ensuring focus on the developmental needs of participant/s whilst maintaining a non-judgemental approach;
- utilising appropriate skills to ensure that supervision sessions are effective and purposeful; challenging behaviour that would cause concern about clinical practice, development or use of Clinical Supervision;
- agreeing with the participant/s a contract agreement (see Appendix A) which includes ground rules to guide any communication that will take place with the participant/s;
- maintain confidentiality except when standards / code of professional

conduct is breached, unsafe practices are identified, or safeguarding concerns arise;
- maintaining Clinical Supervision records (see Appendix B);
- encouraging participants to share relevant information with their line manager in order to inform annual appraisals;
- completing a record of facilitation activity (see Appendix C) whilst maintaining confidentiality and returning the record to the Learning and Development (L&D) team quarterly. The L&D team will maintain record of Clinical Supervision across the Trust.

4.7 **Staff Wellbeing Engagement Group (SWEG)**

4.7.1 The Staff Wellbeing Engagement Group is responsible for;

- promoting the use of Clinical Supervision as a positive activity to develop reflection on complex cases;
- reviewing the audit and monitoring of Clinical Supervision activity within SWASFT. The SWEG will receive quarterly updates from the Learning and Development Team.

4.7.2 **Standards and Practice**

4.7.3 All staff employed by SWASFT are encouraged to participate in Clinical Supervision. Registered healthcare professionals are particularly encouraged to participate in Clinical Supervision to support their clinical role. To support this the Care Quality Commission (2013) developed a supporting information and guidance document for effective Clinical Supervision.

4.7.4 **Key Aims and Benefits**

4.7.5 There are three functions of Clinical Supervision, as described by the Three Function Interactive Model of Supervision (Proctor, 1987). Staff will attend Clinical Supervision to address a restorative, normative and/or formative need, depending upon their experiences at work:

1. Restorative (support)

- Clinical Supervision supports staff working with stress and distress by providing a space where staff are listened to and enabled to vent their stress in a safe space, whilst acknowledging and validating good working practice. During the session staff are encouraged to explore their own reactions and feelings, enabling them to self-identify any need for signposting to further support.

2. **Normative** (maintaining standards)

    - Clinical Supervision supports and helps to maintain standards of care by encouraging reflective practice. Clinical Supervision provides a safe space for staff to challenge one another safely, provide honest feedback and ensure that standards of care are maintained by exploring the accountability aspects of working practice.

3. **Formative** (education)

    - Through 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 developing the expertise and skills of all participants.

4.7.6 The **purpose of Clinical Supervision** is to:

- help to safeguard, improve standards and enhance education whilst reducing the risk of unsupported mental ill health among staff and poor clinical decision-making for working practice and patient care;
- support professional accountability, self-awareness and self-regulation;
- assist in the development of professional expertise;
- promote the delivery of quality care, clinical effectiveness and clinical governance;
- facilitate the growth and development of the participant/s to become more effective in their role;
- help staff to keep abreast of, and cope with, the constant changes in NHS policies, professional boundaries, new technology and advances in clinical research**.**

4.7.7 The **purpose of Clinical Supervision for the Trust** is to:

- provide a safe, structured space for staff to talk about their work to enable the sharing of education, ideas, experiences, and anxieties;

- provide a place for staff to challenge one another safely and to encourage reflective practice;

- provide additional support during the COVID19 pandemic for all staff, where social distancing may prevent the provision of face-to-face support.

4.7.8 The **purpose of Clinical Supervision for staff** is to;

- feel better and more positive after the session;
- facilitate personal growth and development to enable the participant/s to become more effective in their role, acknowledging the importance of outcomes and the importance of 'moving on';
- discuss work related topics as well as personal issues that may impact on work, as appropriate;
- achieve a balance between support, personal and professional development and safe working practice, standards and quality care;
- create an atmosphere and environment where discussion can be open and honest and where participants can bring 'whatever they are carrying';
- provide an opportunity where clear and constructive feedback can be given and received. Feedback should not involve criticism, but should involve acknowledgment of the good, the positive and the successes, as well as points for improvement;
- regularly discuss and monitor stress levels.

4.7.9 **Clinical Supervision also**;

- enables staff to talk about workplace experiences, providing an environment where they can safely challenge one another to reduce the risk of rumination which can increase the risk of mental ill health;
- increases motivation, commitment to work and self-direction in learning;
- promotes high standards of care delivery and risk management;
- improves managerial performance and increases staff accountability;
- can help to recruit and to retain staff;
- improves levels of absenteeism and sickness.

4.7.10 Clinical Supervision helps to provide a more skilled, efficient, and effective workforce. Most importantly, it encourages staff to improve their performance and realise their potential.

4.7.11 **The Benefits to Practitioners**

By taking time to think and reflect in work time and utilising Clinical Supervision to develop action plans and identify learning, Clinical Supervision:

- gives greater clarity and confidence in working practice;
- provides a 'time out' and offers an opportunity to explore and change practice;
- promotes staff empowerment;
- helps staff to feel valued and appreciated;
- can increase job satisfaction;
- helps to reduce any sense of isolation felt by staff;

- reduces staff stress and increases morale;
- increases motivation, enthusiasm, innovation and creativity;
- promotes team building and responsibility for own practice;
- helps to ensure that patients, their families, and their carers can have more confidence in the quality of care they receive from a more confident and competent workforce where clinical supervision is part of Trust practice.

4.8 **Who can provide Clinical Supervision?**

4.8.1 To facilitate Clinical Supervision the following two A+B eligibility criteria must be met:

4.8.2 **Criteria A**

- SWASFT employee.

- **AND** up-to-date level 3 online safeguarding training completed and recorded on the Electronic Staff Record (ESR) system.

- **AND** able to provide evidence (usually the university transcript or Learning and Development department record) that they have completed and passed a level 6 or above Higher Education module in Clinical Supervision (or equivalent training course) with a recognised Higher Education institution..

4.8.3 **AND Criteria B**

- A healthcare professional registered with a recognised regulatory body (e.g., HCPC, NMC, GMC, etc).

OR

- A SWASFT employee who is not a registered healthcare professional who is a Peer Support Guardian.

4.8.4 **Who can participate in Clinical Supervision?**

4.8.5 Any SWASFT employee can participate in Clinical Supervision to enable them to reflect upon and discuss any aspect of their working lives.

4.9 **Different Ways of delivering Clinical Supervision**

4.9.1 Clinical Supervision may be undertaken in a variety of ways;

- **Individual 1:1 Expert Clinical Supervision**; with a more experienced person or line manager from the same discipline or in some cases a different discipline.

- **Individual 1:1 Peer Clinical Supervision**; with a person of the same grade and similar clinical competence and expertise.

- **Expert Group Clinical Supervision**; where a group is led by a clinical expert or specialist.

- **Peer Group Clinical Supervision**; with peers from the same discipline. This may be facilitated by an external facilitator or by the group itself.

- **Network Group Clinical Supervision**; with a group of people who do not work together on a day-to-day basis.

4.9.2 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. However, it is recommended that staff participate in a Clinical Supervision session at least once a year. It is also recommended that sessions are SMART (*Specific, Measurable, Achievable, Realistic and Time-bound*) and are one hour in length. This allows enough time for a focused productive discussion and discourages lengthy unfocused discourse.

4.9.3 Clinical Supervision can be delivered using different mediums depending on the needs of the facilitator, participants, and context, such as;

- Face-to-face;
- Virtual platform (such as Skype/Teams);
- Telephone.

4.10 **Special consideration**; **Safeguarding Supervision**

4.10.1 Safeguarding Clinical Supervision utilised within the Trust is always delivered using the 'Expert Clinical Supervision' model and delivered within the framework of the Intercollegiate documents for;

- Safeguarding Adults

- Safeguarding Children and Young People

4.11 **Process for requesting Clinical Supervision**

4.11.1 The process for requesting Clinical Supervision is outlined in a flow chart located in Appendix D and Standard Operating Procedure OP061.

4.11.2 Should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the facilitator is required to take appropriate action in accordance with SWASFT's Safeguarding policy and by seeking support from outside of the Clinical Supervision session as necessary. The participant/s will be encouraged to engage with any action taken and the rationale will be explained (see Appendix A).

4.12 **Documenting and Recording**

4.12.1 For auditing purposes facilitators should record the date, time, and workplace of the participant/s on the Clinical Supervision record sheet (See Appendix B) for all Clinical Supervision sessions.

4.12.2 Before commencing a Clinical Supervision session with an individual or a group, the facilitator must explain that an anonymised record of all Clinical Supervision activity in SWASFT will be maintained. These reports will not include the names of individual participants, nor do they contain any detail of the content of the Clinical Supervision session. They simply record that the activity has taken place along with the overall theme of the session.

4.12.3 Facilitators are encouraged to maintain records of their Clinical Supervision sessions, although this should be agreed with the participant/s at the start of the process (see Appendix A). Facilitator records are encouraged as they form a useful reference point for future sessions, are helpful in the evaluation of the process and are a reminder of the agreement of actions. Facilitators should use the record template (see Appendix B).

4.12.4 Participants are encouraged to keep records of Clinical Supervision for their Continuous Professional Development (CPD) portfolio (see Appendix E). This is encouraged through the use of a personal reflective piece which can be used as part of an individual's CPD portfolio where required. In this instance any reference to patient care/colleagues etc. must be anonymised. Written reflections of learning that have taken place as a result of Clinical Supervision are encouraged.

4.12.5 All documentation must be managed in accordance with SWASFT's Information Governance Policy.

5 Training Requirements

5.1.1 The Learning and Development Department will either provide formal training in Clinical Supervision or signpost staff to appropriate courses provided by external

providers which cover the necessary content and outcomes for the attendee to develop the necessary skills to undertake Clinical Supervision on an individual or group basis.

6 Monitoring

6.1.1 In order to ensure that this policy is being adhered to and is effective, the NHS Litigation Authority (NHSLA) details the elements of the Clinical Supervision policy that require monitoring (see Table 2).

Table 2. Clinical Supervision elements requiring monitoring

Element to be Monitored	The frequency of Clinical Supervision undertaken by SWASFT staff will be monitored quarterly
Lead	The Learning and Development department will collate reports detailing the frequency of Clinical Supervision sessions undertaken, utilising the information submitted quarterly by facilitators
Tool	The reporting form included in this policy (see Appendix C) will be used to collect data for monitoring purposes
Frequency	Reporting on Clinical Supervision activity is completed quarterly and a report compiled.
Training Needs	The training needs identified within the policy will need to be identified in the Training Needs Analysis
Reporting Arrangements	The report will be shared with the Staff Wellbeing Engagement Group (SWEG)
Acting on Recommendations and Lead(s)	All line managers, facilitators and the Learning and Development department will work collaboratively to ensure that recommendations are completed in a timely manner
Change in practice and lessons to be shared	When all participants agree on the sharing of information, any changes in practice and/or lessons learned identified through Clinical Supervision will be shared through the Learning and Development department and from Head of Service reports to the Clinical Governance Committee and the Staff Wellbeing Engagement Group (SWEG)

7. References

1. Care Quality Commission (CQC) (2013) Supporting information and guidance: Supporting effective clinical supervision. [online] Available at: https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_

2. Driscoll, J. (2000) Practising Clinical Supervision, a reflective approach. Bailliere Tindall, London.

3. health and care professions council (hcpc) (2014) Standards of proficiency: Paramedics [online] Available at: https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency-paramedics.pdf

4. Nursing and Midwifery Council (NMC) (2015) The Code: Professional standards of practice and behavior for nurses, midwives and nursing associates. [online] Available at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

5. Proctor, B. (1987) Supervision A Co-Operative Exercise in Accountability, in Marken, M. and Payne, M. (eds) *Enabling and Ensuring: Supervision in Practice*. Leicester: Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work, pp. 21–23. Available at: https://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q))/reference/ReferencesPapers.aspx?ReferenceID=1547577.

6. Skills for Care (2007) Providing effective supervision: A Workforce development tool including a unit of competence and supporting guidance. [online] Available at: https://webarchive.nationalarchives.gov.uk/20130405141402/https://www.education.gov.uk/publications/eOrderingDownload/Providing_Effective_Supervision_unit.pdf

8. Associated Documents

Appendix A Clinical Supervision Contract
Appendix B Clinical Supervision Facilitator Reflection template
Appendix C Facilitator audit and monitoring record of Clinical Supervision activity
Appendix D Process for requesting Clinical Supervision
Appendix E Participant Record of Clinical Supervision
Appendix F Version Control Sheet

Appendix A; 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 feel better and more positive after the session;
- To facilitate the growth and development of the participant/s to become a more effective at work, acknowledging the importance of outcomes and '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 patient care;
- To create an atmosphere and 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 and successes as well as the improvement points;
- To regularly discuss and 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 participant/s will not divulge any aspects of the session in any other arena (the exception to this is when a safeguarding issue or an act of misconduct is identified which is agreed during ground rule setting). Anything taken outside of the session requires the full consent of all participants.

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 switched off during a session should be considered. The following offers a recommended guide for Clinical Supervision ground rules:

- **Confidentiality / safety**: Participants will agree to not discuss any details of a Clinical Supervision session. The only exception to this is where harm is identified; in this circumstance the facilitator will work with the participant/s to take appropriate action in line with SWASFT's Safeguarding policy.

- **Time keeping**: Sessions will be SMART (Specific, Measurable, Achievable, Realistic 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 participant/s depending upon circumstances. All participants are expected to arrive punctually and if they do not arrive on time, can only join with the agreement of the facilitator.

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

- **Time Out**: Sessions should not be interrupted my 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 one topic for discussion should be agreed upon at session commencement.
    - In the case of group Clinical 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 involving all participants and the facilitator, to include: What has worked well and what needs improvement?

- Individual participants will keep a confidential record of the contents of the session.

Appendix B

Supervision Audit and Monitoring Record

Facilitator name	Number of participants
Session date	Participant job role/s and workplace
Start time	Finish time
Location/Virtual platform used	
Agreed topic of discussion	
Summary and context of discussion	
Action Points	
Facilitator reflection about the session	
Any participant/s feedback/comments	
Facilitator signature Date	

Appendix C

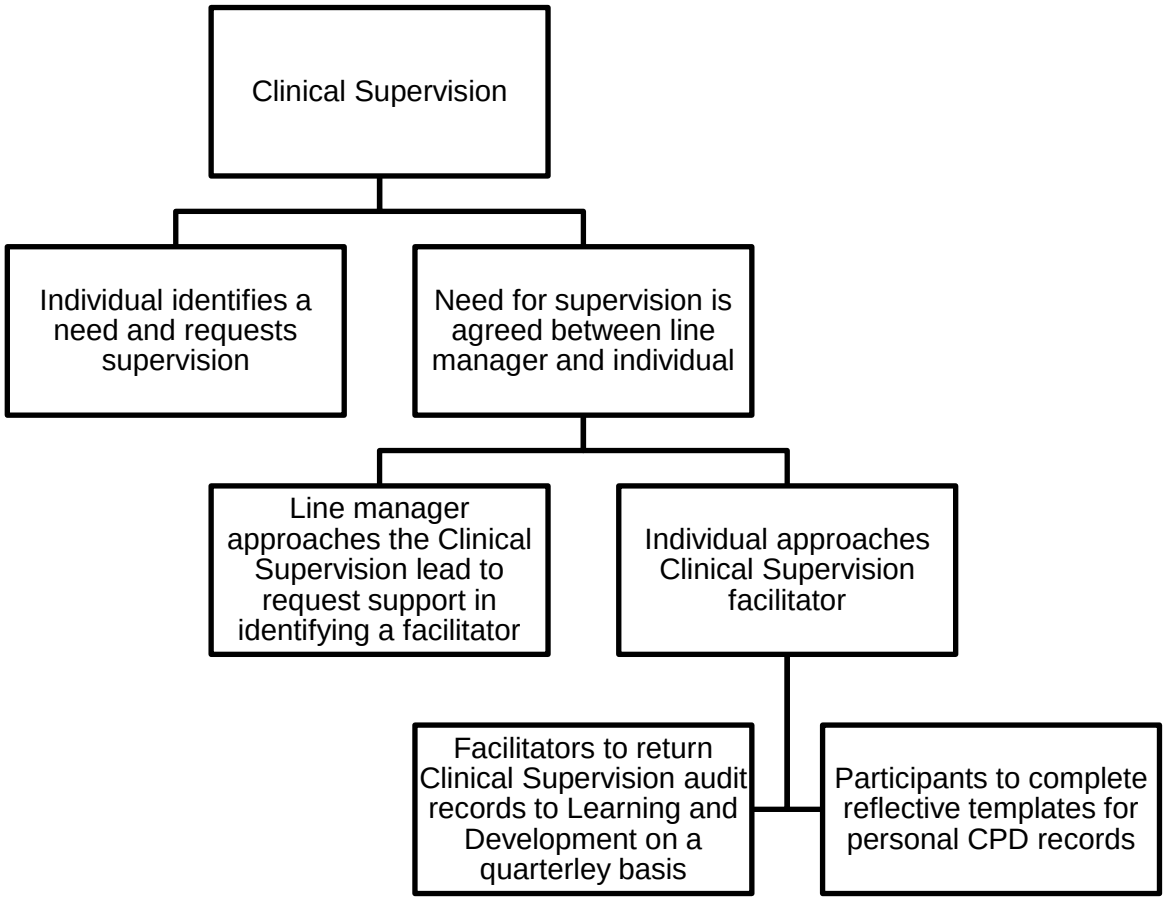
Facilitator audit and monitoring record of Clinical Supervision activity

Name of facilitator: ……..
Date of Activity: From: …..... To: ……

Date and time	Session location	Session duration	No. of participants	Participant/s workplace/s	Clinical Supervision topic	Feedback given back to the Trust (y/n)	Management of safeguarding issue (y/n)

Appendix D

Process for requesting Clinical Supervision



Appendix E

Participant Record of Clinical Supervision

Personal reflection of Clinical Supervision

Date DD/MM/YYYY **Time** XX:XX **Location**

Facilitator

Description
What happened? Summary of key points addressed during the Clinical Supervision session.

Feelings
What was I thinking and feeling during the session?

Evaluation
What was good and bad about the experience?

Analysis
What sense did you make of the discussion? (What elements were involved, how did these link together?)

Conclusion
What else could have been done?

Action plan
What did you learn and how will you use this learning?

Any ideas for a topic of discussion for the next Clinical Supervision session?

Appendix F

Version Control Sheet

Version	Date	Author	Summary of Changes
1 Draft	07/04/2016	Head of Safeguarding / Head of Nursing	New Policy
2 Draft	04/10/2016	Head of Nursing	Updates made by Steve Frost, Head of Nursing.
3 Draft			?
4 Draft			?
5 Draft	16/06/2019	Lead Paramedic (CS development team lead)	Updates made by Sasha Johnston as per the Clinical Supervision development team meeting outcome (29/01/2019).
6 Draft	09/10/2019	Head of Safeguarding / Lead Paramedic (Clinical Supervision development team lead)	Updates made by Simon Hester, Head of Safeguarding and Sasha Johnston as per the Clinical Supervision development team meeting outcome (27/06/2019 and 17/09/2019).
7 Draft	22/11/2019	Research Paramedic (Clinical Supervision development team lead)	Updates made by Sasha Johnston Final draft of policy updated using up-to-date policy template
8 Draft	07/09/2020	Research Paramedic (Clinical Supervision	Updates made by Sasha Johnston in line with the standard operating procedure OP061 developed to provide virtual CS during the 2020 COVID19 pandemic.

		development team lead)	
9 Draft	10/09/2020	Research Paramedic (Clinical Supervision development team lead)	Final update made for quality review and national policy. All words 'clinical supervision' amended to read 'Clinical Supervision' to reflect a proper noun. Appendix A changes: Wording amendment from "*The only exception to this is safeguarding; if an issue arises where an individual is identified as being at risk of harm*" to "*The only exception to this is where risk of harm is identified*"
10 Draft	05/10/2021	Research Paramedic (Clinical Supervision development team lead)	In line with the UK National Clinical Supervision policy the wording has been changed to reflect the equal power balance that is promoted through Clinical Supervision between the facilitator and the participant. The word 'supervisee' has been amended to 'participant' and the word 'supervisor' is replaced with 'facilitator'. 4.2 **Who can provide Clinical Supervision?** The facilitator criteria has been changed to enable non-registered SWASFT employees to facilitate Clinical Supervision. Non-HCP registered facilitators will be SWASFT employees and are now required to complete level 3 mandatory safeguarding training. They are required to have completed the

			relevant HE module and will be Trust Peer Support Guardian. This change will further promote inclusivity and is supported by the SWASFT safeguarding lead Simon Hester. Appendix B **Clinical Supervision Facilitator Audit and Monitoring Record** Participant name/s section removed from template to ensure anonymity. Appendix C **Audit and Monitoring Record** 'session location' column added. Appendix D **Process for requesting Clinical Supervision** reworded to better reflect the overall process. Appendix E **Personal Individual Record of Clinical Supervision** This document has been updated and is now based upon a commonly used reflective practice structure developed by Gibbs' (1988). Gibbs (1988) reference added to reference list. Hyperlinks added to SWASFT policy references