East of England Ambulance Service NHS Trust

Clinical Supervision Policy

Document Reference	POL112
Document Status	Approved
Version:	V5.0

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
Compliance & Risk Committee	April 20029	Clinical General Manager, Medical Directorate
Version	**Date**	**Comments (i.e. viewed, or reviewed, amended approved by person or committee)**
1.0	August 2009	Approve by EEAST board.
2.0	September 2009	Updated by: Clinical General Manager, Medical Directorate.
3.0	May 2011	Approved at Clinical Quality & Safety Group (09/10/11) and ELT (15/08/11).

Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
4.0	19 April 2021	Approved at Compliance & Risk Group (CRG)
4.1	22 February 2023	Approved at Clinical Best Practice Group (CBPG)
5.0	May 2023	Approved at Compliance & Risk Group (CRG)

Document Reference	CSP Workforce Directorate, Education & Training
Recommended at Date	Clinical Best Practice Group March 2023
Approved at Date	Compliance & Risk Group (CRG) 22 May 2023
Valid Until Date	March 2025
Equality Analysis	Completed
Linked procedural documents	Scope of Practice Policy Variations in Clinical Practice and Clinical Competency Policy. Managing Conduct and Performance Policy
Dissemination requirements	Trust wide
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between

people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

Clinical supervision provides the environment and culture to reflect, evaluate, evolve and refine approach to clinical practice. It allows EEAST to have a method by which we identify additional learning or development needs and facilitate support for our people to develop accordingly.

For EEAST, clinical supervision includes all service areas where we have a clinical workforce. EEAST will implement a systematic approach to workforce supervision within a clear assurance, governance and oversight framework. We want to demonstrate we value and **respect** our people by actively supporting and encouraging high standards of clinical practice when they respond to our patients and deliver our services.

2. Purpose

This document defines the approach EEAST will apply to clinical supervision in our patient-facing workforce. Clinical supervision is a formal provision, by approved supervisors, in a relationship-based education and training system that is work-focused and which manages, supports, develops and evaluates the work[1].The objectives are:

- To embed a culture that values and achieves effective clinical supervision.
- To ensure clinical supervision is educational and supportive, enabling professional development and growth.
- To ensure clinical supervision is available to all patient-facing-staff.
- To establish a system of clinical supervision that is inclusive, accessible, flexible, built on trust and meets the needs of supervisees.
- To create a shared understanding of the purpose of clinical supervision.

- To ensure that our patient facing workforce are competent and skilled in the role they undertake.

3. Duties

3.1 Chief Executive

The Chief Executive has overall accountability for the quality of clinical care delivered at EEAST. They are responsible for having an effective risk management system in place within the Trust and for meeting all statutory requirements and adhering to guidance issued from the Department of Health, governing and assessment bodies.

3.2 Deputy Clinical Director – Consultant Paramedic

The Deputy Clinical Director –Consultant Paramedic is jointly responsible for the clinical supervision strategy with Head of Clinical Development . They will ensure there is clinical leadership embedded within the operational sectors.

3.3 Head of Clinical Education

The Head of Clinical Education Is jointly responsible for the Clinical Supervision strategy with the Deputy Clinical Director - Consultant Paramedic and trust wide implementation. They will provide governance assurance through to the Strategy, Culture & Education Board.

3.4 Deputy Head of Clinical Education

Is responsible for leading the approach to clinical placement, learners and apprentices. They will be responsible for maintaining the network of practice educators across the trust and HEI partnerships. This is a single role across EEAST and will coordinate our sector Clinical Practice Specialists.

3.5 Leading Operations Manager (Training & Education Portfolio) or other local officer leading on clinical supervision.

Is responsible for the scheduling of clinical supervision at an EEAST locality. They will coordinate, plan and respond to development needs of our patient facing staff. There will be one of these per Assistant General Manager footprint.

3.6 Clinical Practice Specialists

The Clinical Practice Specialist is a source of expert educational support to the Leading Operations Managers (training & education portfolio). They can provide consultation on the developmental action plans and have responsibility for overseeing local clinical placements. There is one Clinical Practice Specialist per sector, and specific CPS colleagues for preceptorships. They will also hold responsibility for Higher Education placements.

3.7 Clinical Supervisor

Will undertake the clinical supervision and coaching of emergency care staff. They will complete a feedback form for each observed episode. They will have staff rotated to work with them to undertake the supervision shift. In addition, this role title will also be applied to paramedics supervising as part of a Mentorship Support & Training Team (MST-T) vehicle to recognise parity of responsibility.

3.8 Sector Clinical Leads

There will be a Sector Clinical Lead per sector. Sector Clinical Leads can provide senior subject matter expertise across the wide spectrum of clinical care. They will provide senior clinical leadership on all clinical matters within a sector. They will provide consultation for clinical matters of action plans if required.

3.9 Regional Support Teams

Leads within the wider EEAST regional teams can provide subject matter consultation for improvement plans in the areas of

- Infection Prevention & Control
- Patient Safety
- Violence Prevention & Reduction
- Risk
- Safeguarding
- Clinical Quality

- Audit & Research

4. Definitions

Abbreviation	Role	Description
AAP	Associate Ambulance Practitioner	A non-registered healthcare worker who predominantly forms part of a two-person crew to respond to calls, as dispatched by AOC. They are trained in technical ambulance skills, assessment techniques and emergency medical care. This role is equivalent to an EMT.
ACA	Ambulance Care Assistant	A non-registered healthcare worker trained in non-emergency patient transport care.
ACA+	Ambulance Care Assistant – Urgent Care Tier	An ACA who has undertaken additional education to support urgent GP/HCP admission calls, including emergency responses to admissions.
AEMT	Apprentice Emergency Medical Technician	A learner on a development pathway to qualify as the non-registered healthcare worker 'Emergency Medical Technician'. This role primarily works on double staffed ambulances as part of a two-person crew to respond to calls, as dispatched by AOC.

Abbreviation	Role	Description
AN	Ambulance Nurse	An autonomous registered healthcare professional with the Nursing & Midwifery Council who has undertaken additional education in ambulance-based care and responds to calls, as dispatched by AOC.
AOC	Ambulance Operations Centre	The health and emergency control centre that dispatches clinical resources.
APCC	Advanced Paramedic / Practitioner in Critical Care	An autonomous registered healthcare professional who has advanced clinical competency in trauma and critical care.
APUC	Advanced Paramedic / Practitioner in Urgent Care	An autonomous registered healthcare professional who has advanced clinical competency in urgent and primary care.
CCP	Critical Care Paramedic / Practitioner	An autonomous registered healthcare professional who has specialist competency in trauma and critical care.
CPRAC	Community Paramedic / Practitioner	An autonomous registered healthcare professional who has undertaken community paramedicine education to work in a rotational model across primary care networks.

Abbreviation	Role	Description
CS	Clinical Supervisor	An autonomous registered healthcare professional who is a local manager in ambulance operations or who holds responsibility for team supervision.
ECP	Emergency Care Practitioner	An autonomous registered healthcare professional who has specialist competency in urgent and primary care.
EMT	Emergency Medical Technician	A non-registered healthcare worker who predominantly forms part of a two-person crew to respond to calls, as dispatched by AOC. They are trained in technical ambulance skills, assessment techniques and emergency medical care.
ECA	Emergency Care Assistant	A non-registered healthcare worker who forms part of a two-person crew to respond to calls, as dispatched by AOC. This role is designed to work alongside another clinician.
ECSW	Emergency Care Support Worker	A non-registered healthcare worker who forms part of a two-person crew to respond to calls, as dispatched by AOC. This role is designed to work alongside another clinician.

Abbreviation	Role	Description
FREC4	First Response Emergency Care – Level 4	A non-registered healthcare worker who forms part of a two-person crew to respond to calls, as dispatched by AOC. This role is designed to work alongside another clinician. The role is equivalent to an ECSW.
FREC5	First Response Emergency Care – Level 5	A non-registered healthcare worker who forms part of a two-person crew to respond to calls, as dispatched by AOC. This role predominantly works on a double staffed ambulance. They are trained in technical ambulance skills, assessment techniques and emergency medical care. Equivalence to EMT.
HCRT	Healthcare Referral Tier	An ACA who has undertaken additional education to support urgent GP/HCP admission calls, excluding emergency responses to admissions.
IAP	Intermediate Ambulance Practitioner	A non-registered healthcare worker who forms part of a two-person crew to respond to calls, as dispatched by AOC. This role is designed to work alongside another clinician. This is equivalent to an ECSW.

Abbreviation	Role	Description
LOM	Leading Operations Manager	An autonomous registered healthcare professional outside of their newly qualified phase of practice who is a local manager within ambulance operations.
NQP	Newly Qualified Paramedic	An autonomous registered healthcare professional with the Health & Care Professionals Council within their preceptorship period as a new registrant.
NQT	Newly Qualified Technician	A technician equilivent role that is in the first 24 months post qualification.
PARA	Paramedic	An autonomous registered healthcare professional with the Health & Care Professions Council.
SAP1	Student Ambulance Paramedic (Year 1)	A learner on the development pathway to become the registered healthcare professional role of a paramedic. They are within their first year of development.
SAP2	Student Ambulance Paramedic (Year 2)	A learner on the development pathway to become the registered healthcare professional role of a paramedic. They are within their second year of development.

Abbreviation	Role	Description
SEMT	Senior Emergency Medical Technician	An experienced non-registered healthcare worker who predominantly forms part of a two-person crew to respond to calls, as dispatched by AOC. They are trained in technical ambulance skills and assessment techniques. At this grade they may undertake mentoring.
SNR. PARA	Senior Paramedic	A registered healthcare professional with the Health & Care Professions Council who is outside of their newly qualified phase of practice. This role will undertake practice education.
SPCC	Specialist Paramedic / Practitioner in Critical Care	A registered healthcare professional who has specialist competency in trauma and critical care.
SPUC	Specialist Paramedic / Practitioner in Urgent Care	A registered healthcare professional who has specialist competency in urgent and primary care.

5. Approaches to Clinical Supervision Delivery

Members of staff will take part in the clinical supervision opportunity each year. The opportunity will be available to colleagues who have completed their consolidation phase of clinical practice. The supervisors will be experienced as a Practice Educator (PEd) and who have undertaken further

training in supervision of the wider workforce, including those not on a learner journey.

Clinical supervision is an ongoing process and as a minimum each patient-facing member of staff should have at least eight hours protected time to undertake supervision each year, which can be one operational shift.

Colleagues will be allocated a shift on the clinical supervision vehicle to work alongside a clinical supervision with each 12-month cycle.

6. Periods of Supervision

It is the responsibility of the EEAST to ensure that all staff are afforded access to clinical supervision at the required frequency.

At least one eight-hour shift -per 12 months.	ACA, ACA+, AAP, AN, APCC, CCP, CPRAC, CS, EMT, ECA, ECP, ECSW, FREC4, FREC5, HCRT, IAP, LOM, SEMT, SPCC, SPUC and all paramedics in other roles.

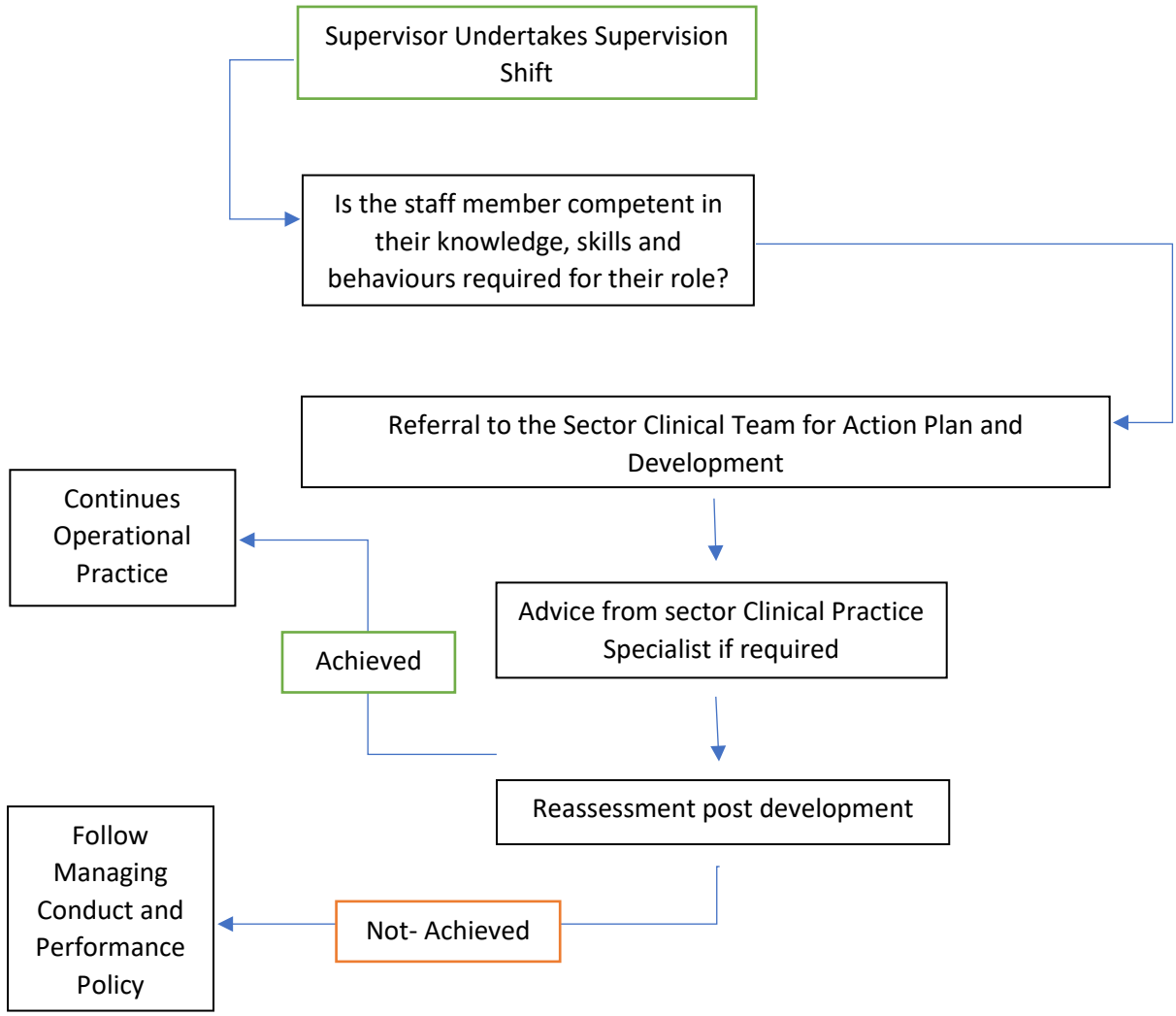
7. Supervisors

Clinical supervision is a complementary approach to staff support, along with practice educators supporting learners and time staff can spend on mentorship and support training vehicles teams where focused coaching if required.

The person who will be the supervisor will depend on the clinical grade of the supervisee.

Supervisor	Supervisee
Clinical Supervisor ▪ Registered professional. ▪ Outside of newly qualified phases. ▪ Qualified practice educator. ▪ Undertaken supervisor training.	ACA, ACA+, AAP, AN, CS, EMT, ECA, ECSW, FREC4, FREC5, HCRT, IAP, LOM, SEMT, and all paramedics in other roles (who do not have specialist or advanced practice qualifications) working in ambulance operations.
Advanced Practitioner ▪ >2 years' experience at that level or higher ▪ Qualified Tier 3 HEE Educator Programme	Advanced Clinical Practitioner / Consultant Practitioner

8. Supervision Process Flowchart



9. Individual Responsibility with Clinical Supervision

9.1 Patient facing staff have a responsibility to ensure that their knowledge and skills are maintained/up-to-date and that their behaviours are in line with Trust values and their codes of conduct. Clinical supervision allows patient-facing staff to chance to receive feedback on this.

9.2 Compliance with this policy in regard to clinical supervision will fee into the annual appraisal system. E

10. Benchmarks of Practice

Clinical supervision will provide a supportive coaching approach and challenge relating to the knowledge, skills and behaviours of the supervisee.

10.1 The benchmark will include the national clinical ambulance guidelines (JRCALC), national best practice guidelines and EEAST policy.

10.2 For conduct, performance and ethics, this will be benchmarked against the professional codes of practice for registered healthcare professionals. For non-registered staff, they will be benchmarked against the Skills for Health Code of Conduct for Healthcare Support Workers [here]

10.3 Each registered healthcare professional will be required to submit their professional portfolio for review and discussion at the first clinical supervision of the 12-month period (this can be electronic).

11. Developmental Plans

11.1 Where an area of knowledge, skills or behaviours are deemed to require further development, an individual action plan can be put into place. This can also be implemented for areas linked to the professional portfolio.

11.2 Formative feedback will be given as part of coaching. Where non-competency is deemed, as per the benchmarks of practice (section 10), both verbal and documented feedback (an 'action plan') will be provided to the supervisee within 14 days of the supervision.

11.3 Any action plan will be designed in a tripartite process between the supervisor, supervisee and specialist officers where specific advice is needed.

Advice on action plans can be sought from the sector Clinical Practice Supervisor. Action plans should follow the SMARTER format.

- Specific.
- Measurable.
- Accountable.
- Reasonable.
- Timely.
- Effective.
- Reviewed.

11.4 Appeals against the outcome of an action plan can be made in writing within 28 days of the outcome to the Sector Clinical Lead

11.5 Appeals against the outcome of the decision of the Sector Clinical Lead can be made to the Deputy Clinical Director – Consultant Paramedic within 28 days. The outcome of this appeal is final.

12. Audit & Thematic Analysis

Anonymised themes will be captured using an electronic template to inform the EEAST approach to learning and teaching.

The issues discussed between a supervisor and supervisee are confidential, unless there are concerns regarding the content of the session, which relate to illegal activity, unsafe practice, unprofessional behaviour, or anything that compromises the safety or security of EEAST and the persons within it. In such instances, the clinical supervisor will have an obligation to take mitigating action, through a defined process of escalation.

Where there is assessment of non-competence, that confidentiality will expand to those in the educational support journey where required. Non-identifiable advice can be sought from specialists in clinical, quality or education.

1. Milne, D. (2007). An empirical definition of clinical supervision. British Journal of Clinical Psychology, 46, 437–447.
2. HCPC Code of Conduct Performance & Ethics - https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

Appendix A - Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
What key element that need monitoring	Role or group who will lead on this aspect of monitoring?	What tool will be used to monitor/ check/ observe/ asses/ inspect/	How often is monitoring needed How often should a report be completed? How should a	What type of evidence will be presented	Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within	How will system or practice changes be implemented lessons learned and how will these be shared.

		authenticate that everything is working according to this key element	**report be shared?**		**how thoroughly should this be documented in e.g. meeting minutes**	**reasonable timeframes?**	

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
				.	The lead or committee is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Format and delivery of Professional Update for Role training / CPD gained from thematic analysis	Clinical Lead for Education & Clinical Practice Head of Organisational Development	Annual review / compliance reports	Annual / cyclical	Compliance reports	Trust-wide Professional Standards Committee	Clinical Lead of Education and Clinical Practice to act upon content needs and creation / Head of Operations team to act upon compliance against post qualification updates	New programmes Accountability reviews

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Compliance with scope of practice for EEAST	Clinical Supervisors	As per clinical supervision period	3 or 6 monthly dependent on supervision regime.	Delivery audit	Professional Standards Committee	Clinical Lead for Education & Clinical Practice	By clinical instruction, update to policy

Appendix 2 - Equality Impact Assessment

<table>
<tr><th colspan="2">EIA Cover Sheet</th></tr>
<tr><td>Name of process/policy</td><td>Clinical Supervision Policy</td></tr>
<tr><td>Is the process new or existing? If existing, state policy reference number</td><td>V4</td></tr>
<tr><td>Person responsible for process/policy</td><td>Anthony Kitchener – Clinical Lead for Education & Clinical Practice.</td></tr>
<tr><td>Directorate and department/section</td><td>Education & Training</td></tr>
<tr><td>Name of assessment lead or EIA assessment team members</td><td>A Kitchener</td></tr>
<tr><td>Has consultation taken place?

Was consultation internal or external? (please state below): internal</td><td>Yes</td></tr>
<tr><td>The assessment is being made on:</td><td>
<table>
<tr><td>Guidelines</td><td></td></tr>
<tr><td>Written policy involving staff and patients</td><td>x</td></tr>
<tr><td>Strategy</td><td></td></tr>
<tr><td>Changes in practice</td><td>x</td></tr>
<tr><td>Department changes</td><td>x</td></tr>
<tr><td>Project plan</td><td></td></tr>
<tr><td>Action plan</td><td></td></tr>
</table>
</td></tr>
</table>

	Other (please state) Training programme.

Equality Analysis					
What is the aim of the policy/procedure/practice/event? To ensure quality of clinical practice through a systematic clinical assessment / supervision process.					
Who does the policy/procedure/practice/event impact on?					
Race	☐	**Religion/belief**	☐	**Marriage/Civil Partnership**	☐
Gender	☐	**Disability**	☐	**Sexual orientation**	☐
Age	☐	**Gender re-assignment**	☐	**Pregnancy/maternity**	☐
Who is responsible for monitoring the policy/procedure/practice/event? There will be a system of staff responsible for implementing this policy. Per Assistant General Manager footprint there will be a local Practice Officer who will ensure a systematic scheduling of Clinical Supervisors ensuring the policy is applied consistently and fairly across the workforce. There will be experts to support decision making including Clinical Leads, Safety team specialists and sector Clinical Practice Supervisors (for educational specialism) who will ensure correct application of any areas of					

technicality. There will be a sector senior manager who will be responsible for reporting on the output of the pan-EEAST compliances and will be held to account via the Professional Standards Committee.
What information is currently available on the impact of this policy/procedure/practice/event? EEAST has had a clinical supervision policy in place already with similar levels of impact. There is a higher level of systematic appraisal within this policy which assesses the knowledge, skills and behaviours of individuals. The policy also allows for a senior review of individual capability which may reflect personal backgrounds.
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No No
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples: **Race** ☐ **Religion/belief** ☐ **Marriage/Civil Partnership** ☐ **Gender** ☐ **Disability** ☐ **Sexual orientation** ☐ **Age** ☐ **Gender re-assignment** ☐ **Pregnancy/maternity** ☐ Please provide evidence: The policy is applied across all clinical workforce irrespective of background.
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

Race	☐	**Religion/belief**	☐	**Marriage/Civil Partnership**	☐
Gender	☐	**Disability**	☐	**Sexual orientation**	☐
Age	☐	**Gender re-assignment**	☐	**Pregnancy/maternity**	☐

Please provide evidence: No identified concerns

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who: Clinical Lead for Education & Clinical Practice

How: Via thematic analysis, case variance and audit

By: Chair of the Professional Standards Group

Reported to: The policy will be monitored by the Professional Standards Group