

1.19.10 Supervision & Training

Please outline your proposed approach to clinical and non-clinical supervision and training (both Stat/Mand and Continuing Professional Development for delivery of this service) to ensure all staff, regardless of their pattern of working, are fully competent in delivering their roles.

(Maximum Word Count – no limit but be concise)

Vocare has a comprehensive in-house training programme that includes face-to-face Basic Life Support and Safeguarding Level 2 and 3 training as well as use of e-learning modules from e-learning for Healthcare to ensure that all staff have an opportunity to complete the entirety of their training.



Clinical and non-clinical supervision is embedded into our formal education programmes, as part of facilitated development. Formal education programmes are those that lead to a defined qualification, award or status, e.g. independent prescribing course or MSc in Advanced Clinical Practice. It adds our own level of monitoring beyond that of the awarding or statutory body e.g. a university.

Clinical supervision is conducted in accordance with our policy and as outlined in Section 1.19.10.3- below.

1.19.10.1-Vocare approach to training

Training and development are key components of the employee lifecycle. Vocare's training model includes use of induction, statutory/mandatory training and role-specific training, including applicable refreshers and continuous professional development (CPD). Content is guided by our training matrices and Competency Framework. We use appraisals to monitor individual performance and development, included identification of training needs (Figure 1).



Figure 1: Identification of workforce training needs

Figure 2 shows the elements of our training and development model applicable to this contract. Clinical-education programmes are open to all contract clinicians will maximise consistency across the OOH service and strengthen the team.

1.19.10 Supervision & Training

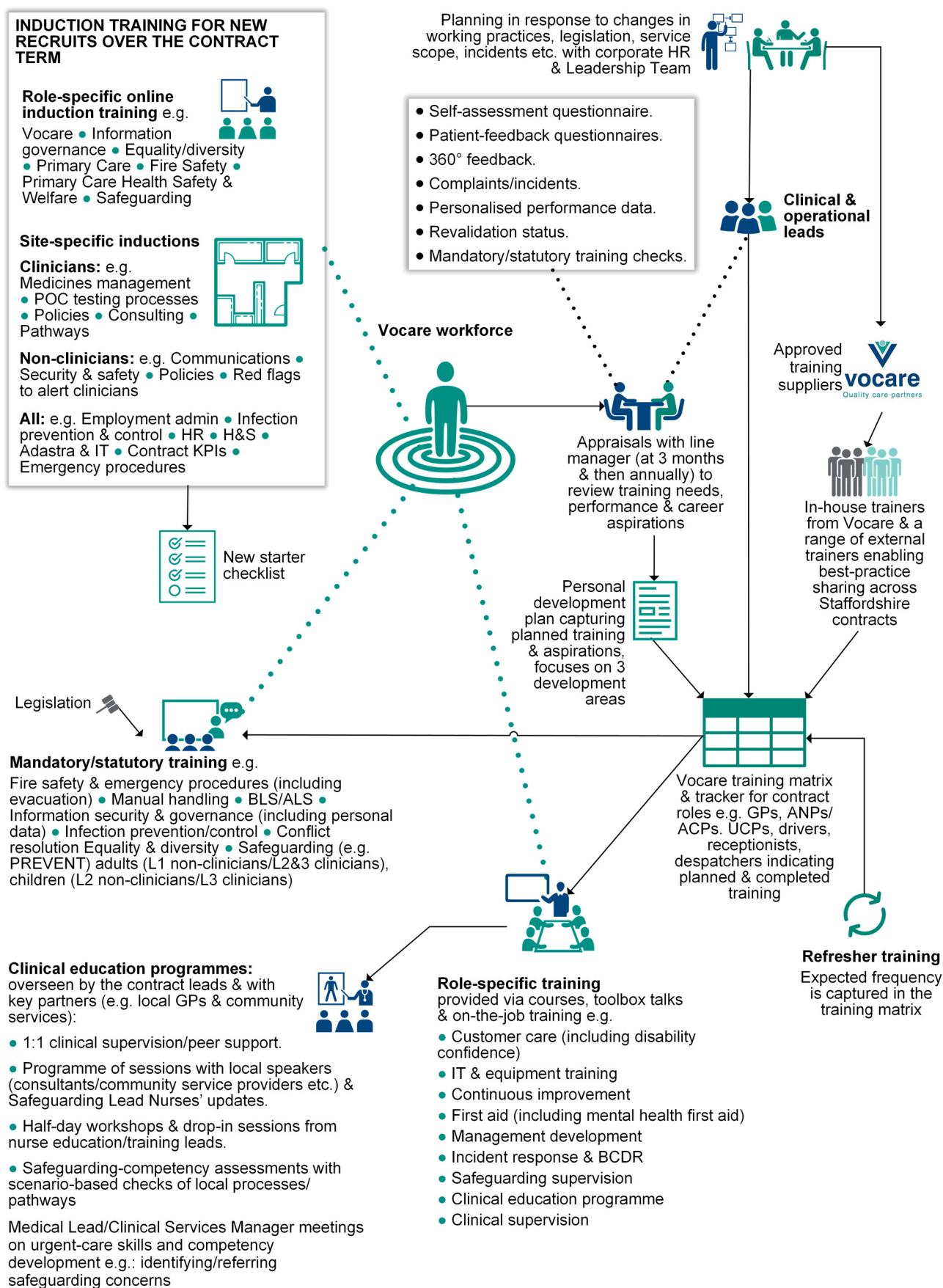


Figure 2: Vocare's training and development model

a)-Education programme development

After establishing learning needs, the contract leadership team will develop/implement educational programmes in line with our education/training standards and aligned to our comprehensive competency framework (based on the Blueprint standards) and skills required for Staffordshire's GP-OOH service, e.g.:

- 1:1 clinical supervision/peer support.
- In-house educational sessions including with local speakers (consultants, community service providers etc.), Safeguarding Lead Nurse training (for children and adults) and lead clinician meetings on treatment skills and competency development
- External training courses.
- Half-day workshops and drop-in sessions from education/training leads.
- Annual awaydays with operational updates, clinical education and staff wellbeing sessions.
- Safeguarding-competency assessments with scenario-based checks of local processes/pathways.

b)-Induction

A full induction programme is provided on appointment this is delivered by the Operations and Clinical Service Managers and is underpinned by a robust on-the-job training programme.

Our contract leads understand which induction elements the different roles require (e.g. equality/diversity, patient moving/handling, safeguarding) and create personalised online (e-learning for health) and onsite inductions. Everyone will complete new-starter checklists with role-specific areas (e.g. fire response, policies/procedures, medicines management, pathways, escalation routes, IT) that are co-signed by line managers on completion. Onsite inductions will include personal intranet log-ins (including bank/agency staff).

Our corporate induction gives an overview of our organisation, the services we operate and our senior leadership teams. Our local induction gives a more granular version whereby we introduce all of the contract and Area leadership team, provide more detail to the services that we operate, useful contacts, sign post our intranet and give a general welcome to the service.

Our role induction is usually delivered on a 1:1 basis by the line manager where role expectations are reiterated, staff are supported with site orientation, assigned a colleague as peer support, provided with an overview of policies, procedures and SOPs. We then assign a role training programme and competency checklist to support staff with achieving sign off for each element of their role.

Staff competency is assessed using a robust competency and training checklist, which clearly outlines per staff group within the organisation's comprehensive clinical supervision policy.

c)-Statutory and mandatory training

Vocare's comprehensive statutory and mandatory training policy outlines staff requirements based on RCGP, NMC, HCPC and GPhC guidance that are reviewed and validated by the Vocare's Medical and Clinical Directors. All non-clinical patient facing staff also have a standardised statutory and mandatory training profile.

Our safer recruitment processes ensure new starters are compliant with statutory and mandatory training before starting with Vocare, with a focus on the key elements of resuscitation training (BLS) and safeguarding training to ensure patient safety at all times.

Ongoing compliance with statutory and mandatory training is the responsibility of line managers within the professional leadership areas (operational, medical and clinical). Our training matrix stipulates which roles undertake each level of training. Clinical and medical roles have an enhanced requirement for safeguarding and resuscitation.

d)-Role-specific training

Vocare provides a comprehensive internal training programme, which includes Basic Life Support, Safeguarding Level 2 and 3 training (Adults and Children), safeguarding reflection and supervision sessions, information governance, IT and equipment training, first aid and mental health first aid training, Fire Marshall training, incident response training, reporting concerns and incident training along with many others depending on the role performed.

Role specific training is delivered through various modes, including online, face to face, shadowing, side-by-side and in-house and external courses.

Competency will be assessed in line with the competency checklists contained within our Clinical Supervision Policy.

Vocare is an inclusive employer and aims to remain a local an employer of choice and achieve the highest standard of disability-confidence accreditation. Our statutory and mandatory offering includes equality, diversity and inclusion (EDI) training as standard. Our EDI training reinforces need for privacy, dignity, and respect and refers to use of patient passports for those with learning disabilities and necessity for patient-centred care/behaviour aligned to our values and equality/diversity policy. Diversity training covers protected characteristics and our Equal-Opportunities Policy.

We also provide a bespoke training for GP-OOH staff around presenting conditions, maximising patient experience and productivity.

Mandatory clinician training includes Level-3 safeguarding children/adults, information governance, infection prevention. All clinicians undertake training in 'Spotting the sick child'. All Urgent Care Practitioners using PGDs undertake PGD training and audit of practice.

Staff will remain compliant with various annual/3-year training modules including safeguarding, PREVENT, infection prevention/control, Basic Life Support, fire safety, equality/diversity. We advise clinicians to complete online PHE 'TARGET antibiotic' training (also part of our non-medical prescriber training days).

e)-CPD

For clinical/medical staff, we offer up to 1 week per year (pro rata) paid study leave as part of their contractual terms and condition of employment to encourage colleagues to undertake additional learning/professional development requirements within or outside of the organisation. We are a supportive and inclusive employer that champions personal development and encourage our staff to undertake CPD opportunities and additional learning.

For our non-clinical colleagues, we carry out supportive conversations to understand their career ambitions and work closely with our L&OD department to support their development e.g. through L3 management apprenticeships and we have enabled some staff to do further awareness courses and training by partnering with specific organisations to provide this.

CPD allocation follows our Clinical Education, Learning & Development Policy, e.g. MSc ACP Apprenticeships. Clinical supervision helps compile an education/training needs analysis each September to inform the year ahead. We provide local mentorship, although staff can choose external mentorship.

Vocare works closely with Higher Education Institutions to enable staff to achieve personal aspirations and achieve further qualifications (e.g. Urgent Care Diplomas) to enhance clinical skill sets and competences. This approach enables us to 'grow our own' Advanced Nurse/Clinical Practitioners and ensure a steady pipeline of appropriately trained staff in our services.

We also provide study leave, flexibility with working, mentorship programmes from colleagues in house and are open to discuss needs on a one-to-one basis to ensure that our colleagues are fully supported with their learning.

1.19.10.2-Training tools**a)-Training matrices and trackers**

We have a defined training matrix where each role within the organisation has training requirements defined in line with our L&OD department. Each role is required to undertake statutory and mandatory training and will be required to evidence any professional/specific training and ongoing CPD related to their role. This process is managed by our L&OD function, in conjunction with the line manager and HR for any escalations of non-compliance.

b)-Learning management system

All training is updated on a centralised electronic system that calculates expiry time of each competency to send reminder to staff to book that training before it expires.

Our Learning & Organisational Development (L&OD) department manages the compliance against the training matrix via our software system (which evidences completion, and non-compliance). Data is reported on a monthly basis by the department to the services via the line manager and Area/Regional leadership teams to ensure that compliance rates are known and that any non-compliance can be escalated and resolved quickly. Compliance against organisational standards are also reported to the Vocare Board and commissioners to ensure full oversight.

Training records are held on our learning management system and interface with the wider HR information systems.

c)-Use of appraisals

Appraisals are completed annually by line managers for the professional disciplines. They are completed in the form of a Professional Development Review (PDR), which enables reflection on a range of data (qualitative and quantitative performance and quality metrics), and opportunity to reflect on other feedback gained during the course of the year,

The PDR covers previous discussions, objective setting, review of previous objectives, career aspirations, training opportunities and personal development discussions and a holistic discussion of positive and constructive areas of performance.

Staff registered with professional bodies, for example GPs, also complete an annual NHS appraisal to maintain their professional revalidation.

d)-Personal development plans

Personal Development Plans developed during the PDR process support individuals' learning and development as well as providing a framework for supporting staff with identifying training needs and any additional support measures needed to enable them to undertake their roles effectively. They contain objectives, support to enable objectives to be met, timescales and how achievement will be measured in line with the SMART framework.

Additional staff support opportunities are provided on request, e.g. following long-term absence/return to work or in response to incidents/issues.

PDPs focus on three development areas to meet learning and service needs and they follow reviews of:

- Self-assessment questionnaires.
- Patient-feedback questionnaires.
- 360° feedback.
- Completion of development/training programmes across the Vocare group. We arrange financial support for courses and peer support for developing extended skills and mentoring.
- Supervision and assignment to other duties.
- Complaints/incidents.
- Revalidation status.
- Mandatory/statutory training checks.

Clinicians will evidence 12-16 safeguarding training hours every three years (as per Intercollegiate Documents) at appraisals. Appraisers will monitor existing PDPs to check:

- Staff are meeting agreed requirements.
- PDPs meet professional/regulatory body requirements.

- Achievement of individuals' training needs and career aspirations

PDPs are used to support colleagues in achieving objectives in line with goals for the Area/Region/Division. They will support staff to develop new skills in a plan and support colleagues to meet objectives who may not be achieving.

PDPs are stored on the central personnel files with Human Resources.

1.19.10.3-Approach to clinical supervision

The Vocare clinical supervision policy provides a structured process of supervision that enables staff to develop and maintain clinical knowledge, competencies and professional behaviours to promote effective and safe clinical care of patients. Equally, the process embeds professional learning, development and reflection in practice, thus enabling clinical staff to take professional responsibility for their practice and ultimately patient care. Implementation of the policy is overseen by the Head of Clinical Workforce Development and supported by the Clinical Workforce Development Group.

Clinical supervision aims to positively impact on clinical practice and patient care by promoting clinical safety, improving clinical efficiency and effectiveness while continually improving patient and clinician experience. It includes safeguarding supervision. The outworking of the policy ensures that professionals work within their scope of practice and adhere to the organisation's policies, procedures, prescribing and clinical guidelines e.g. the Competency Framework.

The process has been developed with consideration of the standards of competency specified by the various registrant bodies, the competency framework, the NHS Pathways system, the General Practitioner Training & Appraisal System and the CQC Key Lines of Enquiry (KLOE) specifications. We comply with mandated requirements for clinical supervision, as stipulated by the Regulator (CQC), Professional Regulator (Health & Care Professions Council, HCPC), Nursing Midwifery Council (NMC) or General Medical Council (GMC) and NHS and in accordance with role specific requirements.

Clinical managers will engage with the direct clinical supervision process as a 'Supervisor'. Managers who undertake supervision must have attended a Practice Educator course with the organisation.

a)-Practice Educators

Vocare has a trained and skilled team of Practice Educators who oversee the clinical supervision process. This group of experienced clinicians have completed an organisation-approved Practice Educator course to facilitate practice education and support. Those in the formal development phase of becoming a Practice Educator are considered as 'Associate Practice Educators'. Staff may begin development as a Practice Educator after 12 months post qualifying practice.

1.19.10

Supervision & Training

Practice Educator training and development is open to any member of clinical staff with the support of their manager or staff from other areas of the organisation with a special interest. It is provided in-house by the Head of Clinical Workforce Development (HCWD) supported by the Clinical Workforce Development Group. Staff with formal Education, Development and Mentoring qualifications have access to an abridged course. The development of Practice Educators to obtain formal qualifications will be encouraged on this contract.

b)-Timescales

All clinicians should have a formal supervision process at least annually. It usually occurs in the weeks approaching their annual individual performance review to support the review and give clarity to the scheduling of the clinical supervision.

c)-Format

Direct clinical supervision will usually take place as one cohesive event but it is permissible for the process to be divided into 'mini sessions' over a period of not exceeding 12 months between PDRs. However, whichever format is used, the supervisee knows exactly when and by whom their practice is being observed.

Supervision can also be team-based where a group of clinicians access a supervisor to explore clinical practice or practice situations. Team-based sessions have proved particularly effective for providing safeguarding supervision.

An assessment process is used to assess outcomes related to knowledge, competencies, and professional behaviours. Assessments may be formative (a process where ongoing development is monitored) or summative (a process where outcomes are assessed as being achieved or not achieved). Clinical supervision may be provided prior to, alongside or following assessment.

d)-Mentorship

Clinical mentorship is another useful tool to support and encourage individuals to develop their practice by maximising learning opportunities in relation to knowledge acquisition and competency development by seeking feedback/forward and reflecting on practice, facilitated by a Practice Educator.

e)-Developmental Action Plan

All employees are encouraged to engage with an annual Developmental Action Plan that addresses specific areas of development identified within the clinical supervision process to enable further development or improvement of clinical performance in relation to their clinical role. Developmental action plans may be developed following an episode of direct clinical supervision. Action plans following assessment will be aligned to the Assessment, Referrals and Appeals Procedure.

1.19.10.4-Clinician shift supervision

All staff and clinicians are provided with on-shift support to ensure they feel able to work to the best of their abilities and the top of their clinical licence.

Each clinical queue on this contract will be supervised by the Clinical Shift Lead (usually an Advanced Nurse Practitioner), who will ensure that each clinician is working effectively within their competence and patients are managed by the most appropriate clinical skill set.

We will always have a GP available, leading the service who supports other clinical professionals. In addition, a senior GP will be available 24/7 On-Call for complex queries such as Advanced Decision Making, refusals of care, implementing the Mental Capacity Act etc.

1.19.10.5-Approach to non-clinical supervision

The Operations Manager and Team Leaders will supervise the non-clinical roles, undertaking annual Performance and Development Reviews (PDRs) with their line manager, alongside regular one-to-one meetings, call audits (for operational roles), work audits, case audits, 'look back and learn' events, team meetings and briefings. Support is always available for operational team members on-shift and through the on-call structure.