THE STATE HOSPITAL BOARD FOR SCOTLAND

NURSING CLINICAL SUPERVISION AND REFLECTION ACTIVITIES POLICY

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked)	☒

Summary of changes within policy:

January 2023 review
Policy updated to include the National Education for Scotland (NES) Clinical Supervision: Nursing & Midwifery Workforce Position Statement 2021.

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1. Introduction

The State Hospital (TSH) is committed to enabling nursing staff to access regular clinical supervision, reflective activities, and support in recognition of its potential to help create a working environment in which nurses excel and clinical excellence can flourish. This commitment is required to ensure that safe, effective and high-quality person-centred care is provided to patients and support carers. All nurses should have the opportunity to discuss, reflect and review how they work and be supported and developed so that they can fully meet the requirement of their role to deliver a high-quality service.

NHS Education for Scotland (NES) (2017) asserts that staff should be supported to practice good self-care and have regular access to clinical supervision. This view is further supported by The Standards of Proficiency for Registered Nurses (Nursing & Midwifery Council, 2018) which states that registered nurses "must take responsibility for continuous self-reflection" and, "contribute to clinical supervision and team reflection activities to promote improvements in practice and services". Thus, professional and organisational responsibility is to ensure that nurses actively participate in clinical supervision and reflection activities.

This policy is informed by current evidence, guidance and professional standards.

Relevance to Forensic Mental Health

Forensic mental health nursing has emerged as a specialist branch of nursing (Bowring-Lossock, 2006) with secure hospital environments highlighted as a particularly stressful area for nurses to work in (Dickinson and Wright, 2008). The patient group being cared for often present as extremely complex, displaying difficult and challenging behaviours which at times, may result in nurses working in conditions which may seriously test their personal and professional resilience (Stewart & Terry, 2014; Harris et al, 2015). The health and well-being of nurses is a national priority and frameworks such as Excellence in Care will support clinical supervision for nurses, regardless of grade or setting by 2030 (Scottish Government, 2017).

This policy provides a framework for supervision implementing a minimum expectation for nursing staff on the structure for supervision. The framework describes the role of clinical supervision and reflection activities in supporting nursing staff and provides guidance on how this should be applied to ensure a consistent approach to supervision for all nursing staff across TSH.

2. Policy aims

The aims of this policy are to:

- Provide a clear understanding of the supervision measures in place to support nursing staff.
- Promote good practice in relation to nursing clinical supervision and reflection activities.
- Ensure that clinical supervision and reflection activities are available to all nurses that have a clinical, therapeutic or professional role with patients.
- Ensure there are robust, evidence based processes and procedures in place for nursing staff participating in clinical supervision and reflection activities.
- Ensure that supervisors have the appropriate evidence-based training and on-going support to carry out their role.
- Ensure that there are robust procedures in place to record the nursing clinical supervision and reflection activities.
- Describe what supervisees can expect from the clinical supervision process and what the expectations are of them.
- Embed a culture where clinical supervision and reflection activities become the expected norm.

3. Scope

This policy applies to all registered and non-registered nurses who contribute to the delivery of direct patient care within TSH.

4. Core Principles

Training of Supervisors

Clinical supervisors must be registered nurses with the appropriate knowledge, experience and competence to fulfil the role. In addition to this, they themselves must have a supervisor and be able to demonstrate that they regularly engage in clinical supervision (1:1) and/or group supervision and other reflection activities. It is important that all supervisors assume the role voluntarily and have the support of their line manager. Those selected to become supervisors will attend a training course which covers the following areas:

- Background/Policy context
- Supervision models and theories
- Supervision skills
- Supervision in practice

Beyond this initial training, supervisors will be offered further ongoing support from the Nursing Practice Development (NPD) team and through involvement in their own supervision.

Approaches to clinical supervision and reflection activities

Each model varies in its own strengths and weaknesses suggesting that what works in one setting may not necessarily work in another. Therefore, a clinical supervision model must be understood and selected based on the needs of the staff working in a particular clinical environment (Sloan, 2006 and Carroll, 2007). Offering a blended approach to clinical supervision and reflection activities provides an opportunity for staff to access a range of approaches relevant to their individual learning and development needs (Evans & Marcroft, 2015).

Both research and practice point to the benefits of developing, operating and sustaining effective supervision within an organisational culture that values both the people who work there and the people it offers a service to. Effective supervision should:

- Ensure psychological safety
- Ensure Protected time
- Occur in a safe environment
- Be based on a respectful relationship
- Be understood and valued, and embedded in the organisation's culture

There are a number of forms of supervision and reflection activities available to nursing staff within TSH (see Appendix 1 for definitions):

- Clinical Supervision (1:1 and group)
- Values Based Reflective Practice (VBRP)®
- MDT Reflective Practice Groups (RPG)
- Line Management Supervision such as TURAS the online digital learning platform developed by NES and also NMC revalidation for registered nurses.
- Peer Support

Model of Clinical Supervision

The three function interaction model by Proctor (1987) which has gained increasing popularity in nursing and is arguably the most frequently cited supervision model in the literature defines three aspects that need to be addressed within clinical supervision:

1) **Normative function (accountability):** supports individuals to develop their ability and effectiveness in their role
2) **Restorative function (support):** supports self-care and wellbeing
3) **Formative function (learning):**supports development of knowledge, skills, attitudes and understanding

Supervision in practice

Clinical Supervision		
Practise Supervision	**Restorative Supervision**	**Professional Supervision**
• Mentoring/ Receptoring/ Coaching • Action Learning • Practice Development/ Teaching • Case Debrief/ Critical Incident Review • Clinical Pause	• Restorative Clinical Supervision • VBRP® • Peer Support	• Professional Development Planning and Review • Regulatory supervision (e.g. Mental Health) • Reflective Discussion (Revalidation)

Line Management	
Managerial Supervision	**Operational Supervision**
• Performance Management • Statutory Employment Requirement • Workload Management • Revalidation Confirmation	• Resourcing • Organisational Functioning • Policy & Practice • Caseload Management

(NES, 2021)

Frequency of clinical supervision

There is no clear evidence regarding the specific number of clinical supervision sessions required (Pollock et al, 2017).It is anticipated formal, scheduled clinical supervision will be available approximately every 4-6 weeks, with a balance of each of the three clinical supervision components (see example in Appendix 2).

The frequency of supervision will depend on:
- the experience of the supervisee
- the nature and complexity of their work
- the individual's support needs (Skills for Care, 2020)

There will be times when clinical supervision is needed with greater frequency, such as, for newly qualified staff joining the workforce or to support staff moving into new roles or work environments and during times of organisational change/service redesign.

5. Roles and Responsibilities

Clinical supervision and/or reflection activities will be made available to every member of nursing staff. TSH has a responsibility to provide the resources to ensure that each member of nursing staff can access clinical supervision, reflection activities and multidisciplinary RPGs on a regular basis. Arrangements should be made for the effective implementation and monitoring of this policy to meet the required national and local standards.

Director of Nursing and Operations

The Director of Nursing and Operations is responsible for the overall implementation of this policy.

Lead Nurses

Have a responsibility to:

- Ensure Senior Charge Nurses (SCNs) are aware of this policy and their respective responsibilities.
- Ensure that every nurse has access to clinical supervision, reflection activities and multidisciplinary Reflective Practice Groups
- Commit to offer protected time to all nurses to allow them to meaningfully engage in regular clinical supervision in accordance with the minimum expected standard; one hour session at approximately 4-6 week intervals (minimum of 6 sessions in a year).
- Acknowledge that the needs of individual nurses may exceed the minimum standard. Where this occurs the frequency of sessions will be agreed between the supervisee and supervisor and, communicated with the line managers.
- Review the monthly clinical supervision data for their area of responsibility.

Senior Charge Nurses

Have a responsibility for:

- Ensuring CN and staff are made aware of this policy.
- Actively engaging in clinical supervision, reflection activities and multidisciplinary RPGs.
- Recognising the benefits that clinical supervision provides for staff and encouraging staff to actively engage in clinical supervision, reflection activities and multidisciplinary RPGs.
- Protecting time for clinical supervision, reflection activities and multidisciplinary RPGs within working hours.
- Supporting staff to identify their preferred mode of clinical supervision which will be discussed and confirmed during their annual appraisal.
- Highlighting staff for which the role of clinical supervisor would be particularly advantageous, especially those in leadership roles such as Charge Nurses (CNS).
- Highlighting who would be a suitable restorative supervisor.
- Reviewing monthly clinical supervision data for their ward/area of responsibility.
- Ensuring that nursing staff are actively engaging in clinical supervision and reflective practice and acting on any concerns when minimum standards are not being met.

Charge Nurses

Have responsibility responsible for:

- Ensuring staff are made aware of this policy.
- Actively engaging in clinical supervision and reflective practice.
- Recognising the benefits that clinical supervision provides for staff and encouraging staff to actively engage in clinical supervision, reflection activities and multidisciplinary RPGs.
- Protecting time for clinical supervision, reflection activities and multidisciplinary RPGs.
- Supporting staff to identify their preferred mode of clinical supervision which will be discussed and confirmed during their annual appraisal.
- Highlighting staff for which the role of clinical supervisor would be particularly advantageous, especially those with the appropriate professional and leadership qualities.
- Highlighting to SCN's staff who are declining to engage.

Nursing Practice Development

Have responsibility for:

- The provision of training, development and support for clinical supervisors.
- Ensuring that supervisor training is evidence based and in line with local and national policy and guidance.
- Ensuring that there is an up-to-date list of recognised clinical supervisors.
- Supporting staff to access a clinical supervisor.

- Collecting and recording data in relation to clinical supervision and reflection activities for quality assurance and audit purposes.
- Sharing monthly clinical supervision data with Lead Nurses and SCN's.
- Submitting quarterly reports to Nursing & Allied Health Professionals Advisory Committee.

Supervisee

Right to:
- A choice of supervisor (from a list of recognised supervisors) and to be treated with respect as an equal partner in the supervision process.
- Set the agenda to meet their own professional needs.
- Confidentiality, with the exceptions of any unsafe, unethical or illegal practice.
- Protected time for clinical supervision, a minimum of 1 hour every 4 – 6 Weeks.
- Protected space, in private with no interruptions (where possible).
- Withdraw from engaging with clinical supervisor if there are difficulties which cannot be resolved. Another supervisor can be requested.

Responsibility to:
- Accept a clinical supervisor from a list of those available.
- Contact their supervisor to arrange clinical supervision.
- Discuss the clinical supervision agreement with their supervisor at the first supervision session (see Appendix 3).
- Identify issues of professional practice which will be reflected on with their supervisor during clinical supervision.
- Inform CN if clinical supervisor is on long term leave.
- Undertake regular clinical supervision/reflective practice with a minimum of 6 sessions being attended within a 12 month period.

Clinical Supervisor (1:1 and group formats)

Right to:
- Choose whether or not to work with a person as their clinical supervisor (1:1 supervision).
- To be treated with respect and as an equal partner in the relationship.
- Take steps to withdraw from the role as clinical supervisor if there are difficulties in meeting the commitment.
- Set personal and professional boundaries on which issues the supervisee discusses.

Responsibility to:
- Undertake clinical supervision training.
- Receive ongoing clinical supervision/reflection activities with a minimum of 6 sessions being attended within a 12 month period.
- Discuss the clinical supervision agreement with supervisees at the first supervision session (see Appendix 3)
- Facilitate reflective discussion based on the topics of professional practice identified by the supervisee/s during clinical supervision.
- Identify and act appropriately regarding any unsafe, unethical or illegal practice in line with the professional standards of practice and behaviour for nurses and midwives (NMC, 2015).
- When necessary, encourage and facilitate the supervisee to seek specialist help and/or advice.
- Notify the NPD when supervision has taken place or been cancelled (with the reason for this) by emailing: TSH.NursingPracticeDevelopment@nhs.scot

6. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in

relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

7. Stakeholder Engagement

Key Stakeholders	Consulted Y/N
Patients	N
Staff	Y
The Board	Y
Carers	N
Volunteers	N

8. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within TSH via the intranet and through the staff bulletin.

The Nursing & Allied Health Professional Advisory Committee along with the Director of Nursing and Operations will be responsible for the implementation and monitoring of this policy.

The policy will be reviewed every three years taking into consideration legislative changes and developments in good practice to ensure it meets the needs of all staff.

9. References

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Appendix 1

Nursing Clinical Supervision and Reflection Activities Definitions

Term	Meaning
Reflection Activities	The NMC (2018) uses the term reflection activities to refer to reflective learning opportunities such as self-reflection, written reflective accounts and reflective discussions with Colleagues. Reflection plays an important role in health and care work, and brings benefits to the public, people using services and patients and their carers (Nursing Times, 2019).
Clinical Supervision	Clinical Supervision is recognised as a strategy, not only for learning and development, professional accountability and improved patient care but as a supportive mechanism to promote positive health and wellbeing for the workforce (NES 2017). Clinical supervision is facilitated by a trained supervisor (1-1 or group) working in collaboration with a supervisee to provide a protected space, which promotes trust, safety, choice and empowerment. Clinical Supervision is not: • Managerial supervision or a disciplinary channel • Appraisal monitoring • Personal Therapy or Counselling
Multi-disciplinary Reflective Practice Groups (RPG)	RPGs provide a space for the whole clinical team to reflect together in a supportive and non-judgemental setting, with a focus on interpersonal dynamics with patients alongside transference and counter-transference issues. The focus includes team, system and organisational dynamics that might be impacting on clinical situations. RPGs have a psychodynamic model underpinning and require a facilitator with specific training and competencies as outlined in the Forensic Matrix document. For further information click the link below or see the Reflective Practice Groups for the Multidisciplinary Team Policy. http://intranet.tsh.scot.nhs.uk/GroupsCommittees/Pages/ReflectivePracticeGroups.aspx
Values Based Reflective Practice (VBRP®)	VBRP® is a reflection activity which has been developed by NES to help staff deliver the care they came into the service to provide. It offers a regular and intentional space where, away from the demands of appraisal or line management agendas provides an opportunity for health care staff to: • Remember what brought them into the profession in the first place (values). • Reflect on how their everyday work sits with those values. • Find the encouragement to redress any imbalances and improve future practice. VBRP® provides an opportunity for staff to reflect on their professional and personal values. These groups must be facilitated by VBRP® facilitators. At TSH, VBRP® aims to provide a straightforward and

Term	Meaning
	practical approach to help staff stop and think about everyday work: Values based reflective practice (VBRP®) | Turas | Learn (nhs.scot)
TURAS Appraisal	All staff will meet with their line manager for an annual Personal Development Review (PDR) through a single unified digital platform for health and social care professionals (TURAS). The aim of the PDR process is for staff to realise their potential and to provide a link between achieving your own personal and professional goals and the goals of the organisation. This review is recorded on the TURAS system and should state the type of clinical supervision you will participate in during the year e.g. 1:1 supervision and/or VBRP®. The Knowledge and Skills framework (KSF) is a "useful tool to identify the knowledge, skills and learning and development that staff need to do their job well. The KSF is a broad framework which supports a fair and consistent approach to PDR" (NES 2017.)More information about PDR and KSF can be found at: Understanding KSF dimensions | Turas | Learn (nhs.scot)
Revalidation for Registered Nurses	Nursing staff are required to revalidate every three years with the Nursing and Midwifery Council (NMC). Participation in reflective practice and clinical supervision can contribute to revalidation requirements. For further information on the NMC Revalidation requirements, please see the link: Revalidation - The Nursing and Midwifery Council (nmc.org.uk)
Peer Support	Peer support is an informal, ad hoc supervision with colleagues which is often a valuable forum and experience for staff. To maintain a formal and constructive process for clinical supervision, peer support will not be formally recorded as a supervision session. Nevertheless, registered nurses can complete the reflective accounts template following such discussions, for their own records and for the purpose of revalidation.

Appendix 2

Clinical Supervision and Reflection Activities Menu

To enable staff to reflect and develop through clinical supervision they will be asked to choose from the menu in agreement with their line manager during their annual appraisal and recorded in their PDR. These options will enable staff to experience supervision and/or reflection activities in a format that suits their individual learning needs and style. It is good practice for line managers not to act as clinical supervisors to their staff where possible.

Clinical Supervision and Reflection Activities Menu **Minimum standards for a 12-month period**
1:1 Supervision
In a twelve month period, participation in six 1:1 sessions with a trained supervisor constitutes 100% clinical supervision. Nurses can attend more than the minimum of six sessions.
Group Supervision
In a twelve month period, participation in six facilitated group sessions equals 100% clinical supervision. Hub based group supervision is facilitated on a fortnightly basis allowing the opportunity for nurses to attend more than the minimum of six sessions.
Values Based Reflective Practice (VBRP®)
VBRP® is available to nursing staff on a fortnightly/monthly basis. Participation in a minimum of six sessions within a twelve month period equals 100% clinical supervision.
Blended Approach
Nurses can combine the options to make up 100% requirement for supervision. Example 1: staff may complement their existing 1:1 supervision session with attendance at group supervision. Example 2: staff may choose to participate in VBRP® with nurse colleagues, 1:1 supervision sessions and group supervision.

In addition to the above nursing clinical supervision and reflection activities, staff can also attend Multidisciplinary Reflective Practice Groups (RPGs). Attendance at RPGs can contribute to the overall requirement for clinical supervision (restorative) and reflection activities within a 12 month period.

Appendix 3

CLINICAL SUPERVISION AGREEMENT

(Reflective Learning)

Clinical supervision is a professional conversation to facilitate reflective learning, through a non-judgemental process, which is separate from appraisal.

SUPERVISOR…

SUPERVISEE…

As supervisee and clinical supervisor we agree to the following:

- To share the responsibility for ensuring that regular supervision occurs. *(Meet once every 8 weeks (minimum) for 40-60 minutes).*
- To protect the time and space for clinical supervision, by keeping to agreed appointments and time boundaries. Privacy will be respected and interruptions avoided.
- To prepare for the supervision session.
- Contribute to a mutually respectful professional relationship.
- To work together to facilitate reflection within clinical supervision sessions to explore issues affecting nursing practice (e.g. patient care, relationships with colleagues or the wider context within which we work).
- To keep a record of the date and time of sessions. *(If the supervisee wishes, they can keep a record of the content discussed within the session).*
- Withdraw from the clinical supervision relationship if there are difficulties which cannot be resolved. Request for another supervisor/supervisee would be made.
- Confidentiality regarding discussions within clinical supervision, except with the consent of both supervisor and supervisee. (*Confidentiality will be discussed during the initial clinical supervision sessions).*

This agreement relates to 1:1 clinical supervision.