THE STATE HOSPITALS BOARD FOR SCOTLAND

REFLECTIVE PRACTICE GROUPS FOR THE MULTIDISCIPLINARY TEAM 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:

December 2022 Review

- The sections on ‘definitions’, ‘scope and context’, and ‘key principles’ have been made more concise.
- A section discussing in depth ‘the need for multidisciplinary Reflective Practice Groups’ has been taken out of the policy and will be moved to an online resource on the intranet.
- The text has been updated in the section on ‘Practical implementation and specific roles and responsibilities’.

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1. Introduction

The core work of staff in The State Hospital is caring for patients who often have deep-rooted difficulties in their relationships with care, and whose inner experiences may be disturbing and distressing to themselves and others. Most patients in high-secure settings have acted on their mental states in aggressive ways and some continue to do so whilst in hospital. It is well recognised that working with patients with troubled minds and who carry out disturbing actions can be troubling and stressful for their treating clinicians, and their managers. Closely linked to this, the caring relationship can become complicated in ways that interfere with treatment.

These important processes may not be obvious unless we make time to stop and reflect (Craissati et al., 2015; Department of Health, 2010; Fallon et al., 1999; NICE, 2013; RCPsych CCQI, 2012). These dynamics are more intense and potentially problematic when clinicians work for long periods and closely with patients (Hughes and Kerr, 2000) such as happens in forensic secure settings.

Multidisciplinary Reflective Practice Groups (RPGs) bring the whole clinical team together in a supportive and non-judgmental setting, to reflect on and process staff-patient, team and organisational dynamics, in order to sustain good caring relationships with patients and to reduce the stresses of the work for staff.

There is a convergence in the literature that well-functioning RPGs for the multidisciplinary team, that are embedded into ward culture, are essential for the safe and sustainable running of forensic hospitals (Craissati et al., 2015; Patrick et al., 2018; RCPsych CCQI, 2012; Russell, 2017; Russell et al., 2018).

In terms of reducing the stresses of the work, RPGs provide an opportunity for clinicians to feel supported and valued, and to discuss their clinical work with an external facilitator to process the emotional impact of work on themselves.

As a result of these functions, there is the potential for well-functioning RPGs to improve staff wellbeing and mitigate against work-related sickness and absence. This is relevant for the State Hospital where sickness absence continues to be a challenge with absence rates above 5% (Staff Bulletin Sep 2019) with high levels of mental health issues (Staff Bulletin June 2019).

Quantitative and qualitative feedback from two evaluations of multidisciplinary RPGs within TSH suggested that staff had found the groups a valuable space for the whole team to come together to stop and reflect, and groups helped team cohesion (Walker, Polnay, de Villiers et al 2019; McLelland, Polnay et al 2020).

The Forensic Network Continuous Quality Improvement Review of TSH in April 2018 highlighted as an area of good practice that regular multidisciplinary Reflective Practice Groups, facilitated by a Consultant Psychiatrist in Psychotherapy, were available for all clinicians. Whilst the Clinical Model supported this implicitly under the ‘Positive Therapeutic Milieu’ principle, the Forensic Network Continuous Quality Improvement Review noted that TSH, had at that time no specific policy that supported multidisciplinary team Reflective Practice Groups.

The review team recommended that TSH create a policy to support the further embedding of these processes and to ensure they continue to form an integral component of practice among staff within the hospital.

2. Definitions

Multidisciplinary team Reflective Practice Groups
Multidisciplinary RPGs provide a setting for the *whole* clinical team to *reflect together* in a supportive and non-judgemental space. Multi-disciplinary RPGs have a psychodynamic model underpinning and require a facilitator with specific training and competencies as outlined in the Forensic Matrix document (Patrick et al., 2018).The content has a focus on interpersonal dynamics with patients alongside transference and countertransference issues. Staff have the opportunity to reflect on clinical encounters with patients, as well as team, system and organizational dynamics that might be impacting on clinical situations. (Patrick et al., 2018). Multidisciplinary team RPGs are not therapy for staff. The facilitator keeps the focus on clinical situations and staff members' responses to these, as opposed to the personal exploration you would find in therapy.

Reflective Practice Group Facilitators
Multidisciplinary team RPG facilitators have expertise and training in interpersonal dynamics and RPG facilitation (Patrick et al., 2018). The facilitator is not part of the teams that they are helping to reflect. This 'outsider' status preserves facilitators' ability to hold a democratic, neutral stance in relation to the teams they work with. Furthermore, it will prevent them being part of the problems they are trying to assist with.

Reflective Learning
"Reflective learning" refers to a more general process of making time to stop and think about our work, how and why we are working in the way we do, and consider how practice could be improved. The term "reflective learning" (Kolb, 1974) is prevalent in the educational literature and exemplified by Kolb's Learning Cycle. Reflective learning applies across all disciplines, including non-clinicians, across all branches of healthcare, and beyond healthcare settings.

Values-Based Reflective Practice (VBRP) is a type of *reflective learning*, with a focus on values. Within TSH, VBRP is being piloted by the Nursing Practice Development Team for unidisciplinary sessions for nurses only. VBRP is not a substitute for multidisciplinary RPGs, rather is intended as a straightforward and accessible approach to *reflective learning* for use in everyday practice that will support nursing involvement in the multi-disciplinary RPGs. (SBAR to MHPSG and CGG, 2018).

Clinical Supervision
Multidisciplinary RPGs are not the same as clinical supervision. Clinical supervision is a "discipline specific space where staff can review and reflect on their practice, discuss individual cases in depth, and identify any changes in practice needed and training requirements. It complements multi-disciplinary Reflective Practice Groups (not replaces it)" (Russell et al., 2018).

3. Scope and context

Who this policy applies to
This current policy is about Reflective Practice Groups for multidisciplinary teams in clinical areas. This policy is for all clinicians within the State Hospital as well as the managerial team who have responsibilities to support the groups taking place and running smoothly.

Supportive legislation and guidance
- The Health and Care (Staffing) (Scotland) Bill 2019 states that, insofar as consistent with the main purpose of providing safe and high-quality services, staffing for health care and care services is to be arranged in a way that ensures the wellbeing of staff. Multi-disciplinary RPGs are essential for good patient care and staff wellbeing (Patrick et al., 2018). This bill adds weight for services to be arranged to embed these groups into the everyday running of the service.

- The NHS Scotland Leadership Qualities Framework (NES, 2014) places reflective and relational qualities at the heart of what is important for leaders, in order to lead teams effectively and have a positive influence across the wider system. These qualities include: self-awareness; developing the team and self; listening empathically to understand; seeking to understand why things are done the way they are and not just accepting the status quo.
- This policy aligns with the Scottish Forensic Network paper on Structured Clinical Care (SCC) (Russell et al., 2018) and with the related Forensic Network papers on Personality Disorder and Reflective Practice Groups (Russell, 2017: Patrick et al., 2018). SCC is a systems-wide approach to forensic secure care that aims to create a psychologically-informed and responsive environment for staff and patients. The SCC paper identified a convergence in the literature about key relational practices and approaches for staff and the wider system to adopt, that together create a therapeutic environment (see Box 1). Reflective Practice Groups for the multidisciplinary team that are embedded into service culture and ward structure are therefore one of several key practices, which together form a psychologically-informed clinical environment.

Box 1. Multi-disciplinary team RPGs in relation to other key elements of creating a therapeutic environment

1) Well-functioning multidisciplinary team Reflective Practice Groups that are embedded into service culture and ward structure
2) Teaching and training for all staff, including senior managers, about core relational aspects of care, which paves the way for staff to understand and be involved in multidisciplinary team Reflective Practice Groups, formulation, and to hold a helpful clinical stance
3) An approach to team-working that embeds a clear formulation of each patient's presentation and relationship features that is linked to actual clinical plans and a consensus approach for staff to take
4) A helpful and consistent clinician and team relational stance in relation to patients and other staff members
5) Recruitment processes that take into account the need for staff to have the capacity, ability and motivation to work with patients with significant personality issues. New recruits need to demonstrate an ability and willingness to reflect on their own responses to the clinical work and patients, including an awareness of multi-disciplinary Reflective Practice Groups (RPGs) and why they are important
6) A relationship-orientated focus to interactions for staff across the service/system. This includes leaders and managers whose leadership style should incorporate support, development and recognition in relation to staff they manage (see also Craissati et al., 2015)

4. Key principles of multidisciplinary team Reflective Practice Groups

To create a safe and well-functioning clinical team, it is vital that staff are: *aware* of emotional responses to the work; recognise that these *are normal*; and make time to *reflect on and process* these responses in appropriate settings (Johnston and Paley, 2013; Thorndycraft and McCabe, 2008). Multidisciplinary team RPGs are a key to this. Led by appropriately skilled facilitators, multidisciplinary team RPGs provide a regular, safe, confidential, non-judgmental and supportive setting for the whole clinical team reflect together on their interactions with patients and understand some of the dynamics that they are part of (see Box 2 for key principles and Box 3 for summary of the aims). For further discussion on the clinical and theoretical background to multidisciplinary RPGs, please see the online resource on the TSH intranet.

Box 2. Principles of Multidisciplinary Reflective Practice Group.

- A supportive and empathic stance is taken by group members, led and modelled by the facilitator
- Clinical situations and encounters with patients are explored with a constructively challenging and non-collusive stance where needed
- Confidential – a rule of the group is that what is said remains within the group
- Everyone is invited to participate in discussion – people contribute different perspectives.
- Participants keep responsibility for their work (Hawkins and Shohet, 2007)
- The multidisciplinary RPG is separate and distinct from other formal patient management meetings (such as ward rounds or CPAs). This allows staff to explore their responses to patients more easily and with less pressure to try and 'solve' problems too soon, which could foreclose the discussion

Box 3. Main aims and foci of multidisciplinary team RPGs

- Name, register, and process the interpersonal dynamics of work with patients
- Bring various parts of team together to promote team cohesion and prevent fragmentation
- Promote consistency
- Reduce the potential to inadvertently respond to patients in ways that may be counterproductive
- Allow staff members to feel supported by the whole team to provide some protection from the stresses inherent in clinical work
- Help provide perspective and objectivity when clinicians are emotionally disturbed by clinical interactions patients
- Encourage closer awareness of the emotional aspects when clinicians are more detached and inured to clinical work

(Evans, 2016, Johnston and Paley, 2013; McAvoy, 2012; Thorndycraft and McCabe, 2008)

5. Practical implementation and specific roles and responsibilities

The underlying framework and responsibilities for multidisciplinary Reflective Practice Groups are as follows, in line with the School of Forensic Mental Health papers on Reflective Practice (2018) and Structured Clinical Care (2018).

1) Responsibility of Team leads, senior management, and the Consultant Psychiatrist in Psychotherapy:

    1.1. Multi-disciplinary team RPGs should be embedded into ward culture and understood as an essential part of safe running of the hospital and staff and patient wellbeing, much in the way that a medication round is seen as essential and would not be skipped.

2) Responsibilities for Team Leads (i.e., leaders from each discipline on each Hub):

    2.1. To organise wards such that multi-disciplinary team Reflective Practice Groups are a bedrock of ward organisation and the maximum number of clinicians are facilitated to attend when sessions are on.

2.2. Multi-disciplinary team Reflective Practice Groups require a *multi-disciplinary* group, with consistent and regular involvement from all disciplines at all levels of training for the groups to function well.

2.3. As clinical leaders, to model the value of RPGs, and derive the benefits of them, by themselves regularly attending and taking part in multi-disciplinary RPGs.

2.4. To facilitate organisational aspects of the groups:
- Regular sessions, at the same day, time and place. The regularity of sessions is important to create reliable setting within which the group can work, and to reflect that the task of RPGs is not intended primarily as a reactive measure to incidents.
- Management 'buy-in' and support from senior team members.
- Confidentiality boundary (with appropriate limits to this).
- RPGs are distinct from line management.
- It is important that sessions are held where disturbances are likely to be at a minimum.
- Session length is 50 minutes – exact time agreed between each group and facilitator.
- Sessions may be ongoing or fixed-term, as agreed between each group and facilitator.
- Information about how to access the sessions is available from a senior nurse or the Hub Lead
- Sessions work better when they run:
  - Fortnightly, as opposed to monthly
  - At the ward level, as opposed to grouping several wards together (information from two service evaluations)

2.5. When wards are stretched and stressed due to acute clinical pressures, it is harder to free up time for staff to take part in multi-disciplinary RPGs. However, it is precisely at these times that having the time to stop and reflect in RPGs is even more important. Hence the Team Leads should make plans to anticipate this and support the continuing running of RPGs through periods of high clinical activity through:
- building the RPG sessions into the daily planning meetings
- prioritising RPGs as protected time for nurses
- considering staffing logistics so staff are freed up to attend.

3) Nursing responsibilities:

3.1. For each multi-disciplinary RPG, it is the responsibility of the senior charge nurse (SCN) to ensure that the maximum numbers of nurses are facilitated to attend.

3.2. Both the SCN and the charge nurses (CNs) will have a proactive role for their specific ward in modelling the importance of reflective practice and in being a direct link for supporting sessions. The Hub Lead will ensure the same for all other disciplines, delegating as appropriate.

4) Responsibilities for all clinicians:

4.1. When organisational support is in place such that a staff member at work can feasibly attend the RPG for their ward, they are strongly encouraged to join the session and the expectation is that clinicians will attend.

It is recognised that being able to reflect is a skill that needs to be learnt before it can be applied in practice in a group setting with colleagues. Expectations will therefore need to be individualised to each staff member. Furthermore, it is also recognised that reflecting in a

group setting requires an underlying sense of psychological safety and this may fluctuate over time (Zouharova, Polnay, & Kennedy, 2022).

4.2. Clinical teams should be actively involved in shaping their RPGs to match their needs. This may include making decisions on the timing and frequency of RPGs, in discussion with their RPG facilitator (Zouharova et al, 2022)

5) Responsibilities of the facilitators:

5.1. The Consultant Psychiatrist in Psychotherapy leads the delivery and provision of the multi-disciplinary team Reflective Practice Groups as part of the Psychotherapy Service.

5.2. To meet the need and demand for multi-disciplinary RPGs, sessions may also be facilitated by other experienced and appropriately trained clinicians, under the overall direction of the Consultant Psychiatrist in Psychotherapy. Clinicians will need to fully meet the necessary competencies for RPG facilitators as described in the Forensic Network paper (Patrick et al., 2018). Such clinicians would be nominated by Heads of Service in discussion with the Consultant Psychiatrist in Psychotherapy and supported to take part in training in RPG facilitation as delivered by the Forensic Network, to be accredited as facilitators. These additional RPG facilitators would be required to undertake regular supervision with the Consultant Psychiatrist in Psychotherapy.

5.3. Facilitators are responsible for working with clinical teams to set up RPGs, including providing the Team Leads with information about the groups, and delivering teaching and training at the ward level about the purpose of multidisciplinary RPGs and how they work.

5.4. SMT identified a need to have assurance that RPGs are being provided, whilst being mindful that this assurance process must not interfere with the group process itself (i.e., confidentiality boundary and a distinction from line management). Accordingly, the Consultant Psychiatrist in Psychotherapy will discuss with the Associate Medical Director about the overall running of the RPG service. Direct group material and specifics about who attends will not form part of these discussions. The Associate Medical Director will provide a boundaried update to the appropriate management group on a yearly basis.

6) Responsibilities for line managers and directors at all levels:
- Being actively involved in getting multidisciplinary RPGs embedded in ward culture and structure.
- Developing logistical solutions to regularly allow all staff to be involved.
- Influencing the ward culture so as these are seen as integral and essential to practice.
- Strongly encouraging staff to attend and be involved in the RPGs.
- For senior managers without direct clinical contact, considering being involved in a RPG for senior managers, given the significant stresses they too are exposed to.

7) Quality Improvement. The facilitator will work with clinical teams to regularly review and gather feedback from RPGs.

Due to the RPGs' function and process, a key element for RPGs is their separateness from direct line management (Patrick et al, 2018). Therefore, it is particularly important that responsibility for evaluation of RPGs and ownership of data rest with the clinical teams themselves, as opposed to audit coming 'from above' which would be counterproductive to the groups functioning well.

8) Responsibilities for Training:

8.1. Regular training around staff-patient dynamics and the impact of early adversity on patient relationships with care is essential so that clinicians understand the purpose of multidisciplinary team RPGs, are motivated to attend the sessions and can make good use of them. A workshop, “Essential Relational Aspects of Care”, has been developed which addresses these areas and should be mandatory for all clinical staff. This was put in the training plan in 2020 and should remain in the training plan going forward.

8.2. A session about relational dynamics and the role of multi-disciplinary Reflective Practice Groups will be re-introduced into the clinical staff induction programme. This had been in place previously but had lapsed due to disruption from the Covid-19 pandemic.

9) HR responsibilities and recruitment:

9.1. Recruitment processes should “take into account the need for staff to have the capacity, ability and motivation to work with patients with significant personality issues” (Russell et al., 2018). This includes the need for recruitment processes to assess potential new recruits’ “ability and willingness to reflect on their own responses to the clinical work and patients, including an awareness of multi-disciplinary Reflective Practice Groups (RPGs) and why they are important.”

9.2. Specifically, all person specifications for *new* clinical posts should include the capacity to reflect with multi-disciplinary colleagues. Linked to this, all *new* clinical job descriptions should state that multi-disciplinary RPGs are part of the safe running of the hospital, and therefore the post involves attending and taking part in these.

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.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g., Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with

access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

7. Stakeholders Engagement

- Associate Medical Director, Medical Director
- Head of HR
- Hub Clinical Leads
- Senior Charge Nurses
- Charge Nurses
- Consultant Nurse
- Nursing Practice Development
- Security

Key Stakeholders	Consulted (Y/N)
Patients	N
All Staff	Y
TSH Board	Y
Carers	N
Volunteers	N

8. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin. If required the Person-Centred Improvement Service will facilitate communication with Patients and Carers.

The Consultant Psychiatrist in Psychotherapy, working with the Director of Nursing and Operations and the advisory team of Consultant Psychiatrist in Forensic and Psychotherapy and Head of Psychological Services, will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

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10. Acknowledgements

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