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Building a
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NATIONAL POLICY FOR CLINICAL SUPERVISION IN PSYCHIATRIC/ MENTAL HEALTH NURSING







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Office of the
Nursing & Midwifery
Services Director

National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing

Policy

Procedure

Protocol

Guideline

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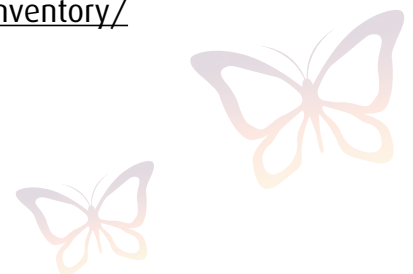




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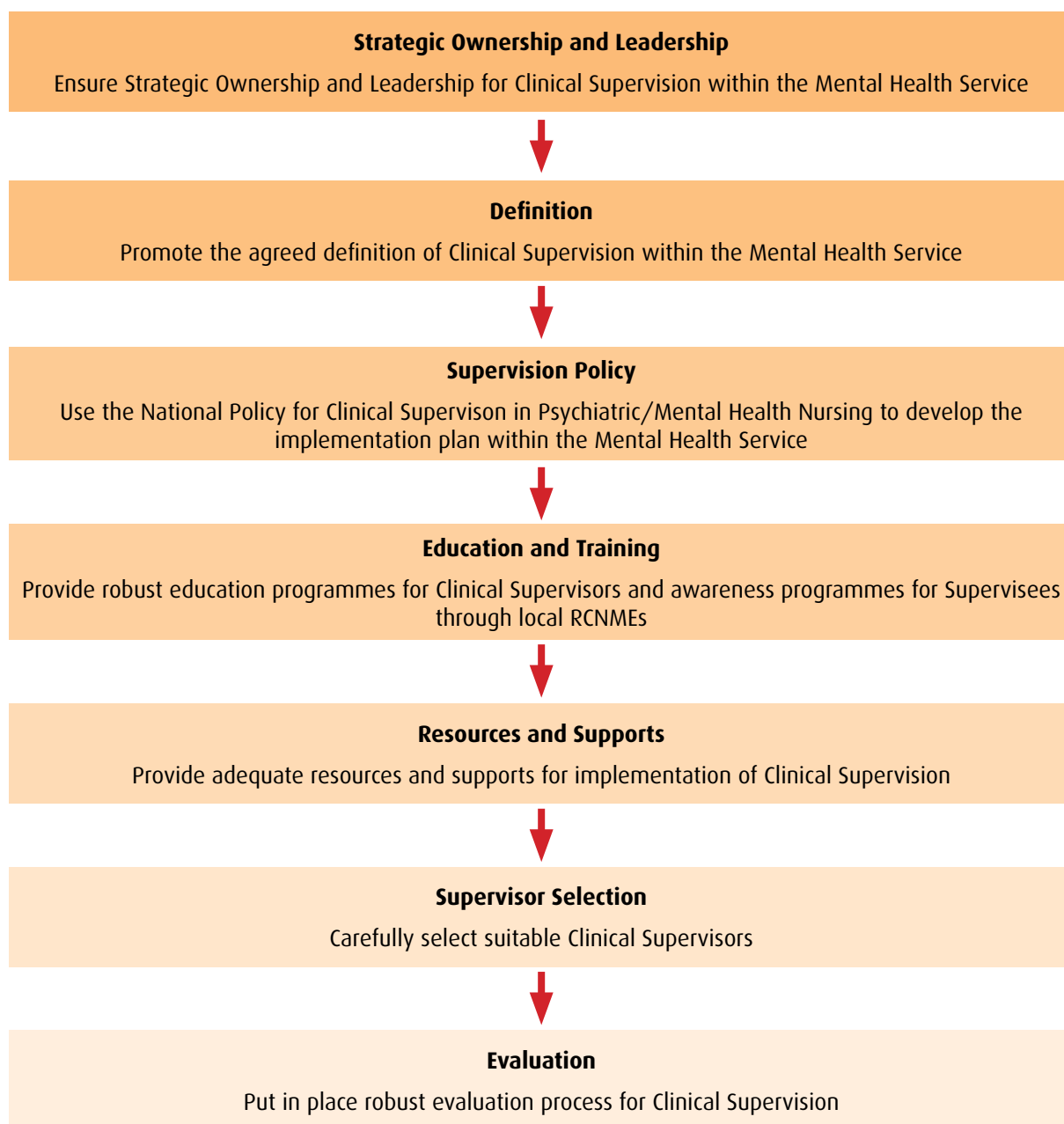
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Part A:

Implementing Clinical Supervision for Nurses in Psychiatric/Mental Health Services in Ireland

1.0 Process for Implementation of Clinical Supervision



1.1 Glossary of Terms and Definitions

Clinical Governance	'The system through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they have delivered. For healthcare staff, this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do' (HSE, 2014).
Clinical Supervision	Clinical supervision is a professional relationship between a supervisor and a supervisee (nurse) where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisee's work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike (HSE 2019).
Policy	A policy is a written statement that clearly indicates the position and values of the organisation on a given subject (HIQA, 2008).
Reflective Practice	Reflective practice generally refers to a practitioner's ability to observe their thoughts, behaviour, feelings, skills, attitudes and professional conduct from an objective viewpoint. Boyd and Fales (1983) suggest 'reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective'
Evidence-Based Practice	Evidence based practice is the integration of best research, evidence and clinical expertise and patient values in order to improve health outcomes (Steevens, 2013).
Risk Management	Coordinated activities to direct and control an organisation with regard to risk (HSE, 2017a).

1.2 List of Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing Professional Development
CS	Clinical Supervision
GDPR	General Data Protection Regulation
HSE	Health Service Executive
MHC	Mental Health Commission
MHID	Mental Health of Intellectual Disability
NMBI	Nursing and Midwifery Board of Ireland
NMPD	Nursing and Midwifery Planning and Development
NPDC	Nurse Practice Development Coordinator
ONMSD	Office of the Nursing and Midwifery Services Director
PPPG's	Policies, Procedures, Protocols and Guidelines
RCNME	Regional Centre of Nursing and Midwifery Education
Service User	For the purpose of this document the term service user will be used to represent patients, residents and clients.

1.3 Introduction

Psychiatric/Mental Health Nurses represent the largest professional discipline within the Irish Mental Health Services. Over the past two decades the clinical roles and responsibilities have developed significantly in providing timely, responsive, evidenced based care. The continuing development of mental health nursing occurs across diverse and complex environments with consequent personal and professional challenges. The Report of the Expert Group on Mental Health Policy: *A Vision for Change* (Government of Ireland 2006) places firm emphasis on recovery whilst detailing a comprehensive model of mental health service provision for Ireland. Recent publications from the HSE (HSE, 2017a; HSE, 2017b; HSE, 2018) underpin values of autonomy, trust, dignity, respect, provision of choice, and promotion of rights: all of which are the core of the profession of psychiatric nursing. The HSE Best Practice Guidance for Mental Health Services (HSE, 2017a) emphasises the centrality of clinical supervision in maintaining a competent skilled workforce who can provide evidence based high quality care. Clinical supervision promotes and embeds these values and recovery principles in clinical practice. Mental Health Services have increasingly developed and evolved in a more recovery and service user focused manner with nurses constantly developing their practice and taking on more expanded roles in the provision of care and clinical interventions. *A Vision for Psychiatric/Mental Health Nursing – a Shared Journey for Mental Healthcare in Ireland* (HSE, 2012) outlines a number of recommendations which support the delivery of a person centred, recovery focused, quality and safe mental health service. Recommendation 1 outlines the requirement that *'Clinical supervision shall be made available internally to all nurses and to be availed of by all nurses to ensure recovery values and principles have been translated and maintained in clinical practice'* (p 28).

Broader HSE national supervision guidance, developed for Health and Social Care professionals proposes that supervision can support and strengthen the quality of care and staff engagement with the goal of improving and maintaining safe, quality, effective and efficient care for services users (HSE, 2015a). Clinical supervision offers a process of professional support and learning in which nurses are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues (Fowler, 2011) and promotes personal and professional development in a supportive relationship that occurs between professional equals (Butterworth and Faugier, 1992; Butterworth et al., 2008). It is increasingly recommended as a means of supporting professional practice and is fundamental to safeguarding standards, developing professional expertise, and improving the delivery of quality care. Clinical supervision is seen to fit within a clinical governance framework, in helping to ensure better outcomes for service users and enhancing nursing practice. It can also contribute to the development of a more articulate and skilled workforce which in turn impacts positively on organisational objectives (White and Winstanley 2006).



1.3.1 Aim of this Policy

This Policy aims to support Area Directors of Nursing and Service Managers in the integration of Clinical Supervision into every day professional practice and provides a foundation upon which clinical supervision can support continuing professional development (HSE, 2015b). This Policy was developed as part of a resource pack designed to support nurses in addressing issues, challenges and opportunities that arise from day-to-day practice, supporting and enabling them to grow as individuals and professionals. The resource pack includes:

- Clinical Supervision for Nurses working in Mental Health services; a guide for nurse managers, supervisors and supervisees (HSE, 2019)
- National Clinical Supervision in Psychiatric/Mental Health Nursing Policy
- Introduction to Theory and Practice of Clinical Supervision; A Module descriptor for a 3 day education programme. (This programme is available in local Regional Centres for Nursing and Midwifery Education (RCNME))
- Clinical Supervision Information Leaflet and
- Frequently Asked Questions document

1.4 Definition of Clinical Supervision

The following definition has been agreed for mental health nursing in Ireland by the Clinical Supervision National Mental Health Group:

Clinical Supervision	<i>It is a professional relationship between a supervisor and a supervisee (nurse) where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisee's work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike (HSE, 2019).</i>
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Clinical Supervision:

- Ensures welfare and best quality for service users
 - Promotes safe practice and is an aid to improving standards and quality of nursing care
 - Supports nurses in the development of professional skills and competence
 - Prevents stress & burnout
 - Improves job satisfaction and reduces sick leave
 - Supports nurses' feelings of being valued & improves self esteem
 - Enhances personal & professional development through on-going reflexivity
- (Adapted from Carroll and Gilbert, 2011).



1.5 Roles and Responsibilities of Key Stakeholders

In order to succeed, clinical supervision must have sponsorship at all levels in the Mental Health Service. The organisation and senior management must support and enable the process of formalised reflection on practice; organisational culture is a critical determinant of implementation (Butterworth et al., 2008).

1.5.1 Nursing Management Responsibilities

- Recognise the importance of effective leadership in implementing clinical supervision
- Establish a clinical supervision local implementation group involving key stakeholders who will drive and monitor the implementation of clinical supervision within local Mental Health Services
- Develop an implementation plan to support this national policy
- Ensure all staff are familiar with the policy including their roles and responsibilities and sign the Signature Sheet to indicate they have read, understand and agree to adhere to the Policy (Appendix 1)
- Ensure that nurses are identified and provided with appropriate educational and practical support to provide clinical supervision (available from the ONMSD website)
- Develop and disseminate a list of supervisors and their contact details so nurses can access supervisors of their choice (Edwards et al., 2014) (Appendix III)
- Ensure there is flexibility for staff to access individual, group or peer clinical supervision
- Assist clinicians and managers to manage their time effectively in conjunction with existing workloads in order to participate in clinical supervision
- Ensure any issues brought to their attention as a result of the organisation of clinical supervision are dealt with promptly and appropriately (content of supervision is confidential)
- Ensure that this policy is adhered to in order to govern the implementation of clinical supervision within respective services

1.5.2 Supervisor's Responsibilities

- Undertake educational programme/professional preparation to ensure he/she has the skills and competencies required to engage in clinical supervision
- Establish a safe supervisory environment where confidentiality and trust are essential elements of the relationship
- Negotiate a written clinical supervision agreement with the supervisee(s)
- Explain and adhere to the boundaries in clinical supervision
- Facilitate the monitoring and development of sound clinical skills and ethical practice in a structured manner
- Validate good practice and establish a two-way feedback process which is clear, constructive and regular
- Participate in supervision of their supervisory practice
- Be familiar with organisational Policies Procedures Protocols and Guidelines (PPPG's)



1.5.3 Supervisee's Responsibilities

- Organise arrangements for clinical supervision, in line with organisational PPPGs
- Actively participate in developing an effective relationship with the supervisor
- Actively participate in negotiating a clinical supervision agreement with the supervisor
- Adhere to the boundaries of clinical supervision
- Identify and discuss any clinical practice and professional developmental issues that may affect his/her nursing practice
- Be willing to engage in reflective practice
- Be open to constructive feedback & reflect on its implications for practice
- Provide feedback on the experience of the supervisory process and relationship
- Take responsibility for own professional development and personal well being

1.6 Format of Clinical Supervision

There are a number of different ways that clinical supervision may be delivered:

One-to-One Supervision between a supervisor and supervisee

Group Supervision in which two or more practitioners discuss their work with a supervisor

Peer Supervision practitioners of the same grade discuss their work with each other (one-to-one or group)

Co-Supervision is where two practitioners provide one-to-one supervision to each other.

The appropriate method of clinical supervision may vary depending on a number of factors, including the experience of the supervisee, the complexity of their workload and their professional background. Professional bodies most frequently refer to one to one supervision or group supervision

(Care Quality Commission, 2013).

1.7 Procedure

Clinical supervision should take place regularly in order for it to be effective. The frequency and duration of clinical supervision should be adequate to ensure safe, competent, quality care for people who use services.

1.7.1 Frequency

Recommendations made by experts in the field of clinical supervision include scheduling supervision sessions regularly in order for supervision to be effective (Martin et al., 2014).

- Clinical supervision should be provided approximately every 4 to 6 weeks.
- Group supervision should take place approximately every 6 weeks.



1.7.2 Duration

Clinical supervision sessions should last for at least one hour, or one hour and 30 minutes in the case of group supervision (HSE, 2015b).

1.7.3 Venue

Clinical supervision should take place away from the work based setting where possible and free from distractions and interruptions (Martin et al., 2014). When this is not possible consideration should be given to providing a quiet physical space which offers privacy and distance from the day-to-day activities. In such cases clinical supervision should be interrupted only when absolutely necessary.

1.7.4 Commitment

The process of supervision occurs within a trusting relationship established between supervisor and supervisee; both contribute to the relationship and have responsibilities within the supervision process. All supervisors will be required to attend for supervision of their supervisory practice.

1.8 Written Records in Clinical Supervision

There are a number of records that must be maintained throughout the clinical supervision process including:

1.8.1 A Clinical Supervision Agreement

Using a clinical supervision agreement has been identified as a key component of an effective supervision process. By forming an agreement at the beginning of the supervision relationship, ground rules, goals, process issues and the identification of learning needs can be established. The supervision agreement should include attention to the following:

- Timing/Venue
- Learning structure
- Supervision structure
- Purpose and goals
- Evaluation
- Duties and responsibilities
- Specific procedural issues
- Supervisor's scope of practice

A formal clinical supervision agreement outlining the details of the arrangement should be discussed and negotiated prior to commencing clinical supervision. The agreement must be signed and dated by the clinical supervisor and supervisee(s) and copies filed for future reference by both parties. A template for the development of the agreement is included in the document *"Clinical Supervision for Nurses working in Mental Health Services: A Guide for Nurse Managers, Supervisors and Supervisees"* (HSE, 2019).



The clinical supervision agreement should be reviewed at least twice yearly with the overall aim to ensure a focus is on the purpose and direction of supervision. It is also an opportunity to identify whether any issues such as arrangements, timing or venue have changed in the intervening period. The review may provide opportunity to discuss concerns, but it is advisable to discuss any concerns as they arise (Australian College of Mental Health Nurses, 2012).

1.8.2 Recording Notes in Clinical Supervision

Written records of the clinical supervision session (Appendix IV) will be maintained by the supervisor. Written records should be **minimal** and must consist of the key issues arising from each session and include dates and times. Recording sheets are completed at the end of each session and signed by both supervisor and supervisee. Records are kept and stored in accordance with the HSE Record Retention Policy (2013) and in line with General Data Protection Regulation (GDPR) 2018. Supervisees may choose to keep a copy of their own notes.

1.8.3 Record of Attendance

A record of attendance will be completed by the supervisor and sent to the local Nurse Practice Development Coordinator (NPDC) or relevant person in individual Mental Health Services. The frequency of reporting will be determined locally within a service. A template is provided in Appendix V.

1.9 Confidentiality

Confidentiality and trust underpin all clinical supervision sessions. Professional and clinical issues disclosed are confidential and must not be discussed outside the supervision sessions. The exceptions to this will be outlined in the clinical supervision agreement and may include circumstances where a supervisee discloses information which is deemed to compromise the safety of a service user, colleague or the supervisee themselves and a decision will be made to breach confidentiality. This is in accordance with the Nursing and Midwifery Board of Ireland Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives - Principle 5, Standard 4:

If the safety or well-being of a patient or colleague is affected or put at risk by another colleague's actions, omissions, or incompetence, you must first take appropriate action to protect people from harm. You should then immediately report the conduct to your manager, employer and, if necessary, the relevant regulatory body.

(NMBI, 2014)

A decision support framework to support an occasion where confidentiality may be breached is included in Appendix VI.



1.10 Boundaries in Clinical Supervision

Both supervisor and supervisee are expected to adhere to the boundaries of clinical supervision and this is discussed and agreed from the onset and supported by the clinical supervision agreement. Mutual respect should be maintained at all times throughout the sessions.

1.11 Preparation for Clinical Supervision Sessions

Effective clinical supervision relies on a good working relationship between supervisors and supervisees who have dual responsibilities in preparation for each supervision session.

1.11.1 It is the responsibility of the **supervisor** to:

- Arrange time/date/venue with the supervisee
- Actively participate in developing an effective relationship with supervisee(s)
- Ensure that a clinical supervision agreement has been negotiated and signed by both to ensure that boundaries and responsibilities of each party are adhered to
- Adopt a supportive and facilitative approach to help the supervisee identify issues, manage their response to their practice and identify personal and professional development needs
- Ensure that record keeping is in line with HSE Standards & Recommended Practices for Healthcare Records Management (HSE 2011), the HSE Record Retention Periods: Health Service Policy (HSE 2013) and in line with GDPR.
- Act appropriately to share information where there are serious concerns about the conduct, competence or health of a supervisee or others as identified by the supervisee during clinical supervision.

1.11.2 It is the responsibility of the **supervisee** to:

- Arrange time/date/venue with the supervisor
- Actively participate in developing an effective relationship with supervisor
- Be willing to engage in reflective practice
- Prepare for the clinical supervision session and bring relevant topics for discussion that he/she wishes to discuss that may impact his/her practice
- Take responsibility for making effective use of time and for the outcomes and actions taken as a result of the supervision
- Follow up any actions which may have been discussed from previous clinical supervision sessions.
- Take an active role in their own personal and professional development.
- Keep written records of their supervision sessions (Care Quality Commission, 2013).
- Be open to constructive feedback and reflect on its implications for future practice
- Provide feedback on the experience of the supervisory process and relationship as part of the evaluation process.



1.12 Content of Clinical Supervision Sessions

Clinical supervision is provided to facilitate effective professional practice. Therefore, the content of supervision must include attention to detail of the work of the individual member of staff. A clinical supervision session should have elements that include:

- Monitoring and ensuring the quality of work
- Exploring decision making processes and their impact on clients
- Seeking and receiving information
- Expressing and exploring issues brought up by their clinical work
- Being challenged in a supportive manner
- Support and feedback

1.13 Selection of Supervisors

The supervision literature indicates that choosing one's own supervisor enhances the quality of the supervisory relationship and promotes the overall quality and effectiveness of clinical supervision (Hall & Cox, 2009; Martin et al. 2014). A list of clinical supervisors and their contact details must be disseminated to mental health nursing staff so they can access supervisors of their choice.

1.14 Competence of Clinical Supervisors

Supervisors need to possess competence in clinical practice. Therefore potential supervisors must have sound clinical skills, a strong knowledge base and where possible be practising mental health nurses. Supervisors need to demonstrate a clear commitment to the role of the clinical supervisor.

This may include:

- Being available to carry out supervision in a timely manner
- Possessing certain professional qualities including reliability, supportiveness and interest in the supervisee and their work
- Having the professional strength and ability to take appropriate action and intervene effectively when necessary, including addressing concerns for the supervisees or their practice
- Having the capacity to inspire supervisees to reflect upon and evaluate their clinical and therapeutic work.



1.14.1 Clinical Supervisors must:

- Receive specific training to prepare supervisors with the theoretical knowledge and practical skills to undertake the role of clinical supervisors
- Possess at least 5 years post registration clinical experience
- Be prepared to participate in their own regular supervision and be committed to Continuing Professional Development (CPD)
- Not be in the supervisee's direct line of management

1.15 Education Required Supporting the Implementation of this Policy

In order to implement the clinical supervision policy, the Clinical Supervision National Mental Health Group reviewed existing education programmes currently available in Ireland to equip supervisors with the theoretical and practice competencies to undertake the role of clinical supervisors within mental health services.

1.15.1 Introduction to Theory and Practice in Clinical Supervision

A 3 day NMBI approved programme was designed and developed by the Clinical Supervision National Mental Health Group. This programme is available in local Regional Centres for Nursing and Midwifery Education (RCNME) to registered mental health nurses undertaking the role of clinical supervisors within individual Mental Health Services. This is provided jointly with clinical supervisors from practice.



Part B:

Clinical Supervision in Psychiatric/Mental Health Services Policy Development Cycle

1.0 Initiation

1.1 Purpose

The Purpose of this Policy is to:

- Provide formal direction for the development and implementation of clinical supervision for nursing staff in Mental Health Services, underpinned by evidence and to support nurses in further developing competency in clinical practice within their scope of practice as outlined by the Nursing and Midwifery Board of Ireland (NMBI)
- Outline the key considerations in the development and implementation of clinical supervision for nursing staff in Health Services
- Delineate roles and responsibilities of all stakeholders in the development and implementation of clinical supervision
- Build capacity, skills and competence within nursing in Mental Health Services in respect of clinical supervision to meet the needs of the evolving service and service user needs
- Promote a culture where clinical supervision can flourish thus ensuring standards are maintained for clinical and professional practice

1.2 Scope

1.2.1 Target Users

This policy applies to all nurses working in Mental Health Services including Acute, Psychiatry of Later Life, Child and Adolescent Mental Health (CAMHS), Community Mental Health Services, Forensic Mental Health Services & Mental Health of Intellectual Disability Services (MHID).

Application of the policy in individual HSE Mental Health Services is also subject to local agreement and the development and application of a local supporting implementation plan.

1.2.2 Out of Scope

Other disciplines in Mental Health Services. All other nurses and midwives.



1.3 Objective(s)

To support Mental Health Services to develop and implement a model of clinical supervision to ensure mental health nurses can access and avail of clinical supervision to support them in their professional role.

1.4 Outcomes

This policy provides a formal framework for the development and implementation of clinical supervision for nurses working in Mental Health Services. Clinical supervision is an important process in supporting nurses within organisations with elements of clinical governance in the following ways:

- Quality Improvement
- Risk management
- Systems of accountability and responsibility.

(HSE, 2015b)

It provides a structured approach for deeper reflection on clinical practice. This can lead to improvements in practice and service user care and contribute to clinical risk management (RCN, 2003).

1.5 Clinical Supervision National Mental Health Group

The Clinical Supervision National Mental Health Group was established in 2017 as a subgroup of the National Steering Group for Implementation of Vision for Psychiatric/Mental Health Nursing and tasked with developing an overarching guide for mental health nurses managers, supervisors and supervisees in the implementation of clinical supervision in Mental Health Services nationally based on best available evidence. The group undertook the work of the project within an agreed project plan and under the guidance of the Project Leads. Details of membership of the Clinical Supervision National Mental Health Group are listed in Appendix VII.

1.6 Supporting Evidence

Legislation and regulation publications, which are relevant to clinical supervision, were referred to in the development of this policy. In addition, existing policy and standards were referred to and aligned to the development of the policy. These were identified as:

- Scope of Nursing and Midwifery Practice Framework (Nursing and Midwifery Board of Ireland, 2015)
- Values for Nurses and Midwives in Ireland (June 2016), (Nursing and Midwifery Board of Ireland (NMBI), Department of Health (DoH) and the Office of the Nursing and Midwifery Services Director (ONMSD))



- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (Nursing and Midwifery Board of Ireland (NMBI), 2014)
- A Vision for Psychiatric/Mental Health Nursing (Health Service Executive, ONMSD, 2012)
- Clinical Supervision Framework for Nurses Working in Mental Health Services (Health Service Executive, 2015)
- Best Practice Guidance for Mental Health Services (Health Service Executive, 2017)
- Nurses & Midwives Act 2011 (Government of Ireland, 2011)
- Records Retention Periods: Health Service Policy 2013 (Health Service Executive, 2013)
- HSE Public Health Sector Guidance Document on Supervision for Health & Social Care Professionals (HR Circular 002/2015)
- HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan 2017 – 2020 (HSE, 2017c)
- CHO 5 (Kilkenny Waterford South Tipperary) Clinical Supervision Policy (2017)
- Policy on Peer Clinical Supervision for Nurses and Midwives in HSE Dublin North East Cavan/Monaghan/Louth/Meath (HSE, 2017)
- National Policy for the Pronouncement of Expected Death by Registered Nurses (2017)
- Recording Clinical Practice Guidance to Nurses and Midwives (Nursing and Midwifery Board of Ireland, 2015)
- People’s Needs Defining Change – Health Service Change Guide (HSE, 2018)
- Health Services Peoples Strategy 2015 – 2018 (HSE, 2015).

2.0 LITERATURE SEARCH STRATEGY AND REVIEW

The Clinical Supervision National Mental Health Group undertook an extensive literature search and review to support the development of this policy and a summary of the evidence is available in the document “Clinical Supervision for Nurses Working in Mental Health Services: a Guide for Nurse Managers, Supervisors and Supervisee’s (HSE, 2019)”

3.0 GOVERNANCE AND APPROVAL

3.1 Formal Governance Arrangements

The Clinical Supervision National Mental Health Group was established as a subgroup of the National Steering Group for the implementation of Vision for Psychiatric/Mental Health Nursing Group and later (in 2018) the Strategic Psychiatric/Mental Health Nursing Group who provided formal governance for this project. Terms of Reference for the group were developed and implemented, clearly outlining roles and responsibilities of group members. A Gantt chart identifying timelines for the project was also developed and reviewed and is available as appropriate. The policy was approved by the Strategic Psychiatric/Mental Health Nursing Group.



3.2 Development of Clinical Supervision Policy in Line with Standards

This policy was developed within the template of the HSE *National Framework for Developing PPPGs* (2016) and adhered to as the NCEC standards set out.

3.3 Copyright and Permissions

Copyright and Permissions were not required.

4.0 COMMUNICATION AND DISSEMINATION

4.1 ONMSD

Staff will be made aware of this Policy through HSE Directorate communication mechanism, nursing forums and the Office of the Nursing and Midwifery Services Directorate (ONMSD) communication process. The policy will be available on: <http://www.hse.ie/eng/about/Who/ONMSD/>

The ONMSD will be responsible for the communication and dissemination of this Policy to HSE, Area Directors of Mental Health Nursing.

4.2 Area Directors of Mental Health Nursing

Area Directors of Mental Health Nursing/designated personnel will communicate, disseminate and promote this national policy to nurses and develop an implementation plan to support its implementation within individual Mental Health Services.

5.0 IMPLEMENTATION

The ONMSD will support the implementation of this Clinical Supervision in Psychiatric/Mental Health Policy. Individual Mental Health Services are responsible for implementing clinical supervision arrangements under the guidance of their local clinical supervision implementation group.

- The Clinical Supervision in Psychiatric/Mental Health Services Policy will apply to registered nurses working in Mental Health Services in the HSE. The adoption of this Policy is voluntary, with decisions to implement the policy based on service need and agreement by the Area Director of Mental Health Nursing.

5.1 Resources Required to Implement the Policy

Training of supervisees and supervisors, room space and time for supervisor and supervisee will be required to support the implementation of this policy.



6.0 MONITORING, AUDIT AND EVALUATION

6.1 Monitoring

Area Directors of Mental Health Nursing/designated personnel in each local Mental Health Service have responsibility for monitoring the implementation of this policy.

6.2 Audit

It is the responsibility of Area Directors of Mental Health Nursing/designated personnel and their management team to promote uptake of clinical supervision at local level and audit the process on an annual basis

6.3 Evaluation

Each Mental Health Service which implements the Clinical Supervision in Mental Health Services Policy must ensure robust governance and accountability processes for monitoring and evaluation are established.

- Corporate Mental Health Services and the ONMSD will support the evaluation of this Policy every 3 years.
- It is the responsibility of Area Directors of Mental Health Nursing to review and audit local Policies as appropriate.

7.0 REVISION/UPDATE

7.1 Procedure for the update of the Clinical Supervision in Mental Health Services Policy

- The National Clinical Supervision in Psychiatric/Mental Health Services Policy will be due for revision 3 years from publication. The procedure for update will be aligned to the HSE National Framework for developing PPPGs (HSE, 2016).

7.2 Method for amending Clinical Supervision in Mental Health Services Policy if new evidence emerges

- Should new evidence emerge which directly relates to the Clinical Supervision in Mental Health Services Policy; a working group will be convened to revise and amend the policy if necessary.



8.0 REFERENCES

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Appendices

Appendix I

Signature Sheet

*I have read, understand and agree to adhere to this Policy 'Clinical Supervision in Psychiatric/
Mental Health Nursing'*

Print Name	Signature	Area of Work	Date



Appendix II

Criteria for Selecting Supervisor within Mental Health Service

The Area Director of Mental Health Nursing and the senior nursing management team will identify potential supervisors within individual Mental Health Services who will complete a 3 day NMBI accredited education programme in their local Regional Centre for Nursing & Midwifery Education (RCNME) to equip them with the theoretical and practical skills to undertake the role of Clinical Supervisors. The following criteria will be used to assist in identifying potential supervisors.

Potential supervisors **must**:

1. Possess 5 years post graduate clinical experience
2. Have an interest in the area of supervision
3. Be prepared to complete the 3 day NMBI approved education programme to equip them with the skills and competencies to undertake the role of supervisor
4. Be prepared to participate in their own regular supervision
5. Be committed to Continuing Professional Development (CPD)



Appendix III

Contact Details for Clinical Supervisors in Mental Health Service

Name	Clinical Area	Email address	Phone Number



Appendix IV

Clinical Supervision Recording Notes

Name of Clinical Supervisor: _____

Name of Clinical Supervisee: _____

Reflection on Previous Session

Issues	Actions to be taken	By Whom	Action Date

Signed:

Clinical Supervisor

Date

Signed:

Clinical Supervisee

Date



Appendix V

Record of Attendance of Clinical Supervision Session

This record of attendance should be sent to Nurse Practice Development Co-ordinator (NMPD) or designated other:

Name: _____

Title: _____

Contact Details: _____

Date of Scheduled Session	Session Held Yes/No	Format of CS Session (Individual/Group/Peer)	Reason for Cancellation

Reason for Cancellation:

Supervisor Sick	A
Supervisee Sick	B
Supervisor called away	C
Supervisee called away	D
Did not attend	E
Other	F

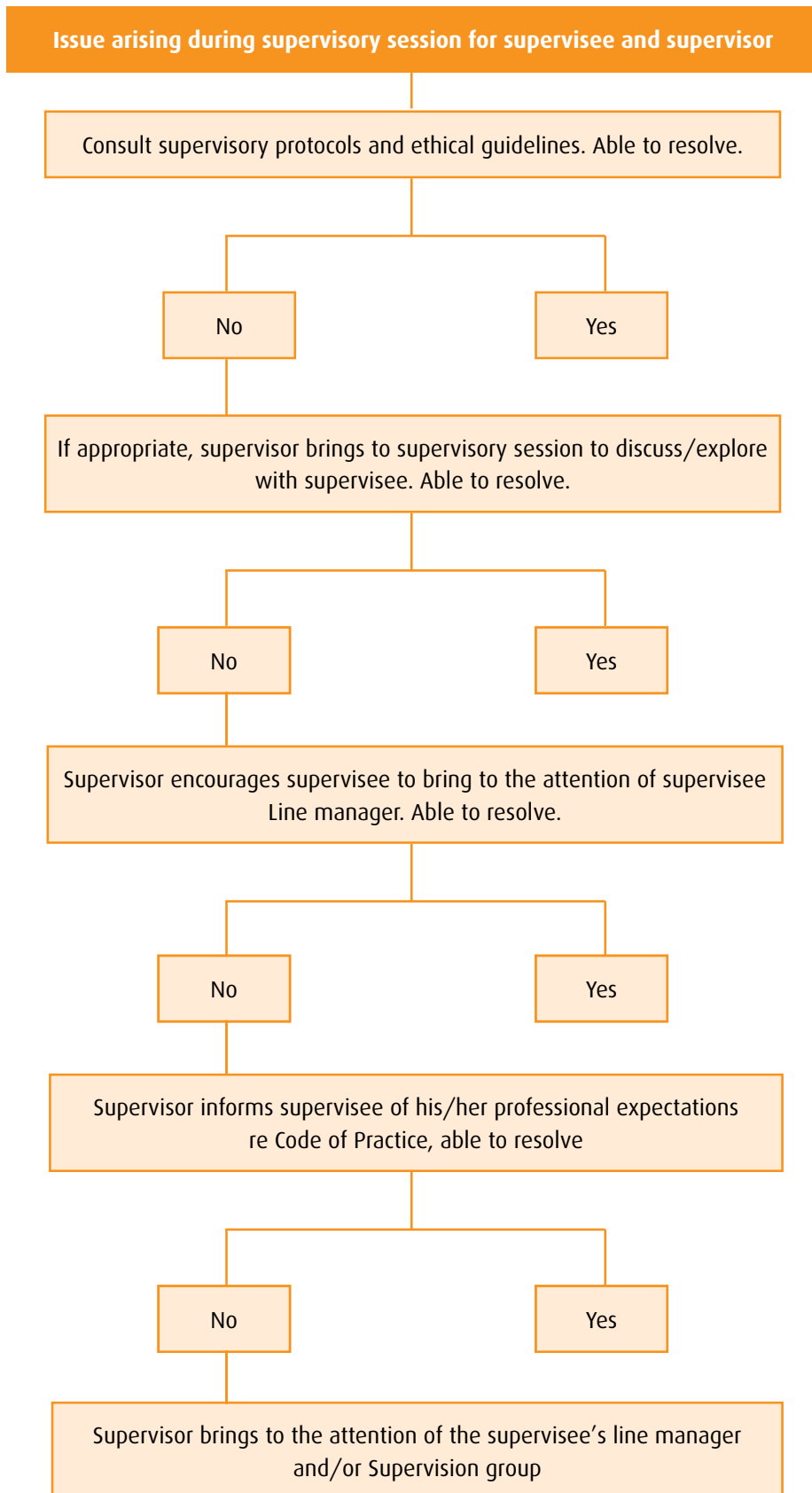
Signed: _____

Date: _____



Appendix VI

Decision Support Framework for a Potential Breach of Codes of Practice/Ethics Arising During Clinical Supervision



It is acknowledged that Clinical Supervision is a confidential process where all parties have a shared understanding that any breaches of codes of ethics or practice will be addressed according to organisational policies and codes of conduct, respectfully and in a timely manner. This is a decision support framework; one may skip to different stages depending on issue or if there are serious concerns that require urgent action.



Appendix VII

National Group for Clinical Supervision in Mental Health Services: Membership

Name	Title	Organisation
Dr James O'Shea Co-Chairperson	Director of Nurse Education, Mental Health (Director of Regional Centre of Nursing & Midwifery Education from April 2018 onwards)	Office of the Nursing and Midwifery Services Director (ONMSD) & Mental Health Services
Ms Liz Roche Co-Chairperson	Area Director NMPD – DML	Office of the Nursing and Midwifery Services Director (ONMSD)
Ms Caroline Kavanagh	Nurse Tutor	Nursing & Midwifery Planning & Development, Dublin North
Ms Anne Buggy	Area Director Mental Health Nursing	HSE Carlow, Kilkenny, South Tipperary Mental Health Services
Ms Caitriona McDonagh	Area Director Mental Health Nursing	HSE North Dublin Mental health Services
Ms Anne Brennan	Director - Nursing & Midwifery Planning & Development	HSE Dublin North
Ms Sinead Connaire	NMPD Officer	HSE South (Cork & Kerry)
Mr Con Buckley	Service User representative	
Ms Aisling Culhane	Research & Development Advisor	Psychiatric Nurses Association
Ms Gina Delaney	Family Member & ARI Representative	Advancing Recovery In Ireland – HSE MHD
Ms Imelda Noone	Practice Development Coordinator	HSE Dublin North City Mental Health Services
Ms Tina Nutley	Clinical Nurse Specialist & Clinical Supervisor Mental Health Nursing	National Forensic Mental Health Services
Ms Lucy Roberts	Registered Advanced Nurse practitioner & CBT Therapist/Clinical Supervisor - Mental Health Nursing	HSE Carlow Kilkenny, South Tipperary Mental Health Services
Ms Maureen McCafferty	Assistant Director of Mental Health Nursing & Clinical Supervisor Mental Health Nursing	HSE, Waterford/Wexford Mental Health Services
Ms Mairead Mc Gahon	Interim Director Centre of Nurse Education	HSE Centre for Nurse Education, Ardee
Ms Patricia O'Neill	Service Improvement Lead	HSE Mental Health Services

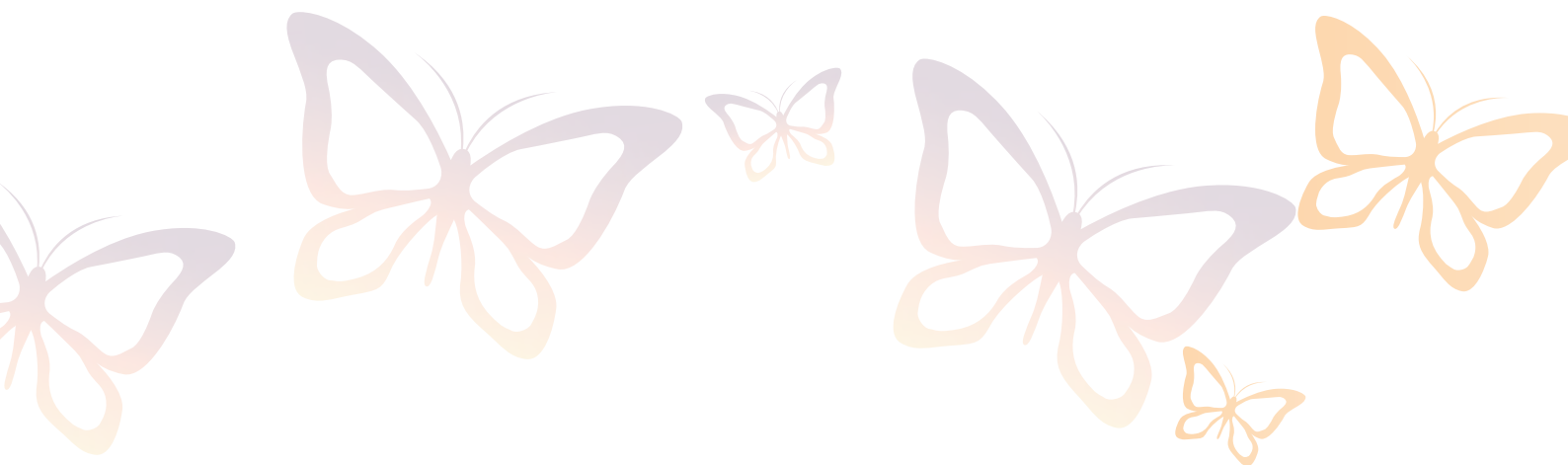


Notes



Notes





Office of the
Nursing & Midwifery
Services Director



HSE Mental Health Service

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