

Clinical supervision in prison nursing

– getting started

What is Clinical Supervision?

Clinical Supervision has been promoted as a method of ensuring safe and accountable practice in nursing. There are various definitions to be found in the wealth of literature available. These include: *a term to describe a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations* (DOH 1993). Bond and Holland (1998) describe clinical supervision as: *regular, protected time for facilitated, in-depth reflection on clinical practice aimed to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development.*

The UKCC, in 1996, provided a position statement on clinical supervision within nursing, since then a great deal of work has been done to implement strategies for staff support and development across disciplines. There have been recommendations for a national framework for Clinical Supervision in prison health care settings (Freshwater, Storey and Walsh, 2001). Future areas for research and development for improvements in practice have also been identified which emphasise the significance of effective clinical leadership in the management of change for practice improvement (Freshwater, Walsh and Storey, 2001: 2002).

Developments in Prison Nursing and Clinical Supervision

There are 1600 members in the prison nursing health care team, each with specific expertise. Each has considerable continuing professional development needs and Clinical Supervision requirements. Within prisons the nursing team is often made up of registered nurses and health care officers (some of whom will also be registered). ALL members of the nursing team should have access to Clinical Supervision. This can be achieved in a variety of ways that both supports and challenges the clinical aspects of the nursing role. The purpose of clinical supervision and performance appraisal is to encourage and promote continuous professional development and assure standards of care.

Some of the most significant reports recently produced that effect prison nursing have helped to shape and develop corporate thinking. The UKCC 'Nursing in Secure Environments Project' (1999) reached a number of conclusions about Clinical

Supervision which included the recognition of the lack of management support, creating difficulties in implementation and professional isolation in some instances. The report recommended that there should be a requirement for all nursing staff to receive Clinical Supervision on a regular basis. Nursing in Prisons (2000) further recommended that all staff working in a nursing capacity should have regular Clinical Supervision. This recommendation subsequently led to a Clinical Supervision pilot project commissioned by the Prison Health Policy Unit (DOH), UKCC and the Foundation of Nursing Studies. Full details of this pilot project and its main recommendations can be found in the report and in subsequent publications in professional journals (see Reference list).

What Clinical Supervision is not?

- ❑ A disciplinary channel
- ❑ A route to make complaints
- ❑ An opportunity to reprimand poor performance
- ❑ An opportunity to criticise other team members
- ❑ 'Time out' to chat about things in general or gossip

What can Clinical Supervision offer YOU?

- ❑ An opportunity to openly, safely and honestly examine practice
- ❑ An opportunity to consider future development needs
- ❑ An opportunity to improve poor practices
- ❑ An opportunity to improve the delivery of nursing care to prisoners
- ❑ A means of feeling professionally supported and minimise professional isolation
- ❑ A means of identifying good practices

Getting started – some practical suggestions

There is a great deal of evidence which shows that many prison health care managers have already implemented Clinical Supervision with varying degrees of success. In the pilot project a number of London prisons and one YOI in Leicestershire underwent training in clinical supervision in order to facilitate the effective implementation of a strategy for clinical supervision and reflective practice. Once again the findings suggest that there were a wide variety of responses to this initiative. Some of you have been thinking about getting started and perhaps found it difficult for a variety of reasons. What follows are suggestions which it is hoped will help you move forward.

1. Where are you now?

- a) It is important that a member of the nursing team is nominated to take responsibility for Clinical Supervision development and implementation. This may be the health care manager but not always.
- b) There should be a nursing team meeting in the first instance to discuss who would be taking a lead.
- c) There should be an action plan prepared to establish the various elements of implementation. Ideally a minimum standard will be agreed and owned following discussions.

- d) Training in Clinical Supervision (i.e: supervisor and supervisee) needs to be made available to all staff. This is usually provided by your local education provider and does not require significant study time. Alternatively, arrangements can often be made for this training to be provided within the health care facility at a convenient time.
- e) It is clearly useful if contact can be made with other establishments or mainstream services, where Clinical Supervision is working well.

Remember, learn from others, some of your colleagues will have suggestions that may be worth following up.

2. Agreeing the practicalities

Frequency

Decisions must be made about how often Clinical Supervision should take place. Usually most staff agree once a month but it is better to have individual agreement that can then be adhered to.

Location

The location that Clinical Supervision takes place in should also be jointly agreed. It is important that the environment is quiet, free from distractions or interruptions. Sometimes this means being away from the direct clinical area, it will often be more appropriate to be in another building.

Protecting time

It is absolutely crucial that once established, both the supervisor and supervisee/s are committed to punctuality of date and times of agreed session. Only absolute emergencies should take precedence.

Group or Individual sessions

Again, this is up to the individual and team and should not be prescribed.

Professional and ethical issues to consider

It is important to remind all staff that what is discussed within the Clinical Supervision session remains confidential. Clear boundaries must be agreed by both participants.

Recording that a session has taken place is recommended, and the 'Nursing Portfolio' has a section specifically for this purpose. It is not necessary that details are recorded of what was discussed. This you may wish to do privately if you so wish.

Clinical supervision offers the opportunity to make nursings' private knowledge public and as such links closely to clinical governance.

Where to get further help and support

Local Support

Local NHS providers are quite likely to be able to advise you in the first instance.

Regional Support

Regional Task Force Teams are now firmly in place. Should you experience difficulties locally then your regional nurse will most likely be able to help.

National Support

The Prison Health Policy Unit and Task Force will continue to offer strategic national support as needed on 0207 972 2000.

Nursing and Midwifery Council, 23 Portland Place, London W1B 1PZ, telephone 0207 637 7181 email: www.nmc-uk.org

Further Reading

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