

## Clinical supervision environmental audit tool (mental health nursing)

Put a rating in the right hand column from 1-5 that expresses where you think your service is currently

- 5 = outstanding achievement
- 4 = completely achieved
- 3 = mostly achieved
- 2 = patchy achievement
- 1 = not yet achieved

Clinical Supervision is considered part of the core business of professional mental health nursing practice in this service	
All levels of service management here accept that clinical supervision is a dominant feature of the service culture	
There is evidence of positive support for clinical supervision at all levels of this service	
In this service there is a positive expectation that all staff will engage with supervision	
Clinical Supervision is written into all workforce policies	
There are explicit protocols in place to confirm the arrangements necessary for the sustainable implementation across all services [ eg size, 1:1 or 6-8 in groups; frequency, not less than monthly; duration, not less than 60 minutes; ground rules about confidentiality and so on]	
There is a dedicated information management system to continuously monitor the implementation of clinical supervision in this service	
In this service, Supervisees retain the option of choosing their own Clinical Supervisor	
In this service, supervisors are appropriately trained and experienced practitioners, who do not hold operational or managerial responsibility for Supervisees	
Local criteria have been developed to identify individuals to become Supervisors	
Such identified individuals are appropriately educationally prepared for their role, to an efficacious standard	
Upon appointment, <i>all</i> staff of this service are assisted to become fully orientated to local Clinical Supervision arrangements, including new graduates and others transferring into the mental health workforce	
Service managers who hold individual responsibility for the staff roster and budget are provided with the support necessary to ensure a smooth CS operation without deleterious effect on clinical contact time	
In this service there is continuous evaluation of the quality and efficacy of local Clinical Supervision arrangements in each clinical location	
Evaluation data from all discrete service locations is regularly reported	
Administrative records are maintained	

Tool design based on White & Winstanley (2010) in *Clinical Supervision Background Paper*, Australian college of Mental Health Nurses, 2011

<http://www.acmhn.org/images/stories/Resources/csbackgroundpapermarch12.pdf>

White E and Winstanley J [2010] A randomised controlled trial of clinical supervision: selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient outcomes, as an informed contribution to mental health nursing practice development. *Journal of Research in Nursing*, 15:2, pp151-167