Supervision in Nursing
Northern Ireland
Project Initiation Document
December 2016
# Contents

1.0 Introduction and background 4

2.0 Revalidation 6

3.0 Plan 6

4.0 Methodology Overview 7

5.0 Resources 8

6.0 Project Screening 8

7.0 Evaluation 8

Appendix 1: Sub Group and Terms Of Reference 9

Appendix 2: Risk and Equality Screening 11
Aligning Supervision and Revalidation Processes in Northern Ireland

1.0 Introduction and Background

1.1. In 2007 it was recognised through evidence in practice and a range of regional critical incident inquiries\(^1\)\(^2\)\(^3\) that the implementation and maintenance of robust supervision processes for safe and effective care delivery should be supported.

1.2. Supervision processes had also been acknowledged as a method of improving organisational recruitment and retention of nursing staff and had an established association with job satisfaction, increased autonomy and reduced absenteeism\(^4\).

1.3. *The Review of Clinical Supervision for Nursing in the HPSS 2006*\(^5\) carried out by the Northern Ireland Practice and Education Council (NIPEC) on behalf of the Department of Health and Social Services and Public Safety (DHSSPS), reported on the extent and nature of supervision activity across the eighteen Trusts in Northern Ireland. The final report recommended action in order to enhance and promote professional supervision for nursing in Trusts throughout Northern Ireland (NI).

1.4. The report included a new adopted definition, encompassing the many activities which are understood to have a supervision impact:

> "Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety."

1.5. Subsequent to this review, the Chief Nursing Officer (CNO) for Northern Ireland (NI) published *Standards for Supervision for Nursing*\(^6\) detailing two regional standards for supervision, asking NIPEC to facilitate a regional initiative with the five Health and Social Care (HSC) Trusts to support the implementation for HSC organisations.

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5. The Review of Clinical Supervision for Nursing in the HPSS 2006 NIPEC available from: [www.nipec.n-i.nhs.uk](http://www.nipec.n-i.nhs.uk)
CNO Standards

1.6. The Supervision Regional Forum was afforded the opportunity to revise the standards subsequent to the work of the project. The revised standard statements were:

**Standard Statement 1**

*Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.*

**Standard Statement 2**

*An organisational framework supporting effective leadership and performance management will ensure that supervision will become an effective tool to improve the safety and quality of care.*

1.7. The CNO at that time indicated in a letter to the HSC Trusts in July 2007 that it was his intention to monitor the implementation and maintenance of supervision processes against the Standard Statements via an annual report to the DHSSPS by each Trust Executive Director of Nursing. The first Trust reports were submitted April 2009.

1.8. The outcomes of the implementation project were: a regional policy and procedure document, a frequently asked questions leaflet, standardised record keeping resources including contracts for supervisors and supervisees, and a regional approach to the preparation of supervisors and supervisees.

1.9. Subsequent to implementation it was deemed helpful that NIPEC should undertake an evaluation of the effectiveness of supervision from the perspective of the registrants. This was to include multiple choice style questions on the processes, frequency and preparation for supervision and qualitative information in relation to the impact that supervision was having on the quality of care delivery – from the perspective of the nurses who engaged with evaluation processes.

1.10. The use of the perspective of registrants had been highlighted as helpful from a short literature review conducted in 2009. Bégat and Severinsson found that nurses undertaking supervision were supported to identify and refuse to take on responsibility outside of their competence. In such situations, there was a proactive willingness to learn yet a reduction in the anxiety nurses experienced when they were asked to engage in what was termed ‘unethical care’. It was proposed that evaluation from the perspective of the supervisor or supervisee was required to justify the resources implicated in sustaining a supervision system within an organisation.

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1.11. In addition, the importance of supervisor training and careful selection of individuals to supervise was emphasised, studies revealing several characteristics which were common to those supervisors deemed effective by the supervisees\textsuperscript{10}.

1.12. NIPEC published a hard copy questionnaire in 2010 to test questions, refining and converting to an online format in 2011. Since then NIPEC has evaluated the process of supervision including perceived impact on practice each year, delivering final confidential reports to each HSC Trust by year end. The results of the questionnaire are usually incorporated in the Trust annual report to CNO.

2.0 Revalidation

2.1 April 2016 sees the first registrants in the United Kingdom moving through the process of revalidation as described by the Nursing and Midwifery Council (NMC)\textsuperscript{11}. Eight requirements are described to fulfil the criteria set down by the NMC. Three criteria relate to elements included within supervision, namely:

- Practice related feedback (5)
- Written reflective accounts (5)
- Reflective discussion (1)

2.2 In Northern Ireland the translation of the CNO standards during implementation mandated that each registrant should receive two sessions per annum of supervision. It has been discussed that supervision may afford a vehicle through which the reflective practice elements required for revalidation may be, in some part, supported.

2.3 NIPEC has been commissioned by the CNO to develop an encompassing model framework for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001 (section 60). The model will seek to provide professional accountability assurances to the Chief Nursing Officer, Executive Directors of Nursing and other stakeholders in NI. In addition the new model must also provide accountability assurances to the public.

2.4 This commission includes the review of existing processes for supervision in nursing to position the region in a state of readiness for revalidation, aligning with messages emanating from the work the Task and Finish group for Midwifery Supervision in NI.

3.0 Plan

Aim:

3.1 To conduct a review the current model of nursing supervision processes in NI to determine process enablers and fitness for purpose.

Objectives


3.2 The following objectives will support the achievement of the aim:

i. Conduct a time limited review of current supervision processes in NI against the CNO standards across the five HSC Trusts in relation to:
   a. Enablers to supervision across care settings and fields of practice
   b. Barriers to supervision across care settings and fields of practice
   c. Use of developed resources (2008/9) for supervision including the organisational policy and procedure document
   d. Recording and monitoring arrangements for each HSC Trust
   e. Arrangements to support supervision for nurses within autonomous advanced and specialist practice roles
   f. Organisational support mechanisms provided to supervisors

ii. Review key messages from HSC Trust annual reports for supervision to the CNO NI.

iii. Access and review information provided from the independent and voluntary sector in relation to supervision in nursing processes.

iv. Produce a themed analysis of objectives i, ii and iii.

v. Develop recommendations for a future process and required associated resources to support supervision in nursing in NI.

4.0 Methodology Overview

4.1 The following methodology will be employed to support the achievement of the objectives:

i. Convene a Sub Group comprising senior nursing representation from the HSC, Universities and Independent and Voluntary Sector (Membership Appendix 1, page 9).

ii. Agree the parameters of inquiry based on the elements of the organisational policy and procedure document and developed resources.

iii. Agree a range of methods to gather information related to compliance against the organisational policy and procedure documents and use of related resources. This should include testing for utility and suggested revisions.

iv. Undertake a data gathering ‘blog post’ exercise with supervisors and supervisees to determine the barriers and enablers to supervision.

v. Review information, with permission of HSC Trusts, provided to CNO for last 3 years (2013/14 – 2015/16) related to annual reports for supervision.

vi. Data collection to be carried out over a time limited period of 6 – 8 weeks.

vii. Produce a themed analysis of process, barriers and enablers to supervision in nursing in NI.

viii. Make final recommendations to enable supervision processes in NI supporting revalidation.
5.0 **Resources**

The Northern Ireland Practice and Education Council for Nursing and Midwifery will be responsible for supporting and coordinating the work plan progress and outputs on behalf of the Chief Nurse for NI.

Should there be a requirement for development or production costs of a final product, the matter will be discussed with the Chief Nurse, Chief Executive of NIPEC and Executive nurses of the HSC Trusts.

6.0 **Project Screening**

A risk and equality screening has been completed on this project document and can be found at pages 11 – 12.

7.0 **Evaluation**

Evaluation of the project process will be conducted at the conclusion of the project period by the lead NIPEC Officer. The evaluation will focus on the process and any learning from coordinating the work, to be used in future opportunities.
Appendix 1: Terms of Reference and Membership of the Task and Finish Group

Terms of Reference

1. MEMBERSHIP OF GROUP
   
   If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately and advising the Chair of Sub Group.

2. CHAIR OF THE GROUP
   
   Sharon McRoberts, Assistant Director for Nursing Workforce and Education, SEHSCT

3. VICE-CHAIR
   
   To be elected at the first meeting of the Sub Group and agreed by membership consensus.

4. QUORUM
   
   Quorate membership is 50% of the total membership number and the Chair or Vice-Chair in attendance.

5. FREQUENCY OF MEETINGS
   
   Every 8 weeks

6. RECORD OF MEETINGS
   
   Sub Group Chairs are responsible for agenda setting, delegation of record keeping and circulation of relevant papers. Nursing – supported by NIPEC

7. ACCOUNTABILITY OF THE SUB GROUPS
   
   The Sub Groups are accountable through their Chairs to the Programme Board for Supervision in Northern Ireland.

8. ROLE AND RESPONSIBILITIES
   
   - Agree a project plan based on the contribution of the sub group to the achievement of the overarching project objectives for programme board with associated timescales
   - Contribute to the achievement of the project plan
   - Undertake on-going monitoring of the project plan against the planned activity and timescales and agree remedial actions arising
   - Participate in respectful, open debate
   - Participate in shared learning across organisations
   - Represent the nominating stakeholder organisation communicating to and from PB appropriately
   - Welcome and provide constructive challenge
   - Manage information related to the project responsibly, ensuring confidentiality when required
   - Contribute to progress reports to the Programme Board
   - Provide advice to the Programme Board as required
### Membership of Supervision in Nursing Sub Group*

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEHSCT</td>
<td>Assistant Director of Nursing</td>
<td>Sharon McRoberts</td>
</tr>
<tr>
<td>BHSCT</td>
<td>Senior Nurse Manager</td>
<td>Nuala Devlin</td>
</tr>
<tr>
<td>NHSCT</td>
<td>Deputy Director of Nursing</td>
<td>Suzanne Pullins</td>
</tr>
<tr>
<td>SHSCT</td>
<td>Assistant Director of Nursing</td>
<td>Fiona Wright</td>
</tr>
<tr>
<td>WHSCT</td>
<td>Assistant Director of Nursing</td>
<td>Anne Witherow</td>
</tr>
<tr>
<td>Department of Health</td>
<td>Nursing Officer</td>
<td>Heather Finlay</td>
</tr>
<tr>
<td>SEHSCT</td>
<td>Practice Development Lead Nurse</td>
<td>Elinor Welch</td>
</tr>
<tr>
<td>WHSCT</td>
<td>Stakeholder Nurse B7</td>
<td>Anne Marie O’Dwyer</td>
</tr>
<tr>
<td>BHSCT</td>
<td>Stakeholder Nurse B5</td>
<td>Not provided.</td>
</tr>
<tr>
<td>Independent Sector</td>
<td>Senior Nurse FSHC</td>
<td>Gary Cousins</td>
</tr>
<tr>
<td>RCN</td>
<td>Senior Professional Development Officer</td>
<td>Linzi McIlroy</td>
</tr>
<tr>
<td>CEC</td>
<td>Assistant Head of CEC</td>
<td>Catherine Rice</td>
</tr>
<tr>
<td>QUB</td>
<td>Stakeholder 3(^{rd}) Year Student Nurse QUB</td>
<td>Kirsty Wallace</td>
</tr>
<tr>
<td>Ulster</td>
<td>Stakeholder 3(^{rd}) Year Student Nurse Ulster</td>
<td>Not provided.</td>
</tr>
</tbody>
</table>

*Membership of HSC Trusts is shared across the total membership of Programme Board and the three Sub Groups to assist equality of representation.*
### Appendix 2 – Risk and Equality Screening

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Management questions</strong></td>
<td></td>
</tr>
<tr>
<td>• Have any risks been identified?</td>
<td>Resourcing, timescales and engagement</td>
</tr>
<tr>
<td>• What is the potential impact of these?</td>
<td></td>
</tr>
<tr>
<td>• How can these be mitigated or have alternatives options been identified which would have a lower risk outcome?</td>
<td>Failure to complete project successfully, loss of credibility to individuals involved.</td>
</tr>
<tr>
<td>• Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?</td>
<td>Project management processes, terms of reference. Appropriate nominations to Task and finish Group. Appropriate governance processes in place.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equality and Human Rights questions</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)?</td>
<td>Process is underway to equality screen project plan and determine any implications from a human rights perspective.</td>
</tr>
<tr>
<td>• Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?</td>
<td></td>
</tr>
<tr>
<td>• To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)?</td>
<td></td>
</tr>
<tr>
<td>• Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?</td>
<td></td>
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</tbody>
</table>

**NB** – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights
### Privacy Impact Assessment (PIA) questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the project use personal information and/or pose genuine risks to the privacy of the individual?</td>
<td>No</td>
</tr>
<tr>
<td>Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Personal and Public Involvement (PPI) questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project?</td>
<td>To be determined through the Task and Finish Group.</td>
</tr>
</tbody>
</table>

**NB** – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI.
For further Information, please contact:

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: (028) 9023 8152
Fax: (028) 9033 3298

This document can be downloaded from the NIPEC website www.nipec.hscni.net

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