



**Implementation Project Report for  
Regional Supervision Standards**



**NIPEC**

**Northern Ireland Practice &  
Education Council for Nursing  
& Midwifery**



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## **Acknowledgement from the Chair of the Regional Forum**

In August 2007, the Chief Nursing Officer, Professor Martin Bradley, asked NIPEC to facilitate a project to assist the implementation of the Regional Standards for Supervision in nursing which he published in July 2007. Work began in October of that year, until May 2008 with a number of tools and guidance produced at the close of the project.

I commend the work of the Regional Forum in steering the project to achieve significant outcomes that have provided Health and Social Care (HSC) organisations with tools and guidance to implement supervision in nursing. The work of both the Main Working Group and Learning and Development Subgroup contributed considerably to delivering on the project objectives. The commitment to the project given by the HSC Trust partners was a notable achievement given the current changes in organisations due to the Review of Public Administration (RPA).

My appreciation is extended to all our colleagues who have supported the development of a Regional Policy and Procedure document and relevant advice leaflets for registrants. In particular, thank you to those who have facilitated NIPEC in the various activities associated with the required work.

In conclusion, I believe the regional approach taken to the project has significantly contributed to assisting HSC organisations successfully implementing the CNO's Regional Standards for Supervision in Nursing in Northern Ireland.

Mrs Maureen Griffith

Chair of Supervision Regional Forum

Chair, Northern Ireland Practice and Education Council for Nursing and Midwifery

# Section 1

## BACKGROUND AND CONTEXT

### Background

- 1.1 The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review in 2003<sup>1</sup>, Murtagh Review in 2005<sup>2</sup>, McCleery Report in 2006<sup>3</sup> and O'Neill Inquiry in 2008<sup>4</sup>. Recommendations from these reviews supported the implementation and maintenance of robust supervision processes for safe and effective care delivery.
- 1.2 Supervision processes have also been recognised as a method of improving organisational recruitment and retention of nursing staff and have an established association with job satisfaction, increased autonomy and reduced absenteeism<sup>5</sup>.
- 1.3 The Quality Standards for Health and Social Care (DHSSPS 2006)<sup>6</sup> recommend that an effective system for supervision across health and care

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<sup>1</sup> Lewis, RJ, Cole, D, Williamson, A (2003). *Review of Health and Social Services in the case of David and Samuel Briggs*. Belfast, DHSSPS.

<sup>2</sup> Regional Quality Improvement Authority (2005). *Review of the lessons arising from the death of the Late Janine Murtagh*, Belfast, RQIA.

<sup>3</sup> McCleery Inquiry Panel (2006). *Executive summary and recommendations from the report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board*. Belfast, DHSSPS.

<sup>4</sup> Western and Eastern Health and Social Services Boards (2008) *Report of the Independent Inquiry Panel to the Western and Eastern Health and Social Services Boards – May 2007: Madeline and Lauren O'Neill. Executive Summary*. Belfast, WHSSB and EHSSB.

<sup>5</sup> Hyrkäs, K., Appelqvist-Schmidlechner, K. and Haataja, R. (2006). Efficacy of clinical supervision: Influence on job satisfaction, burnout and quality of care. *Journal of Advanced Nursing*. 55(4), 521-535.

<sup>6</sup> Department of Health, Social Services and Public Safety (2006). *The Quality Standards for Health and Social Care*. Belfast, DHSSPS.

can help organisations meet each of the clinical and social care governance standards.

1.4 *The Review of Clinical Supervision for Nursing in the HPSS 2006*<sup>7</sup> 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.

1.5 The report included a new definition adopted, 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.'*  
*NIPEC 2006*<sup>8</sup>

1.6 Subsequent to this review, the Chief Nursing Officer (CNO) for Northern Ireland published two regional standards for supervision: *Standards for Supervision for Nursing*<sup>9</sup>.

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<sup>7</sup> 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)

<sup>8</sup> Northern Ireland Practice and Education Council (2007) *The Review of Clinical Supervision for Nursing in the HPSS 2006 on Behalf of the DHSSPS*. Belfast, NIPEC.

<sup>9</sup> Chief Nursing Officer for Northern Ireland (2007) *Standards for Supervision for Nursing*. Belfast, DHSSPS.

## **Context**

1.7 The CNO asked NIPEC to facilitate a regional initiative with the five Health and Social Care (HSC) Trusts to support the implementation of the Regional Standards in the five HSC organisations.

1.8 At the time of the project the Health and Personal Social Services (HPSS) in Northern Ireland were undergoing radical change as a result of the Review of Public Administration (RPA). This included eighteen HPSS Trusts being amalgamated to form five HSC Trusts on the 1<sup>st</sup> April 2007. When the project began in October 2007 personnel appointments were still underway and the project progressed in tandem with the ongoing process of establishing infrastructure within the five organisations. It should be acknowledged that all those involved in this project demonstrated a high level of commitment, despite significant personnel difficulties and time pressures as a result of this restructuring process.

## **CNO Standards**

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

### **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.

- 1.10 Rationale supporting the Standard Statements and relevant performance criteria were also within the letter issued by CNO in July 2007. A copy of these statements and supporting criteria can be found in *Appendix One* (Page 21).
- 1.11 The CNO's letter to the HSC Trusts also indicated his intention to monitor the implementation and maintenance of supervision processes against the Standard Statements via a report submitted annually to the DHSSPS by each Trust Executive Director of Nursing. The first Trust reports will be due in April 2009.

## Section 2

### PROJECT PLAN AND APPROACH

#### Introduction

2.1 In August 2007 the CNO asked NIPEC to facilitate a regional initiative with the five Health and Social Care (HSC) Trusts to support the implementation of *Standards for Supervision for Nursing* for HSC organisations. It was agreed that the project would commence in October 2007 and would be completed by May 2008, with relevant tools and guidance available to Trusts in April 2008. NIPEC Council had overall responsibility for ensuring achievement of project outcomes and approved NIPEC resources required for the project. A Senior Professional Officer (SPO) was identified as the project lead.

#### Project Management and Structure

2.2 A project management approach was adopted to achieve the project outcomes. A steering group in the shape of a Regional Forum was convened to oversee the management of the project and ensure progress according to plan (see *Appendix Two* (Page 23) for membership).

2.3 The membership of the Supervision Regional Forum was drawn from the wider health and care sector but was focused on the five HSC Trusts, with one representative from each Trust at assistant/co-director level who were mandated by the Executive Directors of Nursing to undertake the necessary requirements to implement the Regional Supervision Standards within their respective Trusts. Trust partners also consulted with their implementation groups to inform development of the tools and guidance throughout the life of the project. Membership of the Forum reflected the broader context within which nursing supervision is required, to ensure wider awareness and input to the different aspects of the Project. Mrs Maureen Griffith, Chair of NIPEC and Assistant Director of Nursing and Quality at the NHSSB chaired the Supervision Regional Forum. The Forum met three times during the life of

the project. Terms of Reference (ToR) agreed at the first meeting in October 2007 of the Supervision Regional Forum were:

1. The Supervision Regional Forum will steer regional work to support the implementation of the DHSSPS *Standards for Supervision for Nursing*.
2. The Supervision Regional Forum will contribute to working groups established to deliver on the outcome areas.

2.4 At the first meeting of the Regional Forum, a project approach was agreed and the requirement for two working groups established: a Main Working Group (MWG) and a Learning and Development Sub-group. Eight project outcomes were derived from the performance criteria within the Standard Statements, along with appropriate methods for achieving the outcomes. The project methodology can be found in the Project Plan, *Appendix Three*, (Page 24) and a summary of outcomes listed in **Table 1**, (Page 7).

2.5 It was identified that the level of supervision activity was better established in some clinical areas compared to others; however the Forum agreed and set a working baseline at 33% across the HSC Trusts. This was informed by the findings for supervision activity identified in the NIPEC Workforce Development survey of 2005<sup>10</sup>. Trust annual reports to the CNO would reflect the level of incremental activity year on year from this baseline following implementation.

2.6 The lead SPO, NIPEC, provided support to the MWG which was comprised of the five HSC Trust partners, and was chaired by the Chief Executive of NIPEC. Full membership of the MWG is attached at *Appendix Four* (Page 32). The group met four times during November 2007 to March 2008 to progress the project outcomes. A workbook style document was prepared and circulated by the lead SPO, usually two weeks prior to each meeting. The workbook contained information for consideration by the MWG Trust

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<sup>10</sup> Workforce Profile and Characteristics(2006), NIPEC available at [www.nipec.n-i.nhs.uk](http://www.nipec.n-i.nhs.uk)

partners, the format allowing individual members of the MWG to record their feedback in preparation for the meeting.

2.7 Due to the time frame of the project, each meeting was organised to incorporate a number of outcomes. Agendas to cover the relevant outcomes were prepared and circulated along with workbooks for each meeting, working drafts reviewed between meetings by group members via electronic mail. A synopsis of the outcomes covered within each of the meetings of the MWG can be found in the Project Plan, *Appendix Three* (Page 24).

**Table 1**

1. Design a Regional Policy template for local Trust adaptation for the implementation of the two Regional Standards.
2. Produce Documentation Guidelines for supervision activities along with sample Documentation Templates for recording and evaluating supervision activity.
3. Devise Monitoring Tool(s) for gathering evidence of uptake of supervision activities.
4. Design promotional material to raise awareness of the definition, benefits of and types of activity that constitute supervision.
5. Design an organisational framework identifying roles and responsibilities at appropriate levels.
6. Design a Regional Education Framework
7. Discuss and agree approach for measuring supervision activity effectiveness.
8. Discuss and agree mechanisms for reporting supervision quality improvement impact.

2.8 The Learning and Development (L&D) Sub-group was established to consider the learning and development needs of supervisors and supervisees. The membership of the sub-group was agreed by the MWG, details of which can be found in *Appendix Four* (Page 32). The overall aim

of the sub-group was to write a Learning and Development Strategy to support the implementation of the CNO Standard Statements across all HSC Trusts. The L&D sub-group met a total of three times between January and March 2008, the outputs of the work being presented to the Supervision Regional Forum at their final meeting in April 2008. The Learning and Development Strategy is available for download at: <http://www.nipec.n-i.nhs.uk/docs/Supervision%20LD%20framework%20final%20090408.pdf>

## **Section 3**

### **PROJECT PLAN PROGRESS**

#### **Introduction**

3.1 As previously stated, a Project Plan was agreed by the Supervision Regional Forum to guide the work of the project. This section of the report provides an account of the progress of the project against the outcomes identified by the Project Plan. The MWG agreed to consider a number of outcomes collectively at each meeting, in the interest of keeping the project to time. Three meetings were initially planned to progress the project, with one further meeting organised to finalise tools and guidance developed.

#### **Meeting one addressed:**

**Outcome 1: Design a Regional Policy template for local Trust adaptation for the implementation of the two Regional Standards.**

**Outcome 5: Design an organisational framework identifying roles and responsibilities at appropriate levels.**

3.2 The standards published by the CNO required that each Trust had policy, procedures and an organisational framework in place, to support supervision processes. The Supervision Regional Forum agreed at the outset of the project that developing and agreeing broad principles regionally, which could be adjusted by each HSC Trust, would provide a consistent approach to supervision for registrants in Northern Ireland.

3.3 The project lead distilled information from a search of internet websites. Supervision policies and available policy documents were also trawled from the eighteen legacy Trusts supplied through the MWG. This included information around organisational roles and responsibilities. Broad policy

areas were themed and a draft organisational framework proposed which were communicated electronically via a workbook.

- 3.4 At the first meeting of the MWG in November 2008, a broad outline was agreed for a Regional Policy and Procedure template. The lead SPO drafted the text for the policy areas and organisational framework. This draft was electronically circulated to the group members in January 2008. The MWG Trust partners consulted with their relative implementation groups on the draft, and fed back to the final MWG meeting in March, where amendments were agreed.
- 3.5 The Trust partners agreed that a *minimum* standard of two formal supervision sessions per year in either a group or one-to-one setting should be set regionally as an expectation for each registered nurse working within the HSC organisations.
- 3.6 A final draft of the Regional Policy and Procedure document was presented for consultation to the HSC Trust Executive Directors of Nursing, at the end of March 2008.

### **Conclusion**

- 3.7 These outcomes were fully achieved. The Regional Policy and Procedure template was favorably received by Trust implementation groups and Executive Directors of Nursing. The Supervision Regional Forum signed off the final draft of the document in April 2008 at their final meeting.
- 3.8 NIPEC will post copies of this document on their main website, to allow access of this information to individual registrants and other organisations outside the HSC.

**Meeting two addressed:**

**Outcome 2: Produce Documentation Guidelines for supervision activities along with sample Documentation Templates for recording and evaluating supervision activity.**

3.9 The standard statements issued by the CNO in July 2007 included criteria relative to the development of a regional approach to recording systems and processes for supervision activity.

3.10 The workbook circulated in advance of meeting two outlined the guidance available through the previous policy literature searches regarding documentation processes. This included several sample documentation templates. The MWG discussed and agreed a broad outline for documentation templates which included contracting, guidance for preparation for supervision and record keeping of supervision sessions.

3.11 Corresponding documentation templates were drawn up by the lead SPO and circulated as appendices of the Regional Policy and Procedure template in early January 2008 for comment. Final amendments were made during the last meeting in March 2008. The MWG agreed that guidance for registrant nurses relative to documenting supervision should be included in a promotional leaflet, to be produced by NIPEC for the Trust launches commencing end of April 2008.

**Conclusion**

3.12 This outcome was fully achieved. The Regional Policy and Procedure document contains templates for all documentation required to complete and record supervision sessions for individual or group models.

3.13 Documentation guidance was included in a 'Common Questions and Answers' leaflet published by NIPEC for circulation to all nurse registrants currently employed in the HSC Trusts.

3.14 NIPEC has integrated the new templates into the portfolio section of the Development Framework website: [www.nipecdf.org](http://www.nipecdf.org) for use within registrants' electronic portfolios.

**Meeting three addressed:**

**Outcome 3: Devise Monitoring Tool(s) for gathering evidence of uptake of supervision activities.**

**Outcome 4: Design promotional material(s) to raise awareness of the definition, benefits of and types of activity that constitute supervision.**

**Outcome 7: Discuss and agree an approach for measuring the effectiveness of supervision activity.**

**Outcome 8: Discuss and agree mechanisms for reporting supervision quality improvement impact.**

3.15 The standard statements issued by the CNO in July 2007 included criteria relative to:

- Regional audit of the effectiveness of supervision
- organisational monitoring of the uptake
- Evaluation of effectiveness of supervision in a way that improvement to care and practice may be identified.

The working group agreed that these outcomes should be dealt with collectively in meeting three. The lead SPO collated a workbook incorporating a discussion paper relating to monitoring supervision informed by a scan of published journal articles within the last 10 years.

3.16 The MWG had previously discussed how organisations might capture the number of supervision sessions. Sessional Recording and Sessional Collation forms were subsequently devised and the documentation templates are included as an appendix to the Regional Policy and Procedure template. The MWG were aware that whilst these forms could collate information about the quantity of supervision undertaken within each organisation, they would not specifically monitor the minimum standard set of two sessions per annum. Trust partners agreed that individual organisations would also wish to have information regarding the quality of supervision sessions and the perceived benefit of supervision to registrants.

3.17 Following discussion around these issues, it was agreed that a questionnaire should be devised which would allow an organisation to undertake a focused evaluation with a sample of supervisees and supervisors. The questionnaire would enquire, for example: the perceived benefit of supervision; how many annual sessions were being undertaken; and the identification of learning and development needs within supervision. This survey could be undertaken annually, the methodology for which should be agreed within each Trust. The supervisor/supervisee questionnaires formed an appendix of the Regional Policy and Procedure template document and information received through this method of evaluation would be included in the Annual Trust report to the CNO and Trust Board.

3.18 During the third meeting of the MWG, members felt it would be helpful to define a broad structure for the Annual report to Trust Board and the CNO. This can be found in **Table 2**, page 14.

**Table 2**

<b>Annual Trust Report Template</b>	
1.0	Narrative from Executive Director of Nursing
2.0	Analysis of Activity
3.0	Survey feedback
4.0	Conclusion including agreed actions

- 3.19 The effectiveness of supervision relative to the quality of care delivery was deemed a difficult assessment. There are a number of surveillance measurements recorded by most organisations which may or may not be sensitive to the effects of supervision processes. These measures, however, could not be directly attributed to supervision per se, many other factors impacting. The registrant evaluation questionnaires would collect information regarding improvements to care, however this information would be a perception of the registrants polled and not evidence based. The MWG agreed that any scientific correlation of supervision effectiveness relative to safe and effective care delivery would require a dedicated research study, which should be one of the recommendations of this report.
- 3.20 Members of the MWG acknowledged that improvements to care identified through supervision processes should be disseminated throughout the organisation, and that this would be supported through the initial training and ongoing development of supervisors who would be encouraged to share good practice through the usual organisational channels.
- 3.21 From the outset of the project NIPEC had offered to fund the production of promotional materials to raise awareness within HSC Trusts. It was agreed as a result of the work around guidance for documenting supervision during meeting two of the MWG that NIPEC would produce a leaflet for HSC Trusts to circulate to nurse registrants employed in their respective organisations. During Meetings three and four of the MWG, colleagues agreed the common questions and answers to be included in this leaflet.

Using work from the Western Health and Social Care trust, the lead SPO, drafted 'Common Questions and Answers', a tri-fold leaflet. Following amendments taken from the Trust partners and their implementation groups, the leaflet was piloted with the NIPEC Clinical Registrant's Reference Group (CRRG)<sup>11</sup>.

## **Conclusion**

3.22 Whilst achievement of these project outcomes was challenging, the Supervision Regional Forum noted the development of tools to collect appropriate and available information, thus the project outcomes were achieved.

## **Outcome 6: Design a Regional Education Framework**

3.23 The standard statements issued by the CNO in July 2007 informed organisations of the need to evidence partnership working with education providers to review and redesign supervision training. The Supervision Regional Forum from the outset of the project wished to devise a practical method of assessing learning and development needs for supervisors recognising that many registrants would already possess some or all of the skills required to engage effectively as a supervisor.

3.24 At the first meeting of the Supervision Regional Forum, the membership of the Learning and Development Subgroup (L&DS) was agreed and Miss Lesley Barrowman (SPO, Education, NIPEC) was asked to chair this

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<sup>11</sup> The function of the CRRG is to provide NIPEC with a means of accessing comments from registrants in clinical practice, in relation to different aspects of NIPEC's business. The CRRG is composed of *registrants whose substantive post is in clinical practice* and who are representative of nurses and midwives in Health and Social Care Trusts and the Independent and Voluntary Care Sectors in Northern Ireland.

subgroup. Full membership of the L&DS can be found at *Appendix Four* (Page 32).

3.25 Representatives of the L&DS attended part of the second meeting of the MWG in order to discuss remit with the HSC Trust partners. Three meetings of the subgroup were planned from January to March 2008, in order to produce a Learning and Development Strategy for the preparation of supervisors and supervisees. The preferred approach was to agree broad competencies for supervisors and supervisees and then develop a self-assessment tool for supervisors. This would allow registrants to benchmark their own skills and identify any learning and development required.

3.26 Documents were produced outlining the broad competency areas and a self-assessment tool developed which could be completed electronically. A programme exemplar was also offered to assist subsequent curriculum planning. This included a flexible menu of learning that could be accessed as half days or full days depending on the assessed needs of the individual.

### **Conclusion**

3.27 This outcome has been fully achieved. The Learning and Development Framework for supervisors was signed off at the final meeting of the Regional Supervision Forum.

3.28 NIPEC has posted copies of this document on their main website.

## **Section 4**

### **PROJECT EVALUATION**

- 4.1 Throughout the life of the project the Supervision Regional Forum continuously evaluated the progress of tools and guidance development against the project plan. This became a rolling agenda item which allowed verbal feedback at the close of each meeting as to the progress of the project. Colleagues noted positive progress on each occasion.
- 4.2 A significant reflection made by the Forum was the advantage of the project being coordinated at a regional level, bringing HSC Trust partners together to develop the tools and guidance. The contribution by NIPEC to facilitating this process was also commended.
- 4.3 Two aspects of the project were specifically evaluated:
- Evaluation of the promotional leaflet '*Common Questions and Answers*' – by the NIPEC CRRG (see footnote 11, page 15)
  - Evaluation of the management and coordination of the project by the members of the Main Working Group

#### **Piloting of '*Common Questions and Answers*'**

- 4.4 The final draft of the promotional leaflet and an electronic evaluation form *Appendix Five* (Page 33) were sent to the CRRG, with a one week period to complete. The overall response rate was 31% from a membership of 65 registrants. The summary of the feedback is given below:
- in general the leaflet took 10 minutes to read
  - the leaflet was found to answer most of the questions respondents had around supervision, therefore it was deemed useful

- unanswered questions were around clarity of whether the model used would be peer supervision; ratios of supervisors to supervisees and if supervision could be extended to health care assistants
- Positive comments included: *'informative document'*, *'leaflet takes away the fear surrounding supervision'*, *'easy to read'*, *'user friendly leaflet'*.
- General issues, not relating to the leaflet specifically were also raised, such as the need for protected time. This was coupled with a general view that advice and guidance around the practical management of the process, for example: how ward managers and team leaders would identify suitable supervisors and how time was managed to facilitate processes.

4.5 The responses from the CRRG were used to amend the leaflet and a final version agreed with the MWG before printing.

### **Evaluation of the project management by the members of the MWG**

4.6 Following the final meeting of the Supervision Regional Forum, the lead SPO, asked members of the MWG to complete a short electronic evaluation form *Appendix Six* (Page 34) commenting on the coordination and management of the project.

4.7 The overall response rate was 80% with positive comments which included:

- *'I feel that the stakeholder approach to this regional work should enable organisations to meet the CNO's standards for supervision'*.
- *'The NIPEC leadership has been of the usual high quality we have come to expect and has established a sound platform for Trusts to work with'*.
- *'was a worthwhile venture and I would be happy to undertake a regional piece of work again in this format'*

4.10 Evaluations reflected that meetings had been well organised with appropriate information and preparation material circulated in a timely fashion prior to the MWG meetings. It was felt that the 'workbook' approach had been useful in focusing thoughts and assisting preparation for meetings.

## **Section 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **Conclusions**

- 5.1 The overall achievement of the project outcomes has been assisted greatly through the regional approach. Constituent organisations and their representatives showed a high level of commitment throughout the life of the project. The Regional Forum commended the collaborative regional approach to this project as appropriate for future projects or initiatives.
- 5.2 The implementation of the CNO's Regional Standards for Supervision in nursing will have a significant impact on service providers. Education providers will continue to work with their service partners to ensure the necessary ongoing curriculum development.

#### **Recommendations**

- 5.4 The Regional Forum and Main Working Group identified a total of three recommendations on conclusion of this project. They recommend that:
1. the partnership approach between education and service providers is maintained in order to continue curriculum development for the supervisor's preparation programme. NIPEC have indicated that they are keen to co-ordinate this activity if required.
  2. a rolling programme of evaluation is adopted by the HSC Trusts using the questionnaires developed through the work of the project. NIPEC have offered to support the collation and analysis of the information received as a result of this programme.
  3. the DHSSPS consider a regional research proposal to evaluate the impact of supervision in nursing on improvement in patient experience.

## Appendix One

### Standards for Supervision for Nursing

#### **Domain 1: Implementation of Supervision**

##### **Standard Statement**

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.

##### **Rationale**

Recognising that organisations are at different levels of preparedness in relation to the effective implementation of supervision, it will be important to share best practice. The aim is to ensure that organisations have in place a framework that supports supervision in a way that takes account of organisational structures. The implementation of supervision will be underpinned by innovative and responsive training and education that reflects the modernised definition.

##### **Criteria**

The Organisation:

- a. works in partnership with education providers to continue the process of curriculum review and redesign of supervision training
- b. identifies Supervision Champions who can provide leadership at different levels within the organisation
- c. develops an organisational framework that supports and strengthens a shared commitment to supervision between the individual and the organisation
- d. supports and promotes a range of supervision activities to meet the needs of practitioners in a variety of settings
- e. ensures that the principles of confidentiality in the supervision relationship compliment individual and professional accountability
- f. participates in regional review and audit of the effectiveness of supervision

# **Standards for Supervision for Nursing**

## **Domain 2: Governance of Supervision**

### **Standard Statement**

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.

### **Rationale**

Strong leadership is required to effectively implement and drive supervision within the nursing profession. The aim is to promote individual, team and organisational responsibility to engage with and fully utilise supervision as a mechanism to promote safe and effective care. This process will be aided by recording and reporting systems that facilitate data collection, analysis and sharing of learning across organisations and the wider HPSS.

### **Criteria**

The individual:

- a. has a professional responsibility to engage in supervision in a way that affords the practitioner the opportunity to demonstrate learning on and in practice
- b. has a duty to comply with organisational policies and procedures relating to supervision
- c. undertakes training to adequately understand the intended purpose and outcomes of supervision
- d. undertakes such preparation as is required to maximise the effectiveness of the supervision experience

The Organisation:

- e. invests the Executive Director of Nursing with the responsibility for strategic leadership on supervision for nursing
- f. develops such policies and procedures as are required to embed supervision within the organisation
- g. participates in the development of a regional approach to recording and reporting systems and processes for supervision activity
- h. monitors and evaluates the uptake and effectiveness of supervision in a way that improvements to care and practice may be identified and implemented
- i. establishes supervision as a complimentary process that informs and enhances both appraisal and the Knowledge and Skills Framework.

## Appendix Two

### Regional Forum Membership

<b>Organisation</b>	<b>Representative</b>
Chair	Mrs Maureen Griffith (NIPEC)
Belfast HSC Trust (Partner)	Mrs Olive MacLeod
Northern HSC Trust (Partner)	Mrs Carolyn Kerr
South East Belfast HSC Trust (Partner)	Dr Bob Brown
Southern HSC Trust (Partner)	Ms Caroline Goldthorpe replaced by Fiona Wright in March 2008
Western HSC Trust (Partner)	Mrs Anne Witherow
In-service Education Providers	Ms Marie Nesbitt (Educare) Mr Gerry Johnston (Beeches)
Independent sector	No representation established(IHCP)
Primary Care: Practice Nursing	Mrs Geraldine Connolly (SHSSB)
DHSSPS	Mrs Kathy Fodey
RCN	Dr Carolyn Mason
Commissioning	Mrs Deirdre Webb (EHSSB)
Child Protection	Ms Una Turbitt (Southern HSC Trust)
NIPEC Chief Executive	Miss Paddie Blaney
NIPEC Lead Senior Professional Officer	Ms Angela Drury

**Appendix Three**

**Regional Supervision Standards  
Implementation Initiative**

**PROJECT PLAN**

October 2007 to May 2008

Steering Group:  
SUPERVISION REGIONAL FORUM

## Introduction

- 1.1. The Review of Clinical Supervision for Nursing in the HPSS 2006<sup>1</sup> carried out by NIPEC<sup>2</sup> on behalf of the DHSSPS<sup>3</sup> reported on the extent and nature of supervision activity across the eighteen Trusts and recommended action in order to enhance and promote professional supervision for nursing in Trusts throughout Northern Ireland. Subsequent to this review the Chief Nursing Officer issued two Regional Standards for supervision for nursing in Northern Ireland. The CNO has asked NIPEC to facilitate a regional initiative with the five Health and Social Care (HSC) Trusts to support the implementation. This document is the Project Plan for that initiative.
- 1.2. The implementation project is being steered by a panel from the wider health and care sector but is focused on the five HSC Trusts, with one representative from each Trust. Mrs Maureen Griffith, Chair of NIPEC and Assistant Director of Nursing and Quality at the NHSSB chairs the Supervision Regional Forum, see Appendix A for full membership.

## 2 Project Plan

- 2.1 The Supervision Regional Forum met for the first time on October 10, 2007. The agreed broad Terms of Reference for the Regional Forum are:
  - TOR 1. The Supervision Regional Forum will steer regional work to support the implementation of the DHSSPS Standards for Supervision in Nursing
  - TOR 2. The Supervision Regional Forum will contribute to working groups established to deliver on the outcome areas.

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<sup>2</sup> Northern Ireland Practice and Education Council for nursing and midwifery

<sup>3</sup> Department of Health and Social Services and Public Safety

## PROJECT PLAN

- 2.2 Membership of the Forum reflects the broader context within which nursing supervision is required in order to ensure wider awareness and informed input to the different aspects of the Project.
- 2.3 HSC Trust Partners are mandated to undertake the necessary requirements to implement the Regional Supervision Standards within their respective Trusts.
- 2.4 Supervision practice is well established in some clinical areas compared to others however the Forum have set a working baseline at 33% as the level of supervision activity across the HSC Trusts. This was informed by the findings for supervision activity identified in the NIPEC Workforce Development survey of 2005<sup>4</sup>.
- 2.5 The Forum plan to achieve a series of outcomes via the Project and these are identified along with a timetable at Appendix B. All outcomes are related to the implementation of the CNO's two Regional Standards for Supervision, which are included at Appendix C.
- 2.6 Method of project development will be via a Working Group comprised mainly of the five HSC Trust partners. Planned outcomes to be addressed at each of the three meetings of the Working Group are identified in Appendix B, and much of the work will be exchanged via e-mail correspondence with the Working Group to agree draft outcomes. Further Working Group meetings will be arranged if required.
- 2.7 The Regional Forum will meet on two further occasions; once in February 2008 to monitor progress against the planned outcomes and a final meeting in April 2008 to sign off the project.

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<sup>4</sup> Workforce Profile and Characteristics(2006), NIPEC available at [www.nipec.n-i.nhs.uk](http://www.nipec.n-i.nhs.uk)

## PROJECT PLAN

- 2.8 It was agreed that the NIPEC SPO for Education would lead a sub-group looking at the education and development implications of implementing the Regional Standards. The sub-group will meet initially with the main Working Group and then separately as required reporting back to the Regional Forum.
- 2.9 There will be a period of consultation with the five Nurse Executive Directors in relation to the main project outcomes prior to finalising the initiative; this is expected to be in March 2008.

### 3 Resources

- 3.1 Project support and coordination will be provided by NIPEC and one NIPEC Senior Professional Officer will take the lead and coordinate project activities. NIPEC will produce promotional materials required as a result of the Project. NIPEC will also formulate a final report to the DHSSPS CNO following the agreement of the Supervision Regional Forum.

### 4 Evaluation

- 4.1 The Regional Forum will be responsible for ongoing evaluation on the progress of the initiative and the Chair will report on progress to the NIPEC Council.

## Appendix A

### Regional Forum Membership

<b>Organisation</b>	<b>Representative</b>
Chair	Mrs Maureen Griffith (NIPEC)
Belfast HSC Trust (Partner)	Mrs Olive MacLeod
Northern HSC Trust (Partner)	Mrs Carolyn Kerr
South East Belfast HSC Trust (Partner)	Dr Bob Brown
Southern HSC Trust (Partner)	Ms Caroline Goldthorpe
Western HSC Trust (Partner)	Mrs Anne Witherow
In-service Education Providers	Ms Marie Nesbitt (Educare) Mr Gerry Johnston (Beeches)
Independent sector	Representative to be confirmed (IHCP)
Primary Care: Practice Nursing	Mrs Geraldine Connolly (SHSSB)
DHSSPS	Mrs Kathy Fodey
RCN	Dr Carolyn Mason
Commissioning	Mrs Deirdre Webb (EHSSB)
Child Protection	Ms Una Turbitt (Southern HSC Trust)
NIPEC Chief Executive	Miss Paddie Blaney
NIPEC Lead Senior Professional Officer	Ms Angela Drury

**Appendix B**  
**Project Outcomes**

<b>No.</b>	<b><i>Outcome</i></b>	<b><i>Method</i></b>
1	Design a <u>Regional Policy</u> template for local Trust adaptation for the implementation of the two Regional Standards.	NIPEC to draft a briefing paper outlining a Regional Policy for circulation and feedback to the five Trust Partners and discussion at the first Working Group meeting.
2	Produce <u>Documentation Guidelines</u> for supervision activities along with sample <u>Documentation Templates</u> for recording and evaluating supervision activity.	NIPEC to draft a briefing paper on guidelines for documenting supervision activities for circulation and feedback to the five Trust partners and for discussion at second Working Group meeting.
3	Devise <u>Monitoring Tool(s)</u> for gathering evidence of uptake of supervision activities.	NIPEC to draft briefing material for circulation and feedback to the five Trust partners and for discussion at third Working Group meeting.
4	Design <u>Promotional Material</u> to raise awareness of the definition, benefits of and types of activity that constitute supervision.	NIPEC to produce promotional material to raise awareness and promote Supervision activities to coincide with end of initiative April/May 2008.
5	Design an <u>Organisational Framework</u> identifying roles and responsibilities at appropriate levels.	NIPEC to draft briefing material for circulation and feedback to the five Trust partners and for discussion at first Working Group meeting
6	Design a regional <u>Education Framework</u>	NIPEC to draft briefing material for circulation and feedback to the five Trust partners and for discussion at second Working Group meeting for development by the Education subgroup and feed back to Working Group by third meeting.
7	Discuss and agree approach for <u>Measuring Supervision</u> activity effectiveness.	NIPEC to draft briefing material for circulation and feedback to the five Trust partners and for discussion at third Working Group meeting
8	Discuss and agree mechanisms for <u>Reporting Supervision</u> quality improvement impact.	NIPEC to draft briefing material for circulation and feedback to the five Trust partners and for discussion at third Working Group meeting

## Appendix B

<b>APPENDIX B (Continued) PROJECT PLAN TIME TABLE Specified Meetings</b>	Time (Months)							
	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008
Supervision Regional Forum Meetings	Oct 10 <sup>th</sup>			Feb 6 <sup>th</sup>		Apr 9 <sup>th</sup>		
Working Group Meetings		Nov 22 <sup>nd</sup>	Dec 17 <sup>th</sup>	Jan 23 <sup>rd</sup>		Mar 7 <sup>th</sup>		
Education Subgroup			Dec 17 <sup>th</sup>	Jan 11 <sup>th</sup>	Feb 11 <sup>th</sup>	Mar 14 <sup>th</sup>		
<b>Outcomes</b>								
Design a <u>Regional Policy</u> template for local Trust adaptation for the implementation of the two Regional Standards.		Nov 22 <sup>nd</sup>				Mar 7 <sup>th</sup>		
Design an <u>Organisational Framework</u> identifying roles and responsibilities at appropriate levels.		Nov 22 <sup>nd</sup>				Mar 7 <sup>th</sup>		
Design a regional <u>Education Framework</u>			Dec 17 <sup>th</sup>	Jan 11 <sup>th</sup>	Feb 11 <sup>th</sup>	Mar 14 <sup>th</sup>		
Produce <u>Documentation Guidelines</u> for supervision activities along with sample <u>Documentation Templates</u> for recording and evaluating supervision activity.			Dec 17 <sup>th</sup>			Mar 7 <sup>th</sup>		
Explore <u>Monitoring Tool(s)</u> for gathering evidence of uptake of supervision activities				Jan 23 <sup>rd</sup>				
Discuss and agree approach for <u>Measuring Supervision</u> activity effectiveness.				Jan 23 <sup>rd</sup>		Mar 7 <sup>th</sup>		
Discuss and agree mechanisms for <u>Reporting Supervision</u> quality improvement impact.				Jan 23 <sup>rd</sup>		Mar 7 <sup>th</sup>		
Design <u>Promotional Material</u> to raise awareness of the definition, benefits of and types of activity that constitute supervision.								
Consultation with Executive Directors of Nursing								
Final Report to main stakeholders								

**Appendix Four**  
**Membership of the Main Working Group**

<b>Organisation</b>	<b>Representative</b>
Chair	Paddie Blaney (NIPEC)
Belfast HSC Trust (Partner)	Olive MacLeod
Northern HSC Trust (Partner)	Carolyn Kerr replaced from December 2007 to February 2008 by Allison Hume
South East Belfast HSC Trust (Partner)	Bob Brown
Southern HSC Trust (Partner)	Caroline Goldthorpe replaced by Fiona Wright in March 2008
Western HSC Trust (Partner)	Anne Witherow
NIPEC Project Lead Senior Professional Officer	Angela Drury

**Membership of the Learning and Development Sub-group**

<b>Organisation</b>	<b>Representative</b>	
Chair	Lesley Barrowman (NIPEC)	
Belfast HSC Trust	Lynn Fee	Replaced by Eilish MacDougall for third meeting
Northern HSC Trust	Ms Wendy Moore	Replaced by Elizabeth Woosley for third meeting
South East Belfast HSC Trust	Elinor Welch	
Southern HSC Trust	Jacqueline Clarke	Only free to attend second meeting
Western HSC Trust	Amanda McFadden	
Beeches Management Centre	Gerry Johnston	
Educare	Marie Nesbitt	

## Appendix Five



### HSC Supervision 2008

## CRRG Information Leaflet Response Form

Please complete the form and return it electronically. To do this first of all, save the questionnaire to your desktop. You will notice that where you are required to provide a text response there is a shaded box. This is a text form field which will allow you to input unlimited text. You will need to do a carriage return at the end of each line. This form is a protect document that will only allow you to input at these grey shaded boxes. When you have completed the form, save your response and return the form as an e-mail attachment.

Please return the completed form to [angela.drury@nipec.n-i.nhs.uk](mailto:angela.drury@nipec.n-i.nhs.uk) by 21<sup>st</sup> April 2008

1. How long did it take you to read the leaflet?

2. Were the questions posed the type that you would ask about the process of supervision?

3. Were the answers given useful to you?

4. Having read through the leaflet, have you any unanswered questions?

5. Any other comments?

## Appendix Six

### Implementation of Regional Supervision Standards Project Evaluation

#### Main Working Group - Feedback Sheet

As part of the evaluation of the CNO's Standards for Supervision in Nursing Implementation Project, we are seeking brief feedback from the members of the Main Working Group on the management of meetings, the project itself and in particular, if you recall the new preparation method we trialled - the workbooks sent to you prior to the first three meetings.

I would be grateful if you would complete this feedback sheet and return it via e-mail by **2<sup>nd</sup> May 2008** to [Linda.woods@nipecc.n-i.nhs.uk](mailto:Linda.woods@nipecc.n-i.nhs.uk) Please tick the relevant boxes below where the abbreviations represent the following comments;

**SA = Strong agree; A = Agree; D = Disagree; SD = Strongly disagree N/A = Not applicable**

Additional comments are welcome if you feel that the tick box does not adequately reflect your views.

1. Organisation of the meetings	Yes	No
The circulated and tabled papers were relevant for my needs	<input type="checkbox"/>	<input type="checkbox"/>
The information presented in the workbooks was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>
The briefings on agenda items were adequate for my needs	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of meetings (four in total) was appropriate	<input type="checkbox"/>	<input type="checkbox"/>

2. Discussion/debate at the meetings	SA	A	D	SD
The workbook approach helped me to prepare for meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was sufficient time for discussion of items at meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general a consensus of views was arrived at during discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members input to discussion at meetings was encouraged and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Main Working Group has played a significant part in shaping the implementation of CNO's standards for supervision in nursing through stakeholder group representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My membership of the Main Working Group enabled me to ensure that a regional approach to the implementation of the CNO's standards for supervision in nursing was achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Structure of the project	SA	A	D	SD
The project plan and work programme ensured the project objectives were achieved in my organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The outputs of the project helped my organisation meet the CNO's standards for supervision in nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any other comments from the preceding sections and any suggestions that would have improved the outcomes from the project.



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**June 2008**