

**POLICY AND PROCEDURE FOR
SUPERVISION IN NURSING IN
[ORGANISATION]**

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Policy Summary

[Inserted by organisational lead for nursing services]

Background

The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review (2003)¹, Murtagh Review (2005)² and McCleery Report (2006)³. The Quality Standards for Health and Social Care (DHSSPS 2006)⁴ recommend that an effective system for supervision across H&SC can help organisations meet each of the clinical and social care governance standards.

Supervision processes have also been recognised as a method of improving organisational recruitment and retention of nursing staff and already have an established association with job satisfaction, increased autonomy and reduced absenteeism⁵.

This policy and procedure document has been produced to support the implementation, continuing development and maintenance of a robust system of supervision for nursing staff who work within [ORGANISATION].

The Chief Nursing Officer for Northern Ireland published *Standards for Supervision for Nursing* in July 2007⁶.

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

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

³ 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.

⁴ Department of Health, Social Services and Public Safety (2006). *The Quality Standards for Health and Social Care*. Belfast, DHSSPS.

⁵ 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.

⁶ Chief Nursing Officer for Northern Ireland (2007) *Standards for Supervision for Nursing*. Belfast, DHSSPS.

The Supervision Regional Forum began work in October 2007 to give regional direction and support to the implementation of the two standards. The aim of this work was to inform a standardised approach in Northern Ireland to organisational policy, recording, documentation, learning and development activities and evaluation processes supporting supervision activity in nursing. This policy will therefore be similar to those in other Health and Social Care Trusts in Northern Ireland.

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.

1.0 Aim of Policy

1.1 The aim of this policy is to identify clearly the processes through which supervision activities may be integral to the organisational delivery of safe and effective care, to ensure successful implementation within the nursing workforce in [\[ORGANISATION\]](#).

1.2 This policy identifies supervision for the nursing workforce as a key organisational objective for Trusts throughout the Health and Social Care (HSC) Northern Ireland sector.

1.3 Implementation of an effective system of supervision for nursing will help ensure:

- maintenance of care standards
- workforce competence and skill development
- delivery of safe and effective care
- a supportive professional environment

1.4 Senior management teams in [ORGANISATION] must ensure that appropriate measures are in place to enable supervision activities for both clinical and non-clinical teams.

2.0 Definition and Scope

2.1 The Department of Health, Social Services and Public Safety (DHSSPS) adopted the following definition of supervision for nursing following *The Review of Clinical Supervision for Nursing in the HPSS* undertaken by NIPEC in 2006:

'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 2006⁷

2.2 This policy has been produced through the work of a Regional Forum which sought to standardise the approach to professional supervision used by Health and Social Care Northern Ireland (HSCNI) organisations. It was acknowledged by the Regional Forum that a wide variety of

⁷ 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.

diverse approaches and activities can have a supervision impact, recognised as formal or informal opportunities examples of which are given in **Appendix A** (page 14).

2.3 It is the intention of [ORGANISATION] that each registered nurse will undertake a minimum of two formal supervision sessions per year. Registrants are likely to engage in other activities which can also support the supervision process. Further guidelines on the scope of such activities can be found in **Appendix A** (page 14) of this document.

2.4 It should be noted that the scope of Safeguarding Children supervision differs from supervision referred to in this policy. Safeguarding Children is separate from but complimentary to other forms of supervision. Safeguarding children supervision provides specialist professional advice, case management and support to staff in their safeguarding children. This includes children in need of protection; children in need; looked after children and families of concern. The Safeguarding Children Supervision process includes the assessment of staff performance, professional development in relation to safeguarding children and families and quality assurance of practice to ensure compliance with best practice guidelines.

Further information is available from the DHSSPS *Safeguarding Children Supervision policy for Nurses (2008)*.

3.0 Purpose of Supervision Activity

3.1 Supervision activities can achieve a number of purposes simultaneously. It is important for both supervisors and supervisees in [ORGANISATION] to recognise and differentiate supervision activity from other processes such as appraisal. Whilst supervision activity informs and is informed by the Agenda for Change Knowledge and Skills Framework annual review

process, neither activity should be substituted for the other, each activity having a different purpose.

3.2 The main purposes of supervision activity are to support:

- The development of knowledge and skills within a role or clinical area, the focus being safe and effective practice and benefit to patient care
- Nurses in non-clinical roles through providing an opportunity to discuss issues pertinent to the delivery of safe and effective care and/ or professional issues
- Nurses through difficult circumstances such as challenging patient caseloads or difficult interpersonal contact with other team members
- The development of competence, knowledge and skills through facilitation of personal and professional growth.

4.0 Principles of Supervision

4.1 The following principles apply for registered nurses undertaking a range of supervision activities in [\[ORGANISATION\]](#):

4.1.1 The [\[ORGANISATION\]](#) supports and promotes robust supervision activities for all professional staff.

4.1.2 A range of professional supervision approaches is appropriate to ensure safe and effective care for people.

4.1.3 All supervisors and supervisees will have opportunity to undertake appropriate training which meets their assessed need, in preparation for supervision activity.

4.1.4 All supervisors and supervisees have responsibility to partake fully in the processes of supervision, including completion of appropriate recording documentation.

4.1.5 The impact of supervision activity will be evaluated at organisational level to inform the [ORGANISATION] Annual Report to the Chief Nursing Officer.

5.0 Process of Supervision

A number of procedural aspects are important to ensure supervision activity takes place effectively.

5.1 Training

The skill and competence of a supervisor is crucial to effective supervision for nursing. The skills required for supervision will build on existing communication and facilitation abilities learned through initial training and post-registration professional development. Advice and guidance regarding the learning and development framework for supervisors and supervisees may be found in the complimentary supporting document *Supervision for Nursing: Regional Learning and Development Framework (2008)*'.

5.2 Contracting

In setting up supervision, it is important that the boundaries of the supervisory relationship are established. This is achieved through a supervision contract which is negotiated and agreed between supervisor and supervisee(s) at the start of supervision sessions. The contract may be reviewed at any stage at the request of either supervisor or supervisee(s); however, frequent review should not be necessary. If a change of supervisor occurs, the contract should be reviewed, agreed and signed accordingly. The [ORGANISATION] contract document can be found at **Appendix B** (page 16).

5.2.1 Ratios of numbers of supervisor(s) to supervisee(s) should be such that effective supervision activity is enabled and protected.

[ORGANISATION – may wish to insert ratios]

5.3 ***Frequency of Supervision***

A formalised supervision session for nursing staff should take place at least twice yearly. Other activities engaged in throughout the year may impact on the process of supervision. Registered nurses should reflect on their own practices as they engage in ongoing learning and development activities in their work environment. This experience should be used to inform the twice-yearly supervision sessions.

Nurses can access guidance on reflection and keeping a portfolio with corresponding templates at www.nipedef.org which can assist with this process.

5.4 ***Preparation for Supervision***

In order to benefit from supervision, nurses should prepare appropriately. This will include a review of any previous supervision session, with subsequent action plan and reflection on the learning activities which have been undertaken between sessions. A supervision preparation template can be found at **Appendix C** (page 18) to help structure this process.

5.5 ***Documenting***

Each formalised supervision session must have a written record signed by both supervisor and supervisee(s). The Nursing and Midwifery Council (NMC)⁸ states that organisations employing professional staff who make such records are the legal owners of those records. Further guidelines relevant to documentation can be found in **Section 7** (Page 11) of this document.

⁸ Nursing and Midwifery Council (2007) *NMC Record Keeping Guidance*. London, NMC.

5.6 **Issues of Concern**

Where an issue of unsafe, unethical or illegal practice is identified, it should be dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information.

5.7 **Storage of Records**

The [ORGANISATION] has its own policy for the safe storage of records [INSERT APPROPRIATE REFERENCE]; each registrant, however, should be mindful of his/her professional accountability with regard to the principle of confidentiality of information. Nurses should, therefore, take responsibility for making sure that the system used is managed in such a way that it is appropriately protected to ensure the security of confidential information.

5.8 **Use of Patient Records**

If necessary, patient/ client records may be used for the purposes of supervision activity. The NMC⁹ states that where this happens, principles of access and confidentiality apply, namely:-

- Patients'/clients' health records should only be accessed where necessary
- The patient/ client reserves the right to refuse access to, or limit the information from, his/her records; this should be respected
- [ORGANISATION] records management policy should be adhered to

⁹ Nursing and Midwifery Council (2007) *NMC Record Keeping Guidance*. London, NMC.

6.0 Monitoring and Evaluation

- 6.1 Monitoring and evaluation of supervision activity are essential to ensure that resources required for professional supervision within an organisation can be justified. It is also necessary to monitor the benefit to individual registrants, since the quality of supervision activities can influence effectiveness.
- 6.2 At an organisational level, monitoring will take place in governance reports or accountability reviews. The quantity and quality of supervision activity may be included in [ORGANISATION] performance indicators for the nursing workforce.
- 6.3 Individual supervisors must record quarterly the number of sessions they engage in and make these returns available to line managers for collation. This information will, in turn, be collated by directorate managers and communicated to the Assistant Director for [INSERT RELEVANT TITLE], responsible for supervision of nursing within the organisation. Copies of the Sessional Recording form and Sessional Collation form can be found at **Appendix D** (page 19).
- 6.4 [ORGANISATION] may seek qualitative information periodically from individual registrants to assist in the ongoing evaluation of supervision processes. A sample of the questionnaires for both supervisees and supervisors can be found at **Appendix D** (page 19).
- 6.5 This policy will be audited every two years by [ORGANISATION] and appropriate changes made where necessary.

7.0 Documentation and Recording

7.1 It is essential that written notes of individual sessions are taken, remain confidential and record clearly any agreed actions. Guidance specific to documentation is available within the '*Common Questions and Answers*' Leaflet (**Appendix E** (page 23)). Individual session notes are the responsibility of the supervisee; the supervisor should, however, keep brief notes and maintain quarterly Sessional Record information (**Appendix D** (page 19)) which is submitted to the ward manager, team leader, or appropriate line manager. A template for session documentation can be found at **Appendix F** (page 25).

8.0 Roles and Responsibilities

In [ORGANISATION], there are key individuals in posts with responsibility for ensuring supervision in nursing is implemented.

They are:

8.1 *Chief Executive*

The Chief Executive of [ORGANISATION] accepts responsibility and accountability for quality service provision at Trust Board level which includes systems, such as supervision in nursing, which support clinical and social care governance.

8.2 *Executive Director Of Nursing*

The Executive Director of Nursing [ORGANISATION] is accountable to the Chief Executive for the implementation and maintenance of supervision in nursing. The Executive Director of Nursing presents the Trust report to both the Trust Board and the Chief Nursing officer for Northern Ireland on an annual basis. In addition, he/she may act as a supervisor for Assistant Directors and other senior professional roles when appropriate.

8.3 ***Assistant Director - Supervision Lead***

The Lead Assistant Director of Nursing [ORGANISATION and RELEVANT TITLE] has responsibility to co-ordinate, facilitate, evaluate and maintain a system of supervision in the nursing workforce. In addition, he/she may act as a supervisor for lead nurses, specialist nurses and other members of the senior professional team within [ORGANISATION]. The Lead Assistant Director of Nursing is accountable to the Executive Director of Nursing, presenting information relevant to the quantity and quality of [ORGANISATION] supervision activity in governance reports or accountability reviews.

8.4 ***Operational Assistant Directors***

Operational Assistant Directors have responsibility to co-ordinate and facilitate implementation and maintenance of supervision for nurses within their individual directorates. They must ensure appropriate resources are in place to enable nurses to undertake at least two formalised sessions of supervision annually. They are also responsible for monitoring the ongoing level of supervision activity within individual directorates to support the Lead Assistant Director of Nursing in collation of reports.

8.5 ***Lead Nurses***

Lead Nurses have a responsibility to promote, co-ordinate and facilitate implementation and maintenance of supervision for nurses within their individual directorates. They are accountable to the Operational Assistant Director relative to their directorate. In addition, they can act as supervisors for ward managers and team leaders within their own directorate.

8.6 *Ward Managers/Team Leaders*

Ward Managers/ Team Leaders have a responsibility to role-model and facilitate implementation and maintenance of supervision for nurses within their staff teams. They are accountable to the Lead Nurse and must submit quarterly Sessional Collation returns received from supervisors within their team. They can act as supervisors for other members of staff, either within or outside their own team.

8.7 *Supervisors*

Supervisors have a responsibility to maintain and develop their own skills and competencies relative to supervision activity, contributing to the models of learning and to the approaches used. They must seek and undertake supervision themselves, maintaining records for both personal supervision and professional supervision of others. They must provide at least two formal sessions of supervision annually for each supervisee, whether group or individual. They must adhere to ground rules identified in agreed contracts and conduct supervision sessions within the principles and process identified in this policy. They are accountable to their line managers for this activity.

8.8 *Supervisees*

Supervisees have a responsibility to engage fully in the supervision process, adhering to ground rules identified in agreed contracts. They have a responsibility to prepare for, and participate in, a minimum of two formal supervision sessions a year, keeping accurate records of relevant actions. Activities undertaken between sessions should be used to inform formal supervision sessions. They are accountable to their line manager to engage in a minimum of two formal supervision sessions annually.

APPENDIX A

RANGE OF ACTIVITIES

A range of activities can support supervision in the nursing workforce. Whichever activity is used, each registrant must ensure he/she has the appropriate skills and competencies required to engage in the activity.

Nurses should use the many learning opportunities within their work environments to reflect on their own practice. These *informal* experiences can be used to inform *formal* supervision sessions.

When an informal opportunity arises during the course of any given working day, it can be difficult to find time to document the learning experiences. www.nipecdf.org contains a learning and development log template which can be used for recording informal experiences, providing a quick method of capturing the lived learning nurses engage in on a daily basis. To make a quick record of learning activities go to: <http://www.nipecdf.org/portfolio/learn.asp>

Examples of activities which support supervision can be found in **Table 1** (page 15).

Many activities inform supervision processes; it should, therefore, be noted that this is not a definitive list of activities, merely examples to guide professional teams. For definitions and access to a list of other activities which may be useful go to: <http://www.nipecdf.org/learn/actList.asp>

Table 1

<p>Reflective Practice</p> <p>Reflective practice is the process of thinking about your own practice and that of others in a structured way; this leads to new and better ways of working and helps you develop new levels of knowledge and competence. You will learn to think critically about your practice and about what you need to do to improve it and the care you provide. Reflection allows you to describe your experience, think about it, and evaluate the outcomes. This should help you to have new understandings and insights. Reflection is what turns experience into meaningful learning, making sense of the world around you, and building on what is happening. You may also find it helpful to use one of the many reflective tools that have been developed.</p>	<p>Work-Based Learning</p> <p>A work-based learning programme is provided by an education institution, using a negotiated, project-led approach; this is managed by you and provides the best opportunities for learning and professional development in the workplace. Work-based learning acknowledges that everyone learns in different ways. It gives you control over how and when you learn and takes learning out of the classroom into the workplace. The learning is gained through work-related projects. Work-based learning opens your eyes to the fact that you can learn from anything. Work-based learning in multi-professional teams, making full use of modern technology, can produce benefits to you, the organisation and the profession. Successful completion of the programme will provide you with accredited learning and lead to an academic qualification. It is concerned with helping you to bridge the practice/theory gap.</p>	<p>Post Incident review</p> <p>This happens when an incident has occurred in the workplace that has caused you and/or other members of the healthcare team a level of distress. The incident has usually resulted in a miss or near-miss, where there has or could have been damage to a patient or client. A post-incident review involves the reviewing of specific incidents, either individually or as a team, within a setting that provides emotional support to each person. The incident is analysed with your involvement and the involvement of all team members, using reflection, self-evaluation and/or facilitated learning to establish how the incident happened and how it could be avoided in the future. If you are involved in a post-incident review, it should result in good support from your team members and outcomes and actions for yourself and the team, with possible organisational implications. The final outcome must provide a clear description of risk factors and required action. You should also use the review process to identify personal action plans and required development. This is a learning event for all involved, with the objective of learning to improve practice.</p>
<p>Learning Sets</p> <p>The term refers to a group of people who meet regularly to work and learn together, using a structured format. The learning set can comprise of uni- or multi-professional groups and the focus is on self-directed learning; the participants decide the particular issues to be addressed. This provides you with a confidential forum in which to test issues that concern you, discuss new ideas and help you and the others to challenge working practices in new and creative ways. It is important to set ground rules to deal with issues such as confidentiality. Each member of the group is facilitated and supported by the others in the solving of issues and problems.</p>	<p>Critical Incident Review</p> <p>A critical incident is a significant event or experience that has occurred in your workplace and that you feel has had an impact on you or the people you work with. This could be negative or positive; it could be a personal experience or it could result from observing how other people work. You need to examine the incident through a process of reflection, using an evidence-based approach, to identify lessons to be learned. This could also take place with a group of practitioners working together. This should result in new learning for you and/or the group you are working with and result in a short action plan to bring about improvement in practice.</p>	<p>Peer Review</p> <p>This is a process which encourages you to work with colleagues at the same level and in the same area of practice, and to evaluate each other's performance. We all have behaviours we are unaware of. Peer review gives an insight into these from the perspective of another person. This is a valuable learning activity, as it helps to develop your critical thinking and collaborative working and brings about improvements in your practice. This needs to be set up within a structured format, to ensure that you and the other peer reviewers have the required skills and are supported by experienced colleagues.</p>
<p>Supervised Practice for Competency Development</p> <p>This is a negotiated period of supervised practice, with agreed learning and competency outcomes and may be provided for you if you require to develop specific, identified competencies. It is also likely to be arranged for you if you have poor or failing clinical competence in an area of practice. This is a period of practice where you are supervised and monitored by an experienced practitioner. The length of the supervised practice and the required outcome are set before the exercise begins. You are required to work closely with your supervisor throughout the entire period of practice. You will also be assessed at the end of the supervised practice to see if you can show that you have the necessary knowledge and competence. If you have not demonstrated this, a further action plan will be drawn up.</p>	<p>Mentoring</p> <p>A mentor is someone who has skills of working with individuals who can provide guidance and support to help you achieve your potential. Your mentor may not be from your own field of practice but should be a person with mentoring experience. Mentoring is achieved through a process of relationship building between yourself and your mentor and takes place over a period of time. The purpose of the mentoring process is to enable you to recognise your own skills and capabilities and maximise the development opportunities available to you.</p>	<p>Opportunistic Experiences</p> <p>Often in the course of a working day there is the opportunity to learn from other people or situations in which you might find yourself participating. These experiences are not planned but provide us with a rich learning ground. Examples of these could be: a medicine round where you learn about a new drug regimen; a community patient visit with a tissue viability nurse; discussing the difficulties a palliative patient in your care is experiencing with a colleague; supporting a colleague who has experienced challenging behaviour from a client. All of these situations provide learning which we often reflect on without recording. It is important to make a brief note of the learning provided by these experiences as it can inform other more formal processes in the future.</p>

AS SUPERVISOR I TAKE RESPONSIBILITY FOR:

- Following the focus identified by the supervisee(s)
- Exploring the supervisee's expectations appropriately using my knowledge, skills and experience
- Allowing the supervisee to express his/her individuality
- Giving clear constructive feedback
- Facilitating reflective practice
- Evaluating the perceived benefit of the session to the supervisee(s)
- Completing a Sessional Collation form

AS SUPERVISEE I TAKE RESONSIBILITY FOR:

- Engaging in learning and development activities between agreed annual sessions that will inform supervision sessions
- Recording and reflecting on significant activities using a portfolio approach
- Preparing for the sessions
- Bringing appropriate issues to sessions and discussing them openly
- Being open to constructive feedback
- Evaluating the perceived benefit of the session

DURING EACH SESSION WE WILL:

- Maintain mutual respect
- Have an attitude of open learning
- Maintain strict confidentiality
- Deal appropriately with areas of disagreement according to the ground rules
- Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information.

AT THE END OF EACH SESSION WE WILL:

- Agree a suitable time and venue for the next session
- Maintain and store records in line with policy

IN ADDITION, IN A GROUP SESSION WE WILL:

- Agree to share within a group setting
- Be sensitive to the needs of individuals and the overall dynamics within the group
- Maintain strict confidentiality by not disclosing or discussing information provided by any other members of a group
- Be supportive of other members of the group
- Listen to other members of the group when they are speaking and allow them to finish before beginning to speak ourselves.

TEMPLATE CONTRACT FOR SUPERVISION SESSIONS

AGREEMENT

In addition I have:

- read all relative policies and guidelines
- participated in required training
- read the documentation guidelines

<u>SIGNATURE OF SUPERVISOR</u>	<u>SIGNATURE OF SUPERVISEE OR GROUP SUPERVISEES</u> 1.
	2.
	3.
	4.
	5.
	6.
FREQUENCY OF SESSIONS	
VENUE	
OTHER AGREED GROUND RULES	

SESSIONAL RECORDING						
<u>Supervisor:</u>						
Jan – Mar <input type="checkbox"/>		April – Jun <input type="checkbox"/>		Jul – Sep <input type="checkbox"/>		Oct – Dec <input type="checkbox"/>
<i>Individual or Group?</i>		<i>Face to face or telephone?</i>				
Date	Individual	Group	Face to face	Telephone/ online	Length of session (hours)	Exceptions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Numbers					Average length of session (hours)	

SESSIONAL COLLATION						
Total numbers relative to supervision sessions for each quarter should be recorded in the boxes provided.						
Department:		Directorate:		Line Manager:		
<i>Individual or Group?</i>		<i>Face to face or telephone?</i>				
Date	Individual	Group	Face to face	Telephone/ online	Length of session (hours)	Regular Exception Themes

Jan – Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
April – Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jul – Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Oct – Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Numbers					Average length of session (hours)	

Introduction

Supervision has been identified through various national and regional inquiries as a key component in the delivery of safe and effective care and in the development of our nursing workforce. In July 2007, the Chief Nursing Officer (CNO) published two regional standards for supervision of nurses. Trust performance on the delivery of supervision for all registrants will be formally measured annually by the CNO through the Executive Directors of Nursing.

To evaluate and thus inform the Trust processes which are currently in place to support supervision, you have been randomly selected to receive this questionnaire. We would appreciate you taking a few minutes of your time to complete it. It should not take more than 10 minutes to fill in. (details included of return of questionnaire)

This questionnaire is relevant for all registered nurses working within the HSC. Whilst this questionnaire is anonymous, we ask that you provide a few details about yourself:

Sex:

- Male
- Female

Staff band:

- Band 5
- Band 6
- Band 7
- Band 8 and above

Specialty:

- Adult Hospital
- Adult Community
- Mental health Hospital
- Mental health Community
- Learning Disability Hospital
- Learning Disability Community
- Children's Hospital
- Children's Community

Q1. Have you been able to access at least two sessions of supervision a year?

- Yes No

Q2.If the answer to Q1 is 'no', please list the main barriers that you have encountered:

1.
2.
3.
4.

Q3. How long is each session (approximately):

- 1 hour or less
- 1 – 2 hours
- 2 or more hours

Q4. Were these sessions provided by the same supervisor?

- Yes No

Q5. Was supervision provided to you within a group or on a one-to-one basis?

- Group
- One-to-one

Q6. Where do your supervision sessions take place?

- Within the workplace

Away from the workplace
e.g. in office accommodation away from the work area.

- Both

Please indicate your level of agreement for the following statements by ticking the number which best represents your answers:

- 1- strongly disagree
- 2- disagree
- 3- no opinion
- 4- agree
- 5- strongly agree

Q7: Supervision activities have given me time to reflect on my practice.

- 1 2 3 4 5

Q8: My supervisor provides support and encouragement for me.

- 1 2 3 4 5

Q9: Supervision has helped me to manage work related stress.

- 1 2 3 4 5

Q10: My supervisor enables me to reflect on sensitive issues so that I can learn from them.

- 1 2 3 4 5

Q11: Has supervision helped you to develop your practice?

- Yes No

Please give one example:

Q12: Please give one example of how supervision has improved patient/client care within your work area:

Q13: Have you identified learning and development needs through the process of supervision?

Yes No

Q 14. If 'yes' then please give two examples:

1.
2.

Q15. Have you access to a copy of the Trust policy and procedure document for supervision in nursing?

Yes No

Q16. Was an action plan agreed/ arrangements made to address your learning and development needs?

Yes No

Q17. Were written records made of your supervision session?

Yes No

Q18. Who made these records?

Me

My supervisor

Both

Q19. Did you use the NIPEC Development Framework to help you plan your learning and development needs?

Yes No

Q20. Have you any further comments?

Thank you for taking time to fill in this questionnaire.

Information about feedback and address to send to.

Health & Social Care Northern Ireland

Supervision in Nursing

Evaluation Questionnaire

Supervision for Nurses Common Questions and Answers

Supervision has been identified through various national and regional inquiries as a key component in the delivery of safe and effective care, and in the development of our nursing workforce.

In July 2007, the Chief Nursing Officer (CNO) published two regional standards for supervision of nurses. Trust performance on the delivery of supervision for all registrants will be formally measured annually by the CNO through the Executive Directors of Nursing, beginning in April 2009.

This leaflet has been developed to answer some of the common questions nurses ask about supervision.

Q: What is supervision?

A: 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 quality, safety and service-user protection (NIPEC 2007¹).

Q: How will Supervision help me?

A: Supervision will help you as you reflect on your practice. This process will in turn help you to:

- increase knowledge & skills
- improve standards of patient/client care
- identify solutions to problems
- increase understanding of professional issues
- enhance accountability and responsibility for your own practice

– all of which should help you to sustain your continuous development.

Q: Is there a difference between supervision and performance management?

A: Yes. The ethos of supervision is to create a reflective, positive-

learning culture, wherein supervisees can reflect on a practice or professional experience of their choosing.

Performance management relates to your line manager measuring your performance against agreed objectives.

Q: Is there a link between performance management processes and supervision?

A: Yes. While both systems are different in approach, it is possible that one of your supervision outcomes may be the identification of a training need that will influence your personal training and development requirements.

It is then appropriate that you should discuss the identified training need with your line manager but not the details of the supervision session.

Q: How is supervision carried out?

A: Supervision is undertaken through a structured, practice-focused professional relationship, which involves reflecting on practice through facilitation by a skilled supervisor who may be a nurse of similar or higher AfC banding. Each Trust will individually define how supervisors will be allocated.

1 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.

A supportive learning environment is established, where ground rules are agreed on what is involved. You can expect your supervisor to negotiate a Contract of Commitment with you that clearly defines roles and responsibilities before your supervision relationship begins.

This includes:

- purpose: practice focused issues
- parameters of confidentiality
- commitment to frequency of sessions

Q: What issues are explored and who decides the topic?

A: The topic will focus on a practice or professional experience that is significant to you, the supervisee. You will choose the topic to reflect on from the range of different, and perhaps difficult, professional experiences you may encounter through your practice, considering alternative approaches which could have improved your experience and/or, where relevant, the outcome appropriate to the chosen topic.

Q: Is my supervisor trained to help me reflect?

A: Yes. An individual will not be able to act as a supervisor until she/he has undertaken the necessary training. Potential supervisors can be identified in a number of ways: for example through nomination by a line manager or by a process of self-nomination.

Once identified, potential supervisors will consider their skills and knowledge against a self-assessment tool devised from the competencies required for supervisors. Any training they may require will be provided through the In-service Education Consortia or through flexible learning approaches agreed with their sign-off supervisor.

New supervisors must be 'signed off' as competent in the range of skills necessary to ensure effective supervision processes, before undertaking supervision on their own; and they must undertake at least one co-supervision session with their sign-off supervisor. The time required to achieve competence in the range of skills necessary will vary for each individual, depending on previous experience and learning and may be spread over a period of several months.

For further information regarding training, please see the Regional Learning and Development Framework. This can be accessed through the NIPEC website: www.nipec.n-i.nhs.uk

Q: Do I need any training or preparation?

A: Yes. As a supervisee, you require an understanding of what the process of supervision is, to ensure your supervision sessions are of benefit to you. The In-service Education Consortia will be offering short preparation sessions that will increase your understanding of:

- purpose, structure and process of supervision
- structured critical reflection
- responsibilities and expectations
- evaluating its impact upon yourself and patient care

Please check the In-service Directory for details.

You may find, however, that you are ready to engage actively in supervision and require little if any further training.

Q: How long does a session last and how often will it happen?

A: A supervision session will probably last approximately 1 hour and a minimum of twice a year will be offered. Registrants who wish to have more frequent sessions should negotiate this with their supervisor in the first instance.

Q: How is the session recorded and who keeps the record?

A: During the course of any formal supervision, written notes should be taken by both the supervisor and the supervisee to help guide future sessions and to reflect on learning and development achieved through the supervision process.

Q: What should the supervisor record?

A: All supervisors have the responsibility of taking brief notes for each session, recording key points and/or actions from the discussion.

They should also complete a Session Record sheet (Trust Policy), which logs information on the number and frequency of sessions.

A copy of this recording sheet should be returned to their line manager on a quarterly basis.

The supervisor has a responsibility to ensure all relevant records are kept secure and confidential.

Q: What should the supervisee record?

A: Each supervisee has a responsibility to keep accurate notes of her/his supervision sessions, whether individual or group, using the documentation template provided by the Trust.

These notes should remain confidential, particularly if you are participating in group supervision.

The supervisor and supervisee should sign written notes at the close of each session, having discussed any areas of disagreement or issues of concern. These records may be kept as a part of your portfolio, either in hard copy or electronically.

You may find it beneficial to use the NIPEC development portfolio www.nipecdf.org to support your record keeping.

Q: What should be recorded in written notes?

A: Written notes should reflect the purpose of supervision; focus on the key topics discussed and record any ongoing actions or learning and development.

It is important that any patient/client information should be protected to comply with data protection requirements and relevant Trust protocols. The Trust documentation template (Trust Policy) provides a framework for recording written notes.

Within the process of supervision, it is possible that issues which compromise safe practice or the NMC Code may emerge. You should be aware that documents relevant to

discussion around issues of concern may need to be shared.

All relevant written records are confidential – except when agreed by both/all parties to share with appropriate others.

All written records should be underpinned by the principles within the NMC Record Keeping Guidance² (July 2007).

Q: Is formal supervision the only way to reflect and evaluate?

A: No. There are many informal day-to-day activities you undertake that adopt similar principles to supervision.

For example, a review and discussion about a patient's/client's care uses the principles of reflection. Or using a similar process, a review of a complaint can lead to changes in how care is organised and delivered. For these 'informal' opportunities to contribute to your reflective experiences, however, they should be recorded to prepare for your formal sessions.

² <http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=3170>

This leaflet has been developed in 2008 by the Main Working Group of the Supervision Regional Forum for the Implementation of the Regional Standards for Supervision in Nursing and produced in collaboration with NIPEC.

Further documents which may be of help, such as the Regional Policy and Procedure Template or Regional Learning and Development Framework can be accessed through the NIPEC website: www.nipec.nhs.uk

TEMPLATE SUPERVISION RECORD SHEET APPENDIX F

INDIVIDUALS PRESENT
SUPERVISOR
<u>PRINT NAME:</u>
<u>SIGNATURE:</u>
SUPERVISEE
<u>PRINT NAME</u>
<u>SIGNATURE</u>
REVIEW OF ACTION POINTS FROM PREVIOUS SESSION
ISSUES/ TOPICS FOR DISCUSSION
KEY POINTS FROM DISCUSSION
AGREED ACTION PLAN FOR SUPERVISEE

TEMPLATE SUPERVISION RECORD SHEET

ACTIONS		TIMESCALE	
AGREED ACTION PLAN FOR SUPERVISOR (IF APPLICABLE)			
ACTIONS		TIMESCALE	
If a significant issue requires onward reporting, record below outline of issues to be raised in onward report, to whom and when it will be reported.			
ISSUE	REPORT TO	TIMESCALE	
ISSUES OF DISAGREEMENT			
DATE AND TIME OF NEXT SESSION			
DATE		TIME	
SESSION EVALUATION			