

# **Supporting the Professional Development of Your Nursing Team**

19 Sept 2019

# Programme

10.00 – 10.10	<b>Introduction to the day</b> Introductions Outline of the day and what you would like to get from the day
10.10 – 11.00	<b>Update on NIPEC work</b> Future Nurse Future Midwife new Education Standards
11.00 – 11.15	<b>TEA &amp; COFFEE BREAK</b>
11.15 – 12.45	Deciding to Delegate, A Decision Support Tool for Northern Ireland  Reflective Supervision: a Framework for Nurses and Midwives in Northern Ireland
12.45 – 1.45	<b>LUNCH</b>
1.45 – 3.00	Facilitating Appraisal & NIPEC's online Portfolio
3.30	<b>Evaluation &amp; Close</b>

# Future Nurse Future Midwife

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# Future Nurse Future Midwife NI Implementation

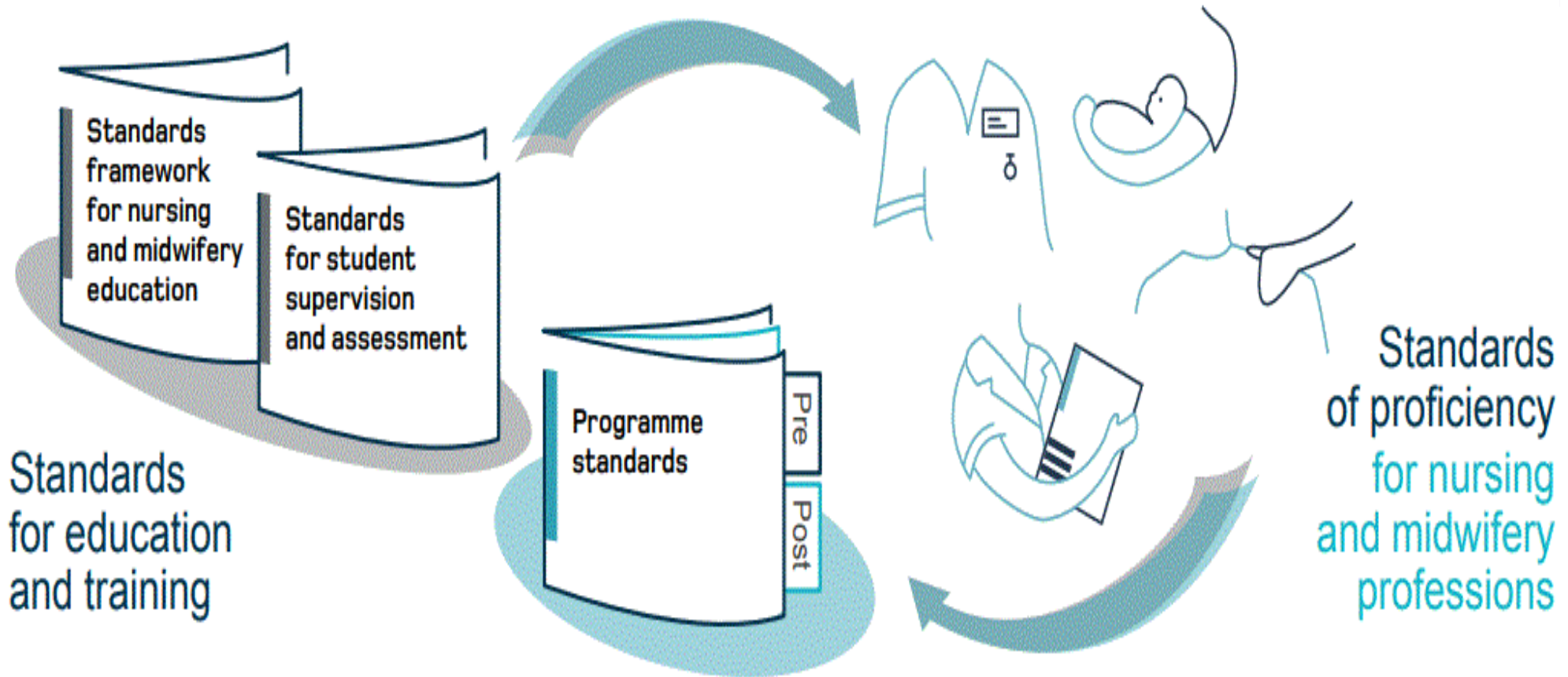
## **In May 2018 NMC published:**

- Standards Framework for Nursing and Midwifery Education
- Standards for Student Supervision and Assessment
- Future Nurse: Standards of Proficiency for Registered Nurse
- Standards for Pre-registration Nursing Programmes
- Standards for Prescribing Programmes

## **In January 2019**

- Draft Standards of proficiency for midwives

# Future Nurse Future Midwife NI Implementation



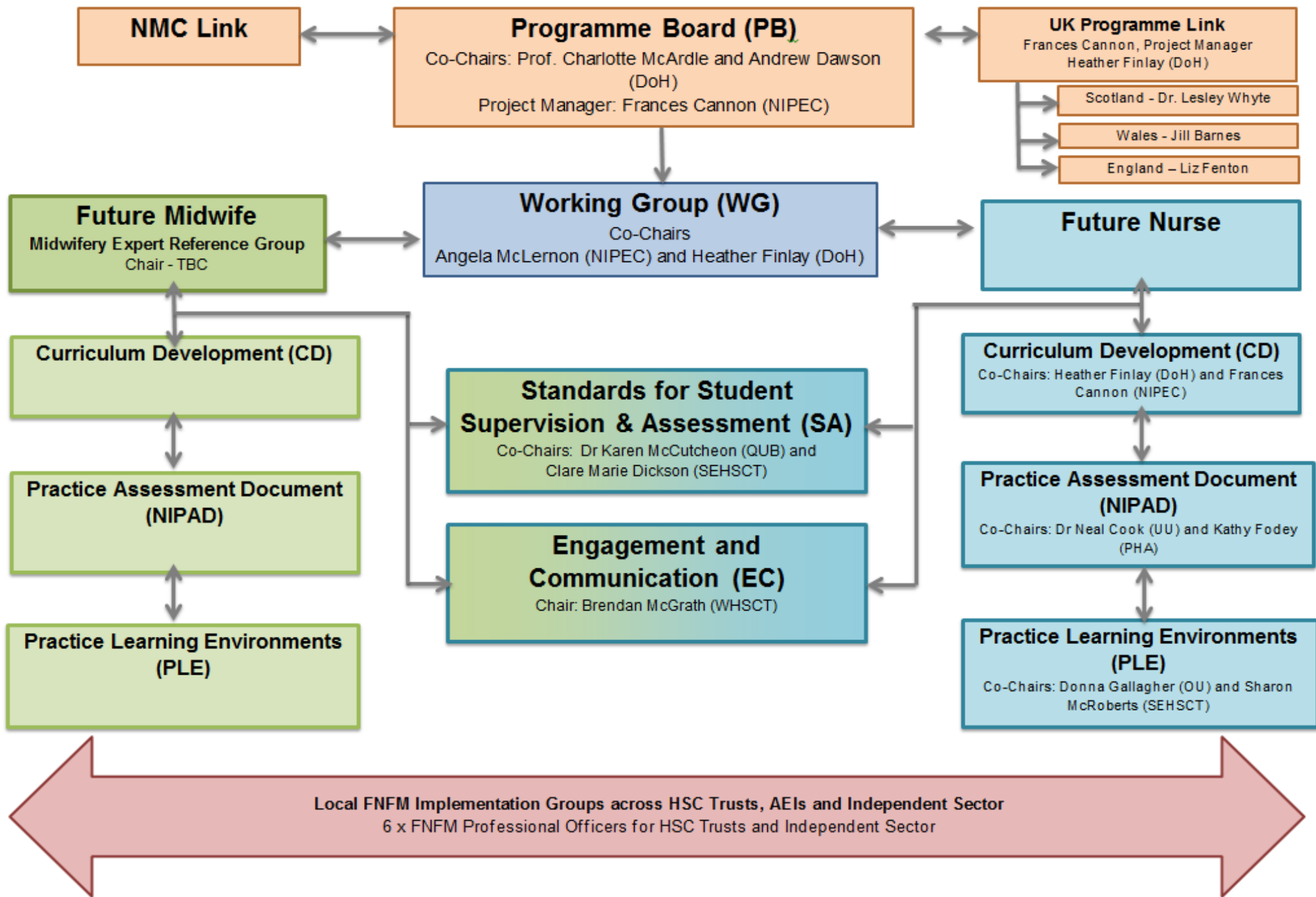
## Future Nurse Future Midwife NI Implementation

- New standards and proficiencies for nursing raise the ambition in terms of what's expected of a nurse at the point of registration
- Equip nurses and midwives with the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.



## Future Nurse Future Midwife NI Implementation

- One set of proficiencies that apply to all fields of nursing
- Registration to a specific field(s) of nursing practice continues
- Precise skills and procedure annexes that apply to all fields of nursing that also indicate where greater field specific emphasis and depth of knowledge and proficiency is required.





# Overview

Sub group	Chair, Co Chair & Project officer
<b>Northern Ireland Practice Assessment Document (NIPAD )</b>	<ul style="list-style-type: none"> <li>• Kathy Fodey PHA and</li> <li>• Dr Neal Cook UU</li> <li>• Professional Officers: Kerrie McLarnon NHSCT &amp; Rhonda Brown BHSCT</li> </ul>
<b>Standards for Student Supervision and Assessment (SSSA)</b>	<ul style="list-style-type: none"> <li>• Clare Marie Dickson, SEHSCT</li> <li>• Dr Karen McCutcheon, QUB</li> <li>• Professional Officer: Joanne Fitzsimons SEHSCT</li> </ul>
<b>Curriculum Development reflects NI Policies &amp; Transformation agenda</b>	<ul style="list-style-type: none"> <li>• Heather Finlay DoH</li> <li>• Frances Cannon NIPEC</li> </ul>
<b>Practice Learning Environments</b>	<ul style="list-style-type: none"> <li>• Sharon McRoberts SEHSCT</li> <li>• Donna Gallagher OU</li> <li>• Professional Officer: Sharon Colon SHSCT</li> </ul>
<b>Engagement and communication</b>	<ul style="list-style-type: none"> <li>• Brendan McGrath WHSCT</li> <li>• Professional Officer: Carol Mc Ginn</li> </ul>

# NIPAD

- Expectations of the Future Nurse and Future Midwife are explicit and require a renewed approach to education to meet these expectations
- The Practice Learning Environment will be different:
  - Practice Supervisors
  - Practice Assessors
  - Academic Assessors
- Expectation of the NMC is that students will be more autonomous and take control of their learning
- This requires development of evidence to support achievement of proficiencies captured in a Practice Assessment Document – portfolio and assessment in one
- Regional and national approach to developing the NIPAD

# Ni PAD Structure

<b>Personal profile</b>	<b>Induction</b>	<b>Learning Plan for each experience</b>	<b>Acceptable evidence explicit &amp; summary of learning in one documents</b>
<b>Records of discussions/ feedback</b>	<b>Areas for development and action plan</b>	<b>Nursing procedures</b>	<b>Record for underachievement/ concerns</b>
<b>Space for records outside of formative/summative processes – e.g. learning log</b>	<b>Formative and summative assessments</b>	<b>Professionalism</b> (code, attitude, appearance, punctuality, attendance)	<b>Service user feedback for assessment</b>

## Standards for Student Supervision & Assessment

- The Northern Ireland Model
- SSSA Guide for those responsible for student Supervision & Assessment in Practice
- Transitioning Arrangements
- FAQ's
- Close links with four other subgroups



## New Roles

Current Roles	New roles
<ul style="list-style-type: none"> <li>• Mentor</li> <li>• Sign of mentor</li> <li>• Link lecturer</li> </ul>	<ul style="list-style-type: none"> <li>• Nominated Person</li> <li>• Allocated Practice Supervisor/s</li> <li>• Nominated Practice Assessor</li> <li>• Academic Assessor</li> </ul>

Separating out the supervision and assessment roles ensures greater consistency and more objectivity in the assessment process. The nominated academic assessor works in partnership with the nominated practice assessor to evaluate and recommend the student for progression for each part of the programme, informed by feedback sought and received from practice supervisor/s and practice assessors

## Nominated Person

Who – Ward Sister/Charge Nurse, Nurse Manager/Team Leader  
Identified on the Practice Learning Environment Education Audit  
(PLEEA)

Responsible for:

- identifying the nominated practice assessor
- identifying the practice supervisor/s
- ensuring that both the practice supervisors and nominated practice assessors receive on-going training and support to fulfil their roles.
- overseeing & ensuring continuity for the student and actively support learning



# Practice Supervisor

Who - All NMC registered nurses and midwives and other registered health and social care professionals

- At least one practice supervisor for each practice learning experience however there may be multiple practice supervisors -Team approach
- The same person cannot fulfil the role of the practice supervisor and practice assessor for the same student (exceptional circumstances)
- Organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective learning experiences that uphold public protection and the safety of people and record proficiencies achieved in NIPAD
- Students will also work with and learn from a range of people who may not be registered healthcare professionals - the supervisory role that non-registered professionals play will be dependent on their skill, knowledge and experience

## NMC Guidance

### **Supporting information regarding practice learning environments (*non-registered professionals*)**

Students can still avail of learning / enrichment opportunities in areas where there are no 'professional' registrants as long as their nominated practice assessor, supervisor(s) or any other suitable person has oversight of the learning within that placement

- The person or people who are coordinating the students learning may wish to draw up a plan for these placements, and coordinate with the student and those within the environment before, during and after the placement to discuss the learning outcomes that may be learnt and how they can be achieved
- The AEI, with its practice learning partners, must ensure that all such placements have proper oversight and governance through audits, visits etc

## Practice Assessor

Who – Registered Nurse / Midwife (Appropriate equivalent experience eg SCPHN, SPQ, NMP)

- The student will have a nominated practice assessor, identified by the nominated person, **for each practice placement or series of practice placements**
- The same person cannot fulfil the role of the practice supervisor and practice assessor for the same student (exceptional circumstances)
- Practice assessor will undertake Initial, Mid and Final review for pre-reg students in each placement AND Formative (with link lecturer / practice tutor) / Summative Assessment (academic assessor)
- Periodically observe student across environments (7.6)
- Co-ordinate feedback from practice supervisor/s and practice assessors to evaluate and recommend the student for progression to the next part of the programme (7.7)

## Academic Assessor

Who - Registered Nurse / Midwife with appropriate equivalent experience for the student's field of practice. The academic assessor will be an affiliated member of staff from the student's AEI and hold relevant qualifications

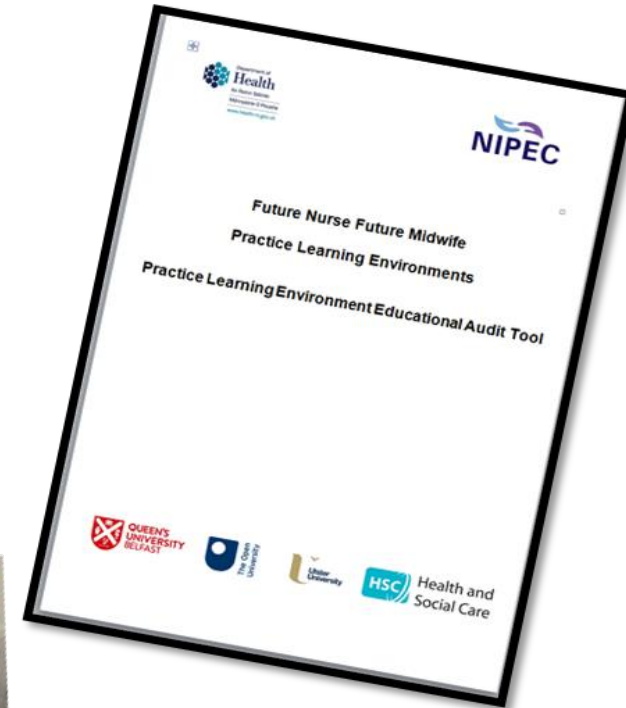
- The student will have a nominated academic assessor for each part of the programme. Students will not be assigned to the same academic assessor in concurrent parts of the programme.
- The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student
- Collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- Work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme

## Assessor Databases

- HSC Trusts will maintain their own practice assessor database
- AEs will maintain a practice assessor database for the Independent Sector
- A practice assessor database will record the following details: Name, NMC PIN, Part of NMC Register, Field of Practice and date of Preparation for Role
- All existing mentors, sign off mentors and practice teachers will automatically transition onto a practice assessor database following suitable preparation
- The current mentor register will also be maintained until all students are transitioned onto the NMC Education Standards (2018) programme
- AEs will maintain an academic assessor database

# Practice Learning Environments

- This work stream aims to explore how current PLE's could be enhanced and broadened in context of the standards.
- Shifting the narrative.....
- Practice Learning Environment Audit tool
- Student evaluation aligned to the new standards.
- The AEI's/ Universities and practice partners have also agreed on the field specific practice profiles





# Practice Learning Environment Audit Tool

# The NI FNFM Regional Student Evaluation

**Practice Learning Environment Educational Audit Tool**

**1. Introduction**  
The purpose of this tool is to provide evidence that Practice Learning Environments (PLE's) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place.

**2. Description and Contact Details**

Name of Provider		Review Date	Enter date
Site/Service		Client Capacity	Enter number
Ward/Unit/Team		Nominated Person	Name, Phone, Email
Date of Audit		Link Lecturer/Practice Tutor	Name, Phone, Email
Hours of Service	Enter date e.g. Mon - Fri 9-5		
Practice Area Manager/Registered Home Manager	Name, Phone, Email		
Practice Education Facilitator (where applicable)	Name, Phone, Email		

**Allocation Reports should be emailed to:**

a. Description of PLE	
b. This environment actively protects students as supernumerary	Select Yes or No/Number
c. A current student orientation pack is available	
d. Return to Practice Students	
e. Please confirm if environment is Hub (i.e. where there are only practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Choose an item

**3. Supervision and Assessment Capacity**

Number of:			
	Part Time	Full Time	Total WTE

**NIPEC**

Future Nurse Future Midwife Northern Ireland

Practice Learning Environments

Regional Student Evaluation

GW2 Final Draft







 Department of Health  
 An Roinn Sláinte  
 Máinnystrie O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# Separate supervision & assessment roles to:

- Supporting students becomes every NMC registrant's responsibility (it's in the NMC Code)
- Joint assessment - Nominated Practice Assessor and Nominated Academic Assessor
- Increase consistency in assessment judgements & avoid "Failing to Fail" situations
- More flexibility (40%, 1 hour Protected Time, Triennial Review, Mandatory Annual Update, Due Regard, specific number of students to remain 'live' ... **all removed**)
- Reduced preparation programme time requirement
- No portfolio of evidence required
- Improve inter-professional working & learning
- *Potential to opens up placements in Independent Sector*

Thank You

NIPEC website FNFM webpage

<http://www.nipec.hscni.net/work-and-projects/stds-of-ed-amg-nurs-mids/future-nurse-future-midwife/>

thank you!

# **Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery**

#hello  
my name is...

**Ursula Gaffney,  
Professional Officer**

# The purpose of delegation:

to ensure the most appropriate use of skills within a health and social care team to achieve **person-centred care and service outcomes**



**being person-**  
**centred**

# How did we do this?

**CNMAC March  
2018**

**Presentation to  
EDoNs Aug 2017**

**Testing Sept –  
Nov 2017**

**Final Draft  
December 2017**

**Testing May –  
June 2017**

**Review July 2017**

**CNMAC  
December 2015**

**Workshop  
October NIPEC  
2016**

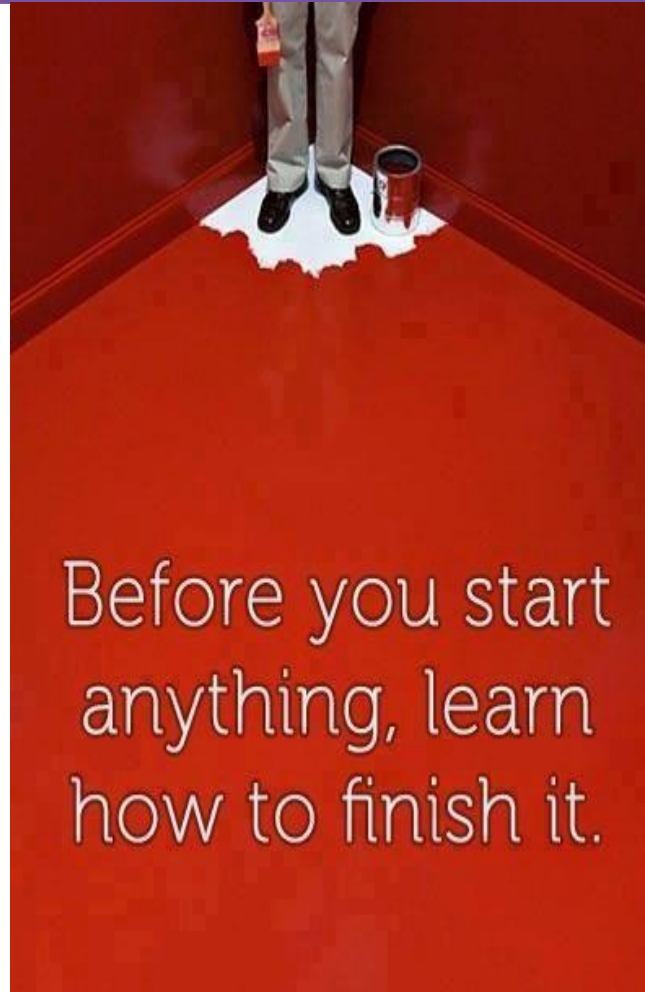
**Draft outline  
March 2017**

**Scoping Exercise  
CEC  
2015**

**Regional  
Workshop NIPEC  
CEC  
2015**



# Before we start....



Before you start  
anything, learn  
how to finish it.

# Table 1

1. Nurse/Midwife to Health Care Support Work Staff	2. Nurse/Midwife to Social Care Staff	3. Nurse/Midwife providing training to Social Care Staff	4. Nurse/Midwife to user/carer
<p><b>Phase 1 applicable and tested in service settings</b></p>	<p><b>Some testing during Phase 1 – requires principles for application and regional agreement</b></p>	<p><b>Not tested or explored during Phase 1 - requires principles for application and agreement regionally</b></p>	<p><b>Not tested or explored during Phase 1 due to the complexity of arrangements e.g. under direct payment schemes. Requires further understanding of relevant legislation and responsibilities</b></p>

# Defining delegation

The process by which a **nurse or midwife** (delegator) allocates **clinical or non-clinical tasks and duties** to a **competent** person (delegatee).

The **delegator** remains **accountable** for the **overall management of practice**, for example, in a clinical context: the plan of care for a service user, and accountable **for the decision to delegate**. The delegator will **not be accountable** for the **decisions and actions of the delegatee**.

(adapted from All Wales Guidelines for Delegation, 2010).

# Who is it for?

## Nurses and Midwives and...

Anyone being delegated to by  
a nurse or midwife

### Implications for:

- Employers
- The public in NI



# The Framework

- Context
- Accountability and Responsibility
- Process




- 1. Care and Practice environments** are organised to support effective decision making processes.
- 2. Organisational governance arrangements** are in place to support effective delegation decisions.
- 3. Professional, legislative and regulatory requirements** that confer responsibility and accountability on registered and non-registered staff across organisations and between are considered.

# The Importance of Context

## For example:

- **Safe staffing ratios**
- **Organisation of care and care environments**
- **Policies and procedures**
- **Job descriptions**
- **Processes for raising and escalating concerns**



**Care and Practice environments** are organised to support effective decision making processes. This requirement includes:

- ensuring safe nurse/ midwife staffing ratios
- appropriately skilled and developed staff to meet required standards<sup>8</sup>
- appropriate provision of resources to meet required standards
- appropriate organisation of care or practice
- appropriate environments for practice, care and treatment to be provided.



**Organisational governance arrangements** are in place to support effective delegation decisions. This requirement includes:

- provision of policies and procedures
- accessibility for staff to organisational policy and procedure documents including clinical and professional standards
- accessibility of appropriate job descriptions
- accessibility of appropriate learning and development opportunities for all staff
- processes for immediate raising and escalating of concerns.



# The Importance of Context

Professional, legislative and regulatory requirements that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered. This requirement includes consideration of:

- the NMC and other regulatory codes in decision making
- accountability for decisions to delegate
- accountability for deeming the delegatee competent at the point of decision making
- accountability for confirming that the delegated task has met the required standard of outcome
- the scope of non-delegable tasks and duties for example: midwifery practice, prescribing and detention under mental health legislation.

## For example:

- **Consideration of regulatory codes**
- **Employee accountability related to code of practice**
- **Scope of non-delegable tasks**

# Making a Decision to Delegate

- Accountability
- Responsibility
- **Process** which comprises
  - Task
  - Circumstance
  - Person
  - **Direction**
  - Support and evaluation





*Process*

**Process** which comprises the  
right:

Task

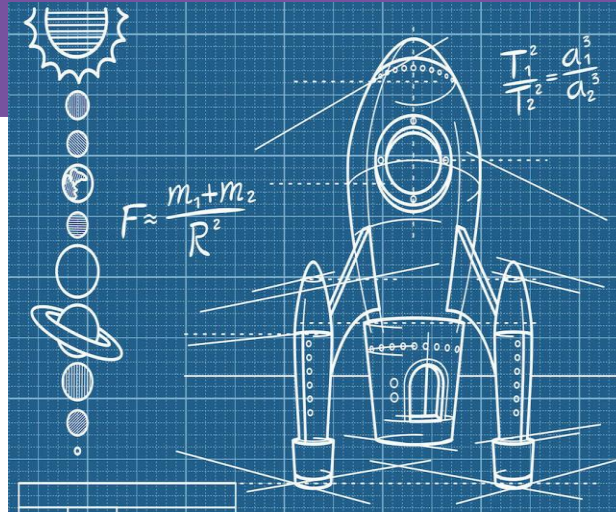
Circumstance

Person

Direction

Support and evaluation

## To note....



***'A nurse or midwife who delegates tasks and duties must be able give account as to why a decision was taken.'***

- provides structure for evidencing decisions
- prompt thinking about review of outcomes

# Decision Support Matrix

## Assumptions:

- Accountability and responsibility have been considered and assured.
- A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
- Processes are in place to allow immediate

## TABLE 1: DECISION SUPPORT MATRIX

### Assumptions:

1. Accountability and responsibility have been considered and assured.
2. A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
3. Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.

**Key:**

- All green – delegate
- One or more amber and no red – professional judgement and mitigating action required
- One or more red – do not delegate

Potential for (patient/client) harm	Low Risk of Harm	Medium Risk of Harm	High Risk of Harm
Can the limits of the task be clearly described without decision making?	Clear task limits – Does not involve decision making beyond the scope of the task	Task has limits that may change within described parameters using decision support	Critical and analytical decision making necessary
Has the delegatee appropriate knowledge, skills and confidence to carry out the task?	Competent and Confident	Requiring some additional knowledge and skills development and /or expressed need for some additional supervision	Not competent and / or not confident
What level of person-centred communication to the delegatee is required?	Simple communication required about the task and expected outcome	Some complex communication required about the task and expected outcome	Complex communication required about the task and expected outcome
Complexity of care	Uncomplicated	Medium levels of complexity	Highly Complex
Can the task be performed in systematic steps?	Yes	Yes - some with decisions required between steps	No - critical and analytical decision making necessary between steps
Does the task require modification?	No	Some with directed decision support	Yes - Critical and analytical decision making necessary
Predictability of the outcome	Highly predictable	Medium levels of predictability	Low predictability
Is the outcome of the task predictable?	Yes	Predictable under certain conditions	No
Is the condition of the person receiving care stable?	Yes - Stable	Prone to fluctuation with in predictable described limits	No - Unstable
Are there timely feedback mechanisms to confirm the outcome?	Yes	Yes but a delay may occur in feedback of outcome – some mitigation may be needed	No



## APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

### EXAMPLE OF MEDIUM RISK: PROFESSIONAL JUDGEMENT REQUIRED



#### ASSESSMENT

John is a 58 year old man who has had a laryngectomy valve in place for 22 years. His wife Joan has carried out the twice daily cleaning of the valve because he has always found it difficult to manage himself. Joan has recently developed sight difficulties and is no longer able to clean the laryngectomy valve. There are no other family members able to provide care. John has been referred to the District Nursing team.



#### ASSESSMENT

An assessment is made by the District Nursing Sister, Gina who manages the team, and a plan of nursing care described working with John to agree an appropriate level of care. Using the decision support tool, Gina realizes that most of the indicators for the task of caring for the valve could potentially be 'green' allowing delegation to occur, if the team had the knowledge, skills and confidence to carry out the task, the process for the task performed in steps and the outcome consistently predictable, linked to the stability of John's condition. Both registered and un registered staff within the team are not competent in caring for a laryngectomy valve and the stability of John's condition is not known. The visits will be required indefinitely which will have an impact on the capacity of the team.



#### DECISION

The district nursing team members agreed that they were not competent in care of a laryngectomy valve. Three members of the team attended a local care setting of excellence in practice to undertake training. This ensured all registered staff were competent in care of laryngectomy valve BEFORE considering delegation to a Senior Nursing Assistant (SNA). The current trust policy did not include care of a laryngectomy valve in a community setting - which required changing. A process to assure and monitor the ongoing competence of SNAs was approved and implemented. Registered staff carried out the task for a period of time to assess the predictability of the outcome, the systematic steps in the process and the stability of John's condition, before delegating. Having assured and recorded all of this information the task was delegated to competent SNA team members, with regular review by the District Nursing team.

## APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

### EXAMPLE OF LOW RISK: DELEGATE TASK



#### ASSESSMENT

Linda is 46 years old and has been admitted to a day surgery unit to have her gall bladder removed by laparoscopy. She returns to the ward area following an uncomplicated procedure with two small wounds that are covered with surgical dressings. She wishes to get out of bed and walk to the bathroom post procedure, prior to discharge.



#### ASSESSMENT

Staff Nurse Amy is responsible for Linda's care before and after her procedure. A nursing assessment prior to transfer to theatre had not revealed any nursing needs beyond pre and post-operative care including health education. Linda was fully independent prior to admission. Amy has been monitoring Linda since her return from recovery. All vital signs have been within appropriate ranges, based on Linda's pre-assessment information and baseline measurements on the morning of surgery. Linda's wounds are dry and she has had pain medication administered orally which has relieved her pain, following the prescription on her post-operative medications chart.

Amy considers the decision support framework and realizes that the only question she is unsure of is whether or not Delia, a recently appointed Senior Nursing Assistant, is confident to take on the task unsupervised.



#### DECISION

Amy approaches Delia and explains that Linda needs to be accompanied to the bathroom as this is her first time out of bed post-operatively. Delia discusses with Amy her experience of undertaking similar tasks in her previous place of employment. Delia assures Amy that she understands the need to raise the alarm if Linda feels unwell at any stage and describes what she would do in that event to Amy's satisfaction. Amy delegates the task of accompanying Linda to Delia and records this in Linda's nursing record when she is evaluating the nursing plan of care.

## APPENDIX 1: USING THE DECISION SUPPORT MATRIX SCENARIOS IN PRACTICE

### EXAMPLE OF HIGH RISK: DO NOT DELEGATE



#### ASSESSMENT

Ernest is an 84 year old man who has been admitted to hospital with an extension of a pre-existing stroke he had 12 months ago. He is orientated and although drowsy most days, he has capacity and is able to provide consent for care and treatment. He has been agitated since admission due to the further loss of movement he has experienced, and mild slurring of his speech. His pressure points were assessed on admission and Ernest was deemed high risk for pressure damage with a Braden Score of 10. He is exhibiting signs of depression related to his rehabilitation and is refusing to be assisted out of bed.



#### ASSESSMENT

Ben, the Deputy Charge Nurse, is responsible for Ernest's care on shift. He receives handover from Monica on nightshift, and realises that Ernest will need significant assistance with his personal hygiene, mobility, nutritional and psychosocial needs. Working with him on the team is Asha a senior nursing assistant. They are looking after 8 people together, with a range of acuity and dependency needs. Ben knows Asha has worked in the ward team for 5 years and is very used to working with people who have experienced stroke. She has undertaken training in specialist moving and handling techniques and is competent to assist Ernest. Ben's initial assessment leaves him uneasy about delegating Ernest's personal care to Asha.



#### DECISION

Ben decides to use the delegation decision support tool to reflect on his initial professional judgement. He decides that a nursing assessment of Ernest is required whilst undertaking the tasks associated particularly with his personal hygiene needs and skin assessment. This task requires a level of clinical judgement that is outside of Asha's competence. He assures himself that he cannot describe all of the elements that Asha needs to look for in a succinct instruction, and additionally, given Ernest's low mood and agitation, a psychosocial assessment can be undertaken whilst caring for his personal needs. Ben decides not to delegate the task to Asha.



**WHAT  
NOW?**

# Table 1

1. Nurse/Midwife to Health Care Support Work Staff	2. Nurse/Midwife to Social Care Staff	3. Nurse/Midwife providing training to Social Care Staff	4. Nurse/Midwife to user/carer
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**How do we support nurses and midwives to use this framework?**



Northern Ireland Practice and Education  
Council for Nursing and Midwifery

**DECIDING TO DELEGATE:  
A DECISION SUPPORT FRAMEWORK  
FOR NURSING AND MIDWIFERY**



podnet-stand - Bing images | Enabling professional X

https://www.youtube.com/watch?v=...&list=PL4-K3H8p-G

YouTube Search



Enabling professionalism - rectifying medicines management issues  
5,965 views

NMCVideos  
Type here to search

Record Keeping	Supervision of Midwives	Preceptorship	Learning & Assessment in Practice
Team Leader	Ward Sisters/Charge Nurses	Infection Prevention Control	Role Development

# **Reflective Supervision: A Framework to support Nursing and Midwifery Practice**

**19<sup>th</sup> September 2019**

## **Aim**

**To develop an overarching  
Supervision Framework for the  
nursing and midwifery  
professions in Northern Ireland.**

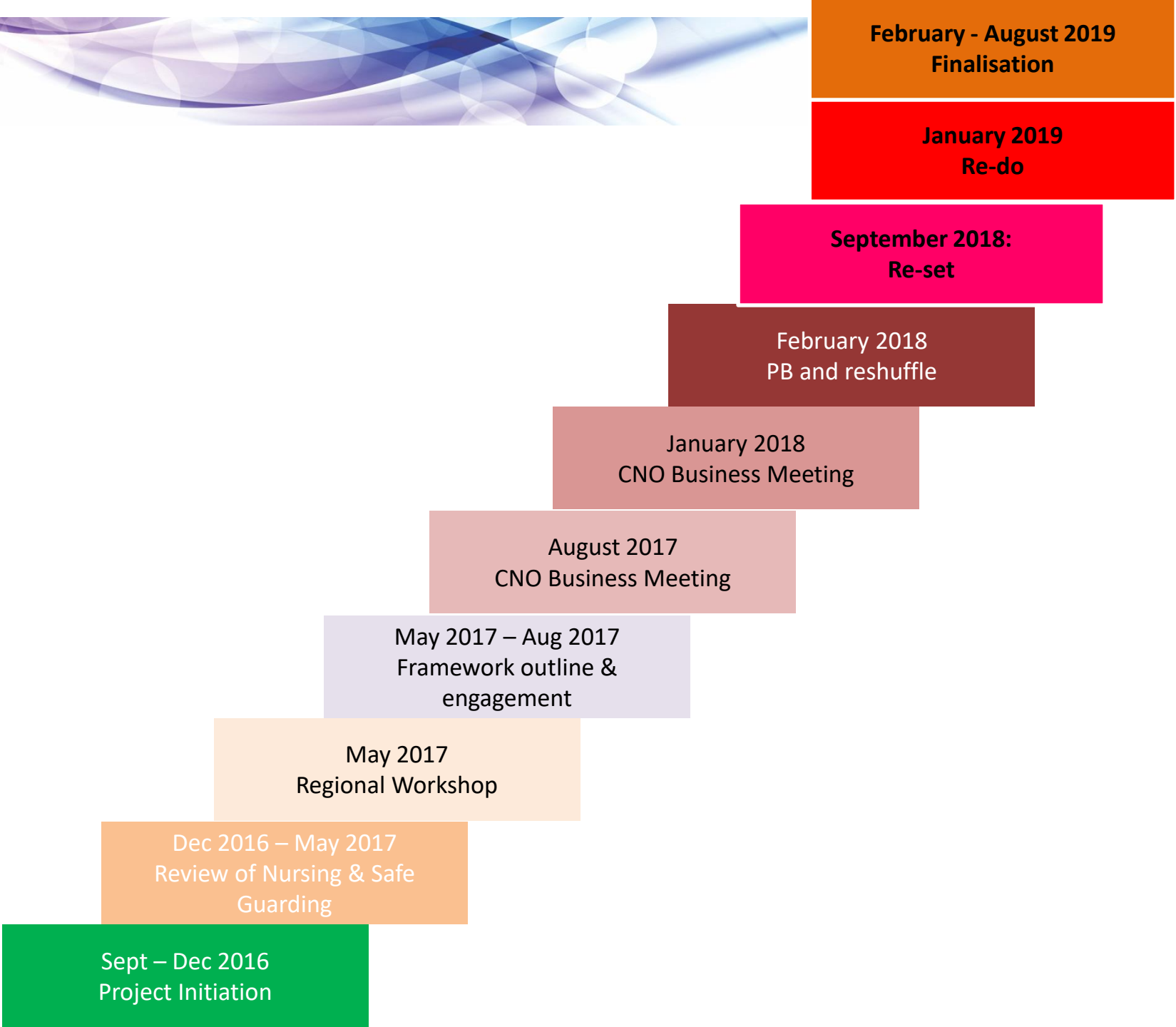
# Why?

- **Statutory requirement for Midwifery Supervision removed**
- **Review for Nursing Supervision needed**
- **Opportunity to review Safeguarding Supervision Policy**



# 8 requirements for revalidation





Sept – Dec 2016  
Project Initiation

Dec 2016 – May 2017  
Review of Nursing & Safe  
Guarding

May 2017  
Regional Workshop

May 2017 – Aug 2017  
Framework outline &  
engagement

August 2017  
CNO Business Meeting

January 2018  
CNO Business Meeting

February 2018  
PB and reshuffle

September 2018:  
Re-set

January 2019  
Re-do

February - August 2019  
Finalisation



# Assumptions

- Focus of reflection on **personal**, **professional** and service provision topics to support improved **safety, quality and person-centred practice** for health and care
- Not confused with performance management or with the client focussed elements of safeguarding supervision
- **Practical outworking for safeguarding supervision is different due to the purpose of the process**

# And another thing...

All supervision and should be a **measurable** and **reportable** process to the CNO. Within Arm's Length Bodies, the Director of Nursing is the accounting officer for Supervision, reporting directly to the CNO

Client focused aspects of a reviewed/revised safeguarding supervision model will not be reportable within this process but will be **considered through the Designated Nurse for Safeguarding at the PHA**



# Continuum of Lifelong learning and Professional Development

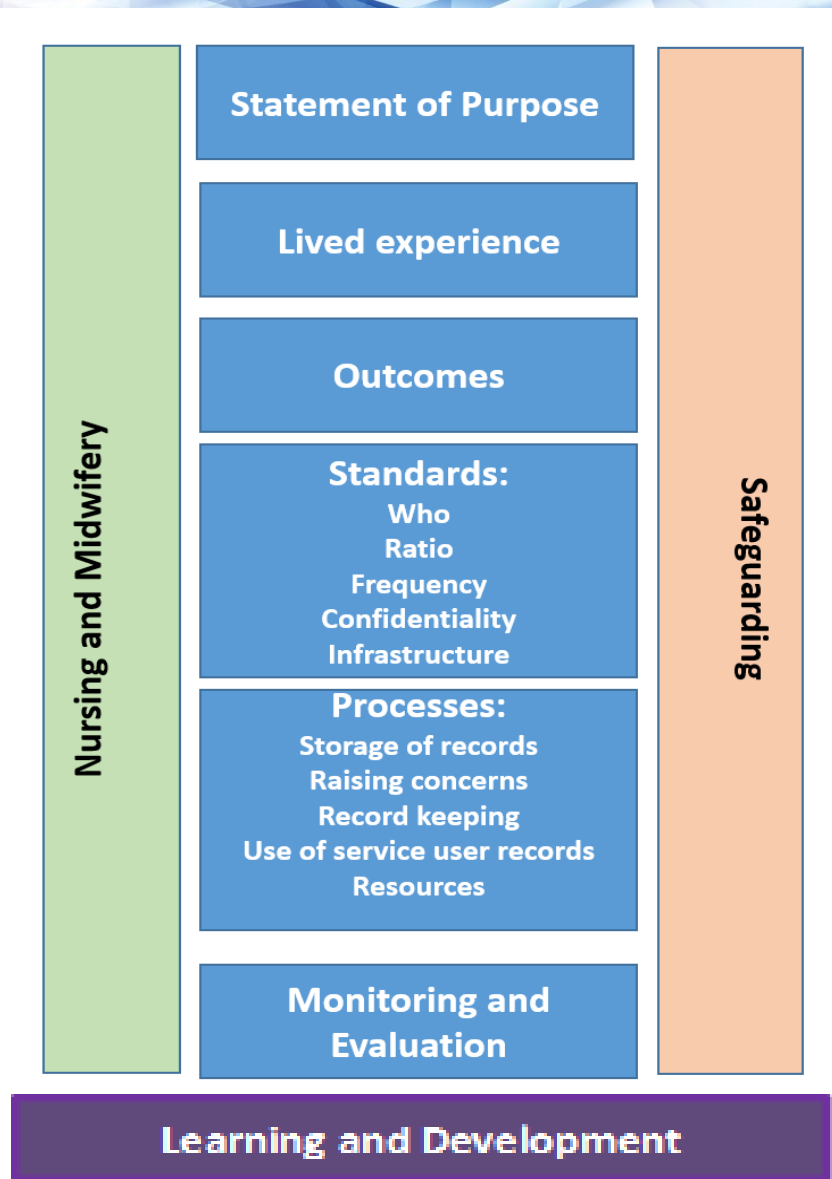
## Continuum of Lifelong Learning and Professional Development

**Nursing/Midwifery  
Student**

**6 months post-  
registration**

**Nurse/ Midwife**







**Purpose Statement**

**Lived Experience**

**Standards**

**Processes**

**Monitoring and Evaluation**

**Outcomes**

**Learning and Development**



## Purpose Statement

Reflective Supervision is defined as a participative process of supported reflection that enables individual nurses and midwives to develop personally and professionally to improve the quality, safety and person-centeredness of their practice.

# Lived Experience

## **Reflective supervision should:**

- enable registrants to reflect on personal, professional and service provision topics to support improved safety, quality and person-centred practice for health and care services
- not be confused with performance management or with the client focussed elements of safeguarding supervision
- should be defined within a context of lifelong learning and professional development
- be used as part of the revalidation process for nurses and midwives.

# Standards: Who

- currently registered on parts one, two or three of the NMC register
- minimum of three years' experience
- prepared or approved against agreed regional criteria

# Standards: Ratio

- **number of reflective supervision sessions per year is 1:16 supervisor: reflective supervision sessions annually**
- **number relates to sessions not people**
- **guidance in the final framework around the length of time that should be spent in each session either group or individual and also on preparation time for supervisees**
- **arrangements for part-time working**

# Standards: Frequency

- Minimum of two opportunities per year for reflective supervision, which will be individual or group in format
- Guidance in the final framework relating to frequency of Reflective Supervision based on escalation of risk in practice



# Standards: Confidentiality

**Participants have certain responsibilities in relation to confidentiality**



## Processes: Records

- Supervisors will be required to keep only a record of the number of sessions provided by them annually to each supervisee
- Every supervisee should keep a written reflective account of each reflective supervision session stored within their electronic or hard copy professional portfolio
- Service users records may be used for the purposes of supervision activity.





## Processes: Raising Concerns

- Duty of care on the registrant supervisor to protect the public from practice that could compromise patient safety
- Processes that follow raising of a concern are outlined as tracking the appropriate organisational policies and procedures



## Processes: Resources

C

**The NIPEC Reflective Supervision mini site will 'house' all of the resources to assist with supervision**

# Processes: Monitoring and Evaluation

- Providing assurance to the organisation that supervision is being delivered
- Data collection carried out via accessible regional electronic systems
- Quantity and quality of supervision activity in organisational performance indicators
- Practice support mechanisms reviewed and evaluated



## Processes: Outcomes

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

# Learning and Development Programme

Aim of the programme

To facilitate participants to be competent and confident in providing one-to-one and group supervision

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# Participants

C

Nurses and Midwives registered on parts 1, 2 or 3 of the NMC Professional Register who have indicated a desire to take on the role and who have been supported by their peers and employer to undertake the process of reflective supervision with other registrants.

- A minimum of 3 years' experience from the point of registration
- Selected against regional criteria which may include pre-existing skills development



# Elements of Preparation

- **Competence assessment**
- **Flexible individualised learning**
- **Validation of Achievement**



# Programme

- Over 5 days
- blended learning methodology including self-directed and participatory learning
- e-learning, face-to-face participatory environments and supportive practice days.
- The programme will be carried out over a 4 month period



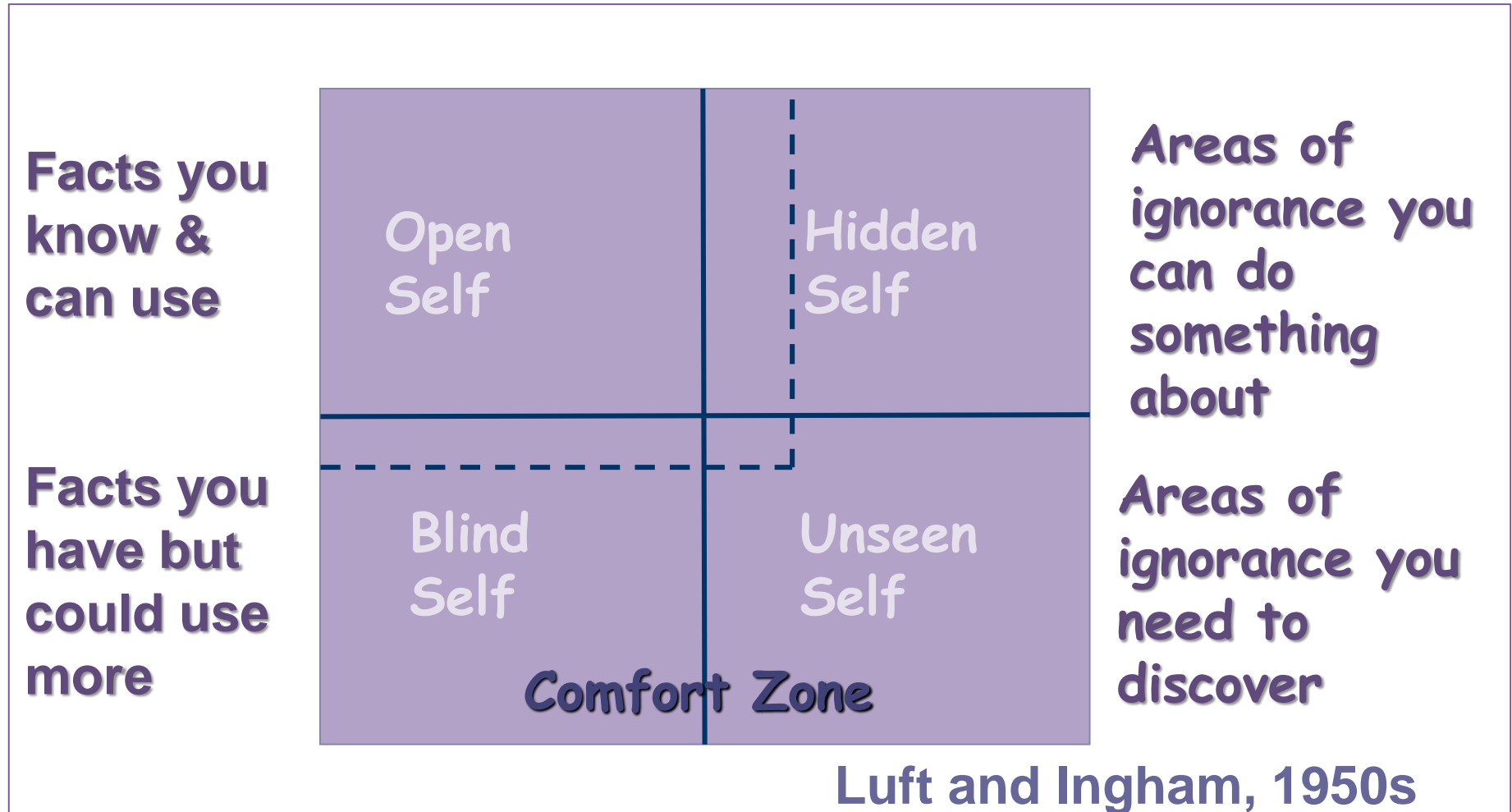
# The Future....

- **Presentation to Executive Nurses**
- **Presentation to Chief Nursing Officer business meeting**
- **Final review**
- **Testing**
- **Development for launch**
- **Launch May 2020?**

## Aim

- To facilitate reflection on appraisal skills and enhance personal effectiveness

# JOHARI WINDOW



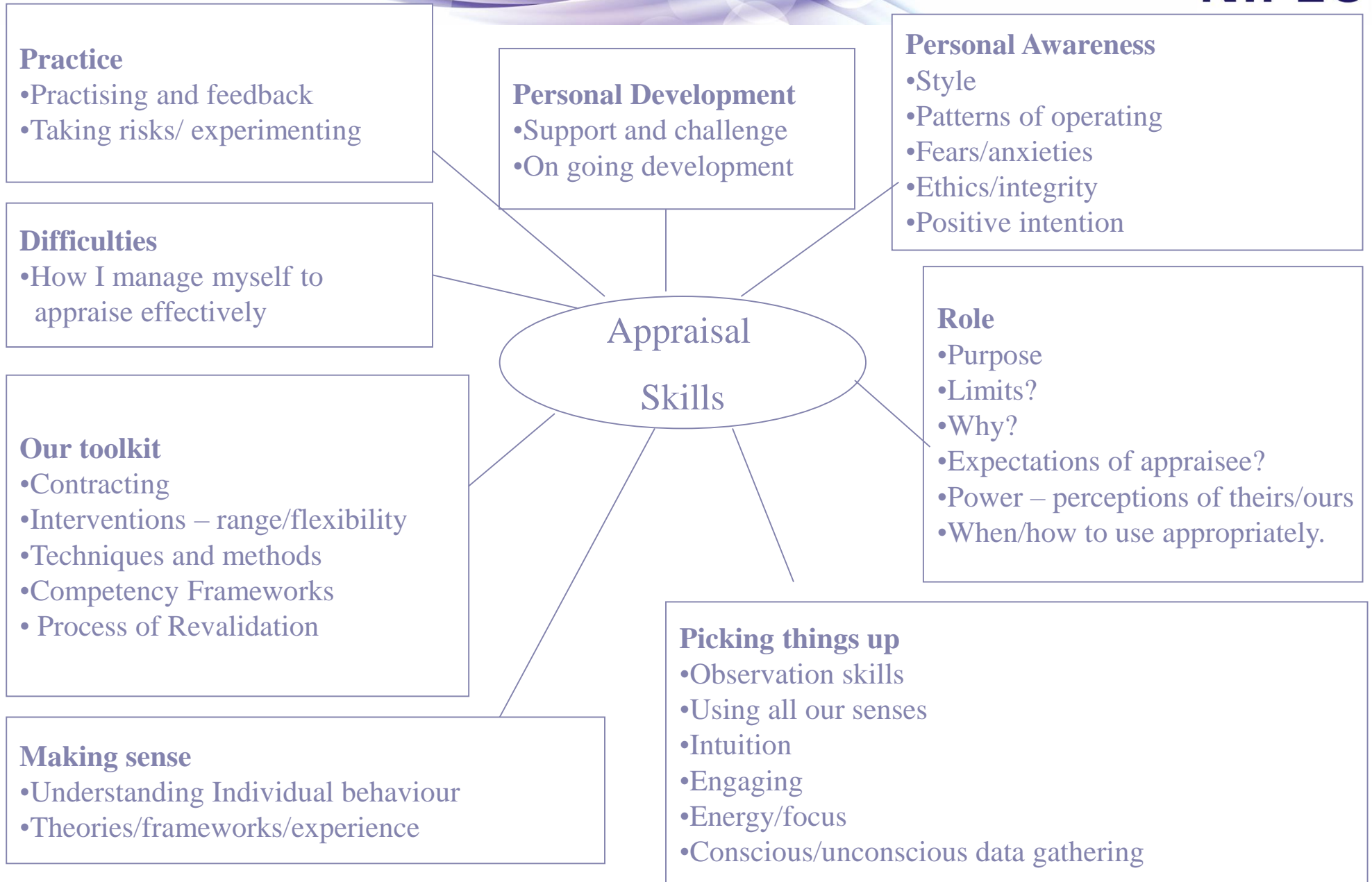
# The Appraisal Prescription

## Origins

- Douglas McGregor, 1960, "The Human Side of Enterprise" (1960)
- Theory Y - integrating individual & organisational needs to optimise performance.

# Effective Appraisal

- Protected time, space & preparation by both
- Two-way discussion to encourage mutual feedback-part of the Revalidation process
  - Listening, questioning, understanding, seeking clarification, support & challenge
- Agreement of organisation objectives & individual development needs for the future year
- Review & follow-up



## In addition:

- Link to NMC Code, Job Description, Business Plan/Organisation Objectives
- Discussion on reflections: CPD, Practice Related Feedback, Experience
- Relevant Competency Frameworks
  - Role
  - Area of practice
- CPD for development
  - Learning & development activities
  - Relevant to the role
  - Beneficial to the organisation
  - Sharing & giving back
- Review & Follow-up



# Appraiser Role Statements

<p><b>Counsellor</b></p> <p>“You do it; I will be your sounding board”</p>	<p><b>Coach</b></p> <p>“You did well; you can add this next time”</p>
<p><b>Facilitator</b></p> <p>“You do it; I will attend to the process”</p>	<p><b>Teacher</b></p> <p>“Here are some principles you can use to solve problems”</p>
<p><b>Reflective Observer</b></p> <p>“You do it; I will watch and tell you what I see and hear”</p>	<p><b>Technical Adviser</b></p> <p>“I will answer your questions as you go along”</p>

# Conducting staff appraisal

## Avoid

- Lack of preparation
- Losing sight of the "whole person and whole performance"
- Side-lining "real" problems
- Not differentiating fantasy and reality
- Smoke-screens, bluster, argument
- Victimisation, bullying, humiliation
- Confrontation without trust and mutual understanding
- Unbalanced agenda coverage
- Nit-picking
- Time guillotine
- Over-zealous deluge and undermining confidence
  - Now I've got you .....
  - Everyone says that .....

# Conducting a staff appraisal

## Skills

- Genuine regard for & commitment to "the other"
- Commitment to the process
- Empathy vs. sympathy
- Questioning & active listening
- Giving & receiving feedback
- Leading/inspiring
- Situation appraisal, problem definition, objective setting and resource allocation, solution development, examination of options, potential problem analysis, planning & implementation.
- Securing agreement & ownership

<https://nipecportfolio.hscni.net>

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- ✓ feedback received