A Supervision Framework for

Northern Ireland

Project Initiation Document

December 2016

NIPEC

Contents

A Supervision framework for Northern Ireland

1.0 Background

1.1 Supervision across the professions of nursing and midwifery has been practiced in a range of different formats in Northern Ireland:

Supervision (Nursing)

1.2 NIPEC completed a regional review of clinical supervision in 2006 which resulted in the development of two standards for supervision in Nursing, launched by the Chief Nursing Officer (CNO) in 2007 and implemented into service through work led by NIPEC in 2008. Since then supervision in nursing has been monitored across all care settings in Health and Social Care (HSC) through an annual report to the CNO from each Executive Director of Nursing (EDoN).

Supervision (Midwifery)

1.3 Midwifery Supervision has been in statute since 1902. Following the publication of a review of midwifery supervision in NI, the CNO tasked NIPEC to facilitate and lead in the next steps in light of these proposed legislative changes that are due to be confirmed in March 2017. These next steps include engagement, working in partnership with the key stakeholders in the HSC system and liaising with the other three countries of the UK on the future of Midwifery Supervision. This work commenced in January 2016 and is directed by a Task and Finish Group currently chaired by Mrs Patricia McStay and co-chaired with Mrs Eileen McEneaney, EDoN in the NHSCT.

Safeguarding Children Supervision

1.4 In February 2011, DHSSPS issued a Safeguarding Children Supervision policy and procedure for Nurses and Midwives. The policy set the framework and minimum standards for Health and Social Care Trusts to implement an effective and consistent approach to safeguarding nursing practice., This approach is used alongside Trust nursing supervision policies supporting practitioners to deliver a high standard of service to children and families, carry out their duties according to policy and procedures and meet departmental and corporate targets. Safeguarding children nursing supervision is complementary, but additional to nursing supervision.

Revalidation

1.5 April 2016 saw the first registrants in the United Kingdom moving through the process of revalidation as described by the Nursing and Midwifery Council

(NMC)[1]. Eight requirements are described to fulfil the criteria set down by the NMC. Three criteria relate to elements included within supervision, namely:

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

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

2.0 Introduction

2.1 At the Central Nursing and Midwifery Advisory Committee (CNMAC) held on 10 June 2016, the Chief Nursing Officer (CNO) sought and secured agreement to take forward work to explore the potential of the development of a Nursing and Midwifery Supervision Framework for Northern Ireland that could be positioned under one policy directive.

2.2 The work will recognise that nursing and midwifery are two separate professions along with recommendations for legislative changes to the Nursing and Midwifery Order 2001 to remove the statutory supervision of Midwives. As part of this work CNO also intends to explore if the DHSSPS policy for Safeguarding Children Supervision for Nurses and Midwives should be reviewed and if this can also be included within the Framework. NIPEC has been commissioned by the CNO to develop an encompassing model framework for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001 (section 60). The model will seek to provide professional accountability assurances to the Chief Nursing Officer, Executive Directors of Nursing and other stakeholders in NI. In addition the new model must also provide accountability assurances to the public.

3.0 Plan

3.1 The rationale for setting up three task and finish groups is to ensure that the unique circumstances and requirements across midwifery, safeguarding and nursing areas of practice are recognised.

Aim:

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

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[1] Nursing and Midwifery Council. (2015) *Revalidation*. London, NMC. Available for download at:
https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf

Objectives

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

  i. Conduct a time limited review of current supervision processes in NI across all sectors for:

   • Nursing - to determine process enablers and barriers to supervision, to review the current model and its fitness for purpose

   • Midwifery - to inform the development of a model for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001.

   • Safeguarding - to determine process enablers and barriers to safe guarding supervision, to review the current model and its fitness for purpose

  ii. Analyse the collective findings of the reviews and early progress towards revised models.

  iii. Review existing evidence nationally and internationally on supervision frameworks.

  iv. Theme areas of commonality between models and determine an outline framework within which each model can co-exist.

  v. Develop a draft process and accountability framework and required associated resources to support supervision and revalidation processes across the professions in NI.

  vi. Make recommendations for adoption, implementation and monitoring to the CNO.

4.0 Methodology Overview

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

  i. Convene a Programme Board, and three Sub Groups comprised of members with expertise in the areas of nursing, midwifery and safeguarding supervision to progress the Programme objectives.

  ii. Establish time limited project plans to support the work of the three Sub Groups. The project plans should be developed to support the purpose of each Sub Group and include a review of the evidence to support each work stream.

  iii. Produce reports for each area of supervision practice with recommendations for a forward facing regional model that aligns with revalidation processes nationally.

  iv. Determine areas of commonality across the three work streams and agree an outline framework that incorporates common areas, levels of supervision frequency and rigour.

<ol type="i" start="5">
<li value="5">Define a risk matrix based on the potential for harm, complexity of care and predictability of outcome that will support the provision of supervision along a continuum of frequency and rigour.
<li value="6">Agree a Framework for Supervision with recommendations relating to implementation, resourcing and monitoring.
<li value="7">Consider and carry out requirements for piloting and consultation of the proposed framework.
<li value="8">Submit a final report with the Final draft Framework for Supervision to the Chief Nursing Officer.

5.0 *Resources*

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

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

6.0 **Project Screening**

A risk and equality screening has been completed on this project document and can be found at pages 10 – 11.

7.0 **Evaluation**

Evaluation of the project process will be conducted at the conclusion of the project period by the lead NIPEC Officer. The evaluation will focus on the process and any learning from coordinating the work, to be used in future opportunities.

Appendix 1: Membership of Programme Board (PB)

Name	Designation	Role
Angela McLernon	CE NIPEC	Chair of PB
Nicki Patterson	Exec. Dir. Nursing SEHSCT	Member
Eileen McEneaney	Exec. Dir. Nursing NHSCT	Co-Chair Midwifery Sub Group (SG)
Sharon McRoberts	Asst. Dir. Nursing SEHSCT	Chair of Nursing SG
Patricia McStay	LSAMO PHA	Co-Chair Midwifery SG
Una Turbitt	Asst. Dir for Public Health Nursing, PHA	Chair of Safeguarding SG
Breedagh Hughes	Director RCN NI	Member
Garrett Martin	Director RCN NI	Member
Mary Frances McManus	Nursing Officer DoH	Member
Heather Finlay	Nursing Officer DoH	Member
Verena Wallace	Midwifery Officer DoH	Member
Fiona Bradley	Senior Education Manager, CEC	Member
Gail Anderson	Head of Midwifery, QUB	Member
Aishlinn Long	Ulster University	Member
Maura McKenna	Partnership Forum	Member
Ethel Rodrigues	Unite the Union	Member
Angela Reed	Senior Professional Officer, NIPEC	Lead Officer

TERMS OF REFERENCE PROGRAMME BOARD SUPERVISION FRAMEWORK IN NORTHERN IRELAND

1. MEMBERSHIP OF GROUP

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

2. CHAIR OF THE GROUP

Advised by the CNO as Angela McLernon, CE NIPEC.

3. QUORUM

Quorate membership is 50% of the total membership number with all three Chairs of Sub Groups / Vice Chairs in attendance.

4. FREQUENCY OF MEETINGS

Every 10 weeks

5. RECORD OF MEETINGS

NIPEC staff are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Chair of the Group.

6. ACCOUNTABILITY OF THE PROGRAMME BOARD

The Programme Board is accountable through the Chair to the Chief Nursing Officer for Northern Ireland.

7. ROLE AND RESPONSIBILITIES

- Agree a project plan and associated timescales to meet the stated objectives and aim
- Contribute to the achievement of the project plan
- Undertake on-going monitoring of the plan against the activity and timescales and agree remedial actions arising
- Represent the nominating stakeholder organisation communicating to and from PB appropriately
- Participate in respectful, open debate
- Participate in shared learning across organisations
- Welcome and provide constructive challenge
- Manage information related to the project responsibly, ensuring confidentiality when required
- Contribute to progress reports to the Chief Nursing Officer

Appendix 2 – Risk and Equality Screening

Area	Comments
Risk Management questions	
• Have any risks been identified?	Resourcing, timescales and engagement
• What is the potential impact of these?	Failure to complete project successfully, loss of credibility to individuals involved.
• How can these be mitigated or have alternatives options been identified which would have a lower risk outcome?	Project management processes, terms of reference. Appropriate nominations to programme Board and Sub-Groups. Appropriate governance processes in place.
• Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?	Not as yet, where negative impacts are emerging rather than potential.
Equality and Human Rights questions	
• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? **NB –** please refer to NIPEC's Equality Screening Policy and Screening Templates to assist in considering equality and human rights	Process is underway to equality screen project plan and determine any implications from a human rights perspective.

Appendix 2 – Risk and Equality Screening

        Contd.

Privacy Impact Assessment (PIA) questions	
• Will the project use personal information and/or pose genuine risks to the privacy of the individual?	No
• Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?	No
Personal and Public Involvement (PPI) questions	
• Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? **NB –** please refer to and use NIPEC's PPI Decision Tree/Algorithm to assist in considering PPI	To be determined through the Programme Board.