

Supervision: A Northern Ireland Framework for Nursing and Midwifery

Programme Board

Wednesday 21st December 2016 10:00-12:00 hrs

Clinical Education Centre, Clady Villa, Knockbracken

ACTION NOTES OF MEETING

Present:	Angela McLernon, Chief Executive, NIPEC, (Chair)	AMcL
	Eileen McEaney, Executive Director of Nursing, NHSCT	EMcE
	Patricia McStay, Head of Midwifery, SHSCT	PMcS
	Breedagh Hughes, Director, RCN	BH
	Brigid McKeown, LAMSO, PHA (teleconference)	BMcK
	Verena Wallace, Nursing Officer, DoH	VW
	Fiona Bradley, Senior Education Manager, CEC	FB
	Una Turbitt, Assistant Director of Public Health, PHA	UT
	Sharon McRoberts, Assistant Director of Nursing, SEHSCT	SMcR
	Heather Finlay, Nursing Officer, DoH	HF
	Angela Reed, Senior Professional Officer, NIPEC (Project Lead)	AR
	Karen Murray, Senior Professional Officer, (NIPEC)(Observer)	

Apologies: Nicki Patterson, Executive Director of Nursing, SEHSCT
 Garrett Martin, Deputy Director, RCN
 Ethel Rodrigues, Professional Officer (Education) Unite the Union
 Mary-Frances McManus, Nursing Officer, DoH
 Gail Anderson, Lecturer, QUB

Agenda item	Action to be taken	Action by
1	Welcome, apologies AMcL welcomed everyone to the second meeting of the Programme Board. Apologies given as noted above.	
2	Notes of the last meeting 28 September 2016 Notes had been previously circulated with no amendments required. Notes of 28 September 2016 were agreed as a true record.	
3	Matters Arising Following the last meeting a number of actions had been taken forward relating to the membership and terms of reference:	

	<p>3.1 Terms of Reference:</p> <p>3.3.1 Programme Board Terms of Reference were agreed and signed off.</p> <p>3.1.2 Sub-Groups Terms of reference were circulated in early October with two weeks to facilitate comment – no comments received. Sign off approved.</p> <p>3.1.3 HR representation SMcR contacted Nicki Patterson as the EDoN representative on the HR Directors Forum. It was deemed a useful suggestion for this representation to be made at PB level – to be brought by Nicki Patterson to HR Directors Meeting on 13 January 2017.</p> <p>3.1.4 PPI Involvement</p> <p>A discussion was still to be had with PCC regarding involvement of patients/clients. This was due to that fact that a role and function needed to be discussed, i.e. public interface and contribution to the development of the framework.</p> <p>Following a short discussion it was agreed that each Sub Group would consider the need for PPI including the function/purpose of the involvement.</p>	<p>NP to raise this with HR Directors Meeting in January 2017</p> <p>Each SG to consider need for PPI and function/purpose</p>
<p>4</p>	<p>Models of Supervision</p> <p>Presentations were invited from the three sub groups for each area of supervision. AMcL reminded members that the purpose the meeting was to look at the current models of supervision along with short updates on any work commenced within the three sub groups.</p> <p>4.1 Midwifery</p> <p>Discussion following the presentation by Patricia McStay and Eileen McEneaney:</p> <p>Regarding removal of statute: The four countries had agreed that the investigation element of supervision of midwifery should be removed. The midwifery committee would therefore cease and the Intention To Practice (ITP) would no longer be in place. The formal ITP normally took place January-March – prompted by the NMC via hardcopy notification to every Midwife. This is put on an LSA database which goes to the NMC. The main function of the ITP – was as a census of midwives willing to practice. The ITP also had a regulatory function, particularly with independent Midwives and it was deemed that the process of revalidation would continue this function.</p> <p>BMcK mentioned that there were some concerns that the legislative change timeframe was not on track. NMC would take a decision in</p>	

	<p>relation to what to do in January and issue guidance. Ratio for Supervisors to supervisees is 1:15. Governance arrangements discussed for incidents and issues – crossover to capability recognised and parallel processes discussed. Messages of negativity related to continuing with investigations approach was discussed, rather than a supportive and developmental approach provided by a 'critical friend'.</p> <p>AMcL outlined that a meeting had taken place with the CNO for direction prior to the PB meeting. VW indicated that a lot of work had already been completed and there had been agreement to reflect the principles of the approaches across the four countries.</p> <p>A holding position had been discussed with CNO to identify that supervision would continue in the absence of a defined model - it was agreed that a letter should go out in the new year – VW to take forward and advise PB. EMcA indicated that direction from CNO would be helpful through transition, as concern is being expressed that any gaps until a new model is agreed could create difficulty.</p> <p>BMcK mentioned that UK meetings were currently occurring to manage transition stages – the NMC would keep key stakeholders informed of progress. The LSMAO role was to remain in place until March 2017. Were a holding position maintained of a similar approach to the current model it was agreed that thought was required as to who conducts audits etc., and interim arrangements. Request was reiterated for clarity around interim arrangements.</p> <p>The range of elements of a new model for midwifery supervision were discussed and it was acknowledged that there was definitely overlap for other models – members agreed that this potential should be discussed via a small sub group of the for Chairs/Co-Chairs, to map the elements.</p> <p>4.2 Nursing</p> <p>AR presented with SMcR adding to the debate following discussion from the first meeting of the nursing sub group earlier in December. The challenge of the data collection systems was highlighted to enable counting of those who had access to supervision across all fields of practice for nursing. It was recognised that although mandatory through the CNO policy and standards, supervision in nursing was not fully embedded in NI.</p> <p>The difference in preparation of supervisors and supervisees was also highlighted across midwifery and nursing - two Modules prep for Supervisor of Midwives vs one day for supervisor of nurses.</p> <p>The challenges of meeting compliance against the standards were highlighted, acknowledging that the statutory format of midwifery supervision had ensured protected time at least once a year for this to occur.</p>	<p>Small sub-group to be set up to map principles across the models for nursing, midwifery and safeguarding.</p>
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SMcR reflected that although a vital process for nursing, there was a need to learn from midwifery colleagues. There was a good opportunity to rebrand and re-launch alongside revalidation.

A long discussion took place relating to the discoverable nature of supervision records held by supervisors particularly and where ownership of a document lay. It was agreed that particularly this issue required further discussion and guidance to encourage nurses and midwives to access supervision appropriately.

4.3 Safeguarding

UT presented the current model of safeguarding supervision. Discussion continued again regarding discoverable documents – on occasion safeguarding supervision includes the necessity to keep records in client records. CPD/ftp processes were not documented in that record – in particular developmental and personal need. Facts, issues and analysis were considered. Further discussion took place relating to the ethos of supervision being enshrined in support vs performance – colleagues reflected that the main driver for midwifery was the disaggregation from line managers through the accountability mechanism of the supervisor of midwives and the LSMAO. This was found to be a positive element to supervision. It was acknowledged however that on occasion midwives had been asked for supervision reflections as part of investigations by the NMC.

The Safeguarding Sub group had met as a group and agreed an approach to reviewing the model.

There then ensued a debate giving consideration to the efficacy of the models where supervision was appropriately resourced – the models worked well – whereas nursing was not currently resourced over and above that defined within the total 4% 'study leave' within the Delivering Care Planned and Unplanned Absence Allowance of 24%, which also encompassed clinical and mandatory CPD. SMcR also recognised that the preparation of supervisors and supervisees also appeared to have had a powerful impact. EMcA agreed that one difference appeared to be that midwifery and safeguarding had good preparation processes in place. UT also stated that robust monitoring of supervision was required to ensure it was happening.

AMcL thanked members for the robust discussion which had taken place outlining the many commonalities that the models had and the good opportunity for learning. AR had developed a project plan which was being tabled – it broadly outlines the work discussed at the first meeting and the objectives agreed – including methodology. Members were asked to take the document, which would also be sent electronically for tracked changes and to return comments to AR by 18th January 2017.

AMcL asked that further development of models in the subgroups be deferred at this time however opportunities for same should be tabled for

	consideration in the new framework as part of the way forward through the PB.	
5	<p>Any Other Business</p> <p>No other business was brought forward by members.</p> <p>AR to email PID – 18 January be comment. VW to copy letter out to Supervision Group when ready.</p>	<p>AR to email PID to Programme Board.</p> <p>VW to copy holding letter to members when issued.</p>
6	<p>Date, time and venue of next meeting</p> <p>Wednesday 22nd February 2017 @10.00am-12.00md Venue to be confirmed</p>	
Action	Comment	Completed/On-going
NP to raise this with HR Directors Meeting 13 January 2017		Completed 13th January – D McAllister to action
Each SG to consider need for PPI and function/purpose		On-going
Small sub-group to be set up to map principles across the models for nursing, midwifery and safeguarding.	Sub Group date set for 13th January 2017	Completed
AR to email PID to Programme Board		Completed
VW to copy holding letter to members when issued.		On-going