Northern Health and Social Care Trust
Annual Report for
Executive Director of Nursing
and
Chief Nursing Officer

Supervision for Registered Nurses

April 2012 - March 2013
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Acknowledgements

I would like to thank all of those who have facilitated supervision activities for registered nurses over the past year.

I want to acknowledge the support of our Ward Sisters, Charge Nurses and Team Leaders, who enabled staff attendance at workshops, encouraged staff participation in practice development and practice improvement projects and in doing so, demonstrated their commitment to the principles underpinning supervision, to ensure safe and effective care.

I wish to acknowledge the work of the Professional Practice Facilitators, Practice Education Facilitators and Regional Project Officers whose support for clinical staff has been exceptional during challenging times and to thank Lead Nurses, Service Leads and Professional Leads within Service Groups who have ensured that the professional nursing agenda has been driven forward in times when the emphasis is so often on operational concerns.

I wish to thank Specialist Nursing Teams across all services who guide, support and advise staff at the bedside and through their establishment of Link Nurse Programmes where quality of practice is driven up through reflection in and on practice, action learning sets and peer review.

Finally, I wish to thank the Senior Professional Officers at the Northern Ireland Practice and Education Council for their continued contribution through regional facilitation of priority professional work streams the implementation of which, at Trust level, has contributed to the improved compliance with the Regional Supervision Standards.

Olive MacLeod
Executive Director of Nursing and User Experience
Northern Health and Social Care Trust
Introduction

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 the Northern Ireland Practice and Education Council (NIPEC) in 2006:

‘Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registered nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety.’

NIPEC 2006

In 2007, the Chief Nursing Officer (CNO) issued two standards which came into effect from April 1st 2008.

• 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 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.
The NHSCT recognises the need for robust supervision arrangements and has continued to work to put in place a framework that supports staff and creates a culture where individuals feel valued. In September 2012, the Corporate Nursing Team administered an internationally recognised Nurse Engagement Survey to all registrants employed in the Trust. This work was facilitated by our on-going partnership with the Global Centre for Nursing Executives and the results provided us with an opportunity to review the effectiveness of existing engagement and support processes, and to introduce new initiatives to demonstrate increased support for staff, based on the results.

The results of the Nurse Engagement Survey demonstrated that registrants:
- often discuss how they can improve care (92%)
- have access to clinical experts to answer questions, discuss care issues (93%)
- receive regular feedback on performance (72%)
- receive recognition for providing excellent care (70%)
- know what is required to excel their role (95%)

These statements are reflected in the free text accompanying the Evaluation questionnaire conducted by NIPEC and demonstrate that registrants positively evaluate learning and development opportunities including supervision in their roles.

The facilitation of supervision activities is underpinned by innovative and responsive training and education processes which have been consolidated over the past 12 months and continue 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 - a key achievement in the past year has been the introduction of a Preceptorship Framework for all new registrants
• 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 - the continued application of the Root Cause Analysis tool to critically evaluate care processes and learn from practice and improve care delivery.

• The development of competence, knowledge and skills through facilitation of personal and professional growth enabled by the continued roll-out of the ‘Learning in Caring’ model of training needs analysis mapped to the specific service needs.
**Results**

In NHSCT there are **2659** registered nurses employed.

The breakdown of staff and supervision activities across individual directorates are depicted below:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Number of Registrants</th>
<th>% total registrant workforce</th>
<th>% registrants who engaged in 2 or more Supervision Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and User Experience</td>
<td>5</td>
<td>0.18</td>
<td>100% (5)</td>
</tr>
<tr>
<td>Acute Hospitals</td>
<td>1393</td>
<td>52</td>
<td>82% (1142)</td>
</tr>
<tr>
<td>Primary Care and Older Peoples’ Services</td>
<td>380</td>
<td>14.3</td>
<td>96% (365)</td>
</tr>
<tr>
<td>Children’s Services</td>
<td>282</td>
<td>11</td>
<td>100% (282)</td>
</tr>
<tr>
<td>Mental Health and Disability</td>
<td>370</td>
<td>14</td>
<td>68% (252)</td>
</tr>
<tr>
<td>Governance</td>
<td>2</td>
<td>0.07</td>
<td>100% (2)</td>
</tr>
<tr>
<td>Specialist Nursing Teams</td>
<td>227</td>
<td>8.5</td>
<td>100% (227)</td>
</tr>
</tbody>
</table>

In total **2275** registrants (86%) participated in 2 or more supervision activities.
The range of supervision activities facilitated is presented below:

Post Incident Review - 1:1, Group, Team debrief,

Root Cause Analysis - Group

Reflection after / on a challenging situation - 1:1, Group

Peer review of notes - 1:1, Group

Work Based Learning - personal, 1:1, Group

Mentorship preparation and Triennial reviews - 1:1

Practice Development initiatives - 1:1, Group

Portfolio Development - personal

Induction Programme - 1:1

Preceptorship Programme 1:1

Evaluation of secondment opportunities - personal
Enabling Factors

Policy Review

The existing Supervision Policy and Procedures were evaluated and changes introduced to simplify the process of supervision for staff. The emphasis in the revised guidance is to encourage nurses to use the variety of diverse approaches and activities, which can have a supervision impact and formalise these through completion of the Supervision Record Sheets and reporting these activities to the Practice Based Supervisor. The policy highlights the benefits to the individual registrant, the team and the organisation and provides a self-evaluation mapping process for staff who embrace the roles of mentor, supervisor and preceptor. The transferability of key competencies has assisted staff to acknowledge that they have the requisite skills set to act as supervisor for others in the practice setting and has led to the improvement in the rates of supervision activities across the organisation, but specifically within the Acute Hospitals directorate. In addition, recording of supervision activity has been streamlined and specific codes devised to record same on to the NIMS system.

Regional Professional Assurance Framework

The EDON has introduced the Professional Assurance Framework to Corporate Nursing Governance Procedures as a means of providing both the CEO and the CNO with assurance that statutory and regulatory professional functions are adhered to. Within the framework, Standard 2.3 places an obligation on HSC organisations to ensure: ‘Professional standards of supervision are in place for Nursing, Midwifery and Safeguarding and a process to ensure these are met’.

Assessment of Trust position against same identified the need for more robust data capture processes so that compliance can be monitored
from individual teams to service groups and then collated per directorate to ensure that areas experiencing challenges with same can be supported appropriately. This venture is being chaired by Corporate Nursing team in collaboration with Professional Heads of Service from the operational directorates of Primary Care and Older Peoples Services and Mental Health and Disability Services, in the first phase.

**Facilitation by the Practice Development Facilitation Team**

One of the great enablers to reflection on practice and subsequent practice development was the facilitation of the Person Centred Study days by the PDF team. Using PD methodologies, teams were facilitated to identify enablers and barriers to person centred practice and worked together to develop a vision for their care setting and an action plan to raise standards and improve patient experience. A patient exemplar was used and staff were encouraged to reflect as a group on the care the patient received using Rolfe’s (2001) reflective model (What? So What? and Now What?). This enabled staff to look more deeply at the care they provide in a challenging but supportive environment. It also introduced them to a simple but powerful reflective tool which they could take back in to practice.

**Developing Practice in Healthcare Pathway**

This module was completed by 5 staff members who identified practice based learning outcomes and presented their academic work in the format of a reflective portfolio. The portfolio development required the use of a range of reflective models and evidence of mastery of using reflection and learning to promote learning and innovation in workplace. Practice outcomes included development of facilitation skills to empower others to evaluate current practice and introduce practice change to improve patient safety and patient experience.
This approach was used by the Tissue Viability Lead Nurse to introduce the SKIN Bundle to acute in-patient wards. The improvement in practice continues to be demonstrated by consistent application of all care elements as evidenced by monthly audit scores and display on the ward / corporate nursing dashboard.

**Regional Recording Care Project**

Following the introduction of a regionally agreed document for Nursing Assessment and Plan of Care, a Practice Improvement project was introduced in each acute care setting across the Trust. The 32 week programme focused on requisite components of documentation and through facilitation by the identified ward champions, staff were encouraged to undertake peer review of nursing records and implement record keeping improvements. This on-going cycle of learning, audit and review helped to embed the concept of learning in and from practice - a key outcome of supervision activities. In addition, the process enabled wards to monitor their progress and embed best practice in the care setting.

**Progression from Mentor to Sign-off Mentor Workshops.**

These two hour workshops were facilitated to enable experienced mentors to progress to sign-off mentor status. Mentors were afforded the opportunity to observe and take part in scenarios and role plays, following which they were required to discuss the assessment issues and write their reflective accounts. These reflections allowed participants to demonstrate their understanding of the importance of assessment and their accountability to the Nursing and Midwifery Council when passing or failing nursing students at the end of their three year programme of study.
## Review of Corporate Objectives for 2012 - 2013

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<th>Position</th>
<th>Actions</th>
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<td><strong>Nursing Exec Team</strong></td>
<td>Continue year-on-year incremental increase until full compliance with CNO standards</td>
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<td>Undertake a comprehensive review of existing guidelines and procedures.</td>
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<td>Development and introduction of an electronic monitoring system.</td>
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<td></td>
<td>Disseminate information and examples of good practice through Nursing Business Area on Staffnet</td>
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<tr>
<td><strong>Nursing Exec Team</strong></td>
<td>Development of a register of supervisor activity which would also show experienced supervisors who can offer a range of supervision approaches.</td>
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<tr>
<td><strong>Head of Nursing Workforce</strong></td>
<td>Development of an action plan for Bank-only nurses to access supervision and ensure compliance with Standards</td>
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<td>Participation in supervision to be included in all Registered Nurse job descriptions.</td>
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Corporate Supervision Action Plan for 2013 - 2014

• Continue year-on-year incremental increase until full compliance with CNO Supervision standards - Nursing Executive Team.

• Continue to support implementation of strategies to support supervision activities in Mental Health and Disability, Primary Care and Older People’s Services and Acute Hospital Services directorates and attain compliance with CNO Supervision Standards - Professional Heads of Service.

• Development of a register of supervisor activity which would also show experienced supervisors who can offer a range of supervision approaches - Professional Heads of Service.

• Development of an action plan for Bank staff - Head of Nursing Workforce

Challenges Going Forward

• Temporary funding for the Practice Development Facilitation Team has not been renewed.

• Funding for the Regional Regarding Care Project has not been renewed.

• The reduction in expert facilitators to encourage and motivate staff to engage in supervision and related activities will impact on quantity of registrants having access to support to undertake supervision activities across the organisation, but in particular, for registrants working in the Acute Hospitals Directorate.

• The Transforming Your Care Policy Directive offers both challenges and opportunities for registrants in the next few years. Educational preparedness and skills acquisition will be a focus for the profession to enable care processes to be delivered in fundamentally different ways. A
review of the registrant breakdown by directorate structure demonstrates the current emphasis on care delivery within the acute hospital setting within the Trust. This presents a challenge for nurse leaders to ensure that professional regulatory standards are maintained within new working models, for example in Integrated Teams and Integrated Care Partnerships. Professional Supervision and the support of professional colleagues will be an enabling factor to introduce change and ensure delivery of these person centred services. Strategic leadership promoting the importance of supervision activities as a learning and development tool for all registrants will be critical to the future success of such service transformation.