



HSE North East Nursing and Midwifery  
**Peer Group Clinical Supervision  
Strategic Plan**

**2017 – 2020**

Health Service Executive (2017)  
HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategy Plan 2017 – 2020.  
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Ardee. Co. Louth.

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## FOREWORD

The Irish Health Service has seen many challenges in recent years and it is likely to continue facing challenges for the foreseeable future. It is therefore essential that nurses and midwives are supported in providing exceptional safe high quality and accessible care while continuing to develop professionally.

In order to support and enable nursing and midwifery to achieve this, the Directors of Nursing and Midwifery in Cavan, Monaghan, Meath and Louth collaborated with Nursing and Midwifery Planning and Development, to design and implement a clinical supervision framework for their nursing and midwifery teams.

Over the past thirty years there has been much discussion about clinical supervision and its benefits within nursing and midwifery practice, yet it remains a process which is largely unknown and not readily accessible for all nurses and midwives throughout Ireland.

Clinical supervision describes a structured process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex clinical situations. It focuses upon the reflective learning process enabling the expansion of the scope of practice through self assessment and development of enhanced analytical and reflective skills. Clinical supervision has been associated with higher levels of job satisfaction, improved retention, reduced turnover and staff effectiveness. Importantly, clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks and by increasing accountability.

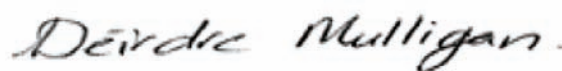
The values of Care, Support, Accountability, Learning and Collaborative Practice are central themes embedded in how we do things and they are guiding values within this strategy plan. We believe that the implementation and embedding of clinical supervision will strengthen and build capacity, capability and resilience in our nursing and midwifery teams.

We wish to express our sincere thanks to the members of the Steering Group and the Project Officer Mairead McGahon who have given their time, effort and expertise to complete this important work.

We commend the strategy to you and strongly encourage you to commit to its implementation and sustainability in ensuring a stronger future for our nurses and midwives.



Eileen Carruthers  
Chairperson  
HSE DNE (NE)  
Nursing & Midwifery  
Clinical supervision steering Committee



Deirdre Mulligan  
Area Director  
Nursing, Midwifery Planning & Development  
HSE Dublin North East

# CLINICAL SUPERVISION NURSING AND MIDWIFERY HSE DNE (NORTH EAST) STEERING GROUP MEMBERS

Name	Title	Organisation	Representing
Eileen Carruthers (Chairperson)	Director of Nursing	Specialist Palliative Care Services- Cavan/Monaghan/Louth/ Meath	Specialist Palliative Care
Padraig O'Beirne (Vice Chairperson)	Area Director of Nursing	Mental Health Services Cavan/Monaghan	Mental Health Services
Catherine O'Rorke	Area Director of Nursing	Mental Health Services Louth/Meath	Mental Health Services
Catherine Smyth	Director of Public Health Nursing	Louth Primary Care Services CHO Area 8	Louth Primary Care Services CHO Area 8
Elaine O'Connell	Director of Public Health Nursing	Primary community & Continuing Care – Meath	Primary Community & Continuing Care
Anne Farrelly	Assistant Director of Nursing	Intellectual Disability - Primary Community & Continuing Care – Louth Meath	Intellectual Disability
Dr. Malachy Feely	Nurse Practice Development Co- Ordinator	Mental Health Services Cavan/Monaghan Louth/Meath	Mental Health Services
Ann Marie Connor	Midwifery Practice Development Co-Ordinator	Midwifery – Our Lady of Lourdes Hospital	Midwifery
Deirdre Mulligan	Interim Area Director	Nursing Midwifery Planning & Development	Nursing Midwifery Planning & Development
Joan Donegan	Interim Director	Nursing Midwifery Planning & Development	Nursing Midwifery Planning & Development
Dr. Myles Hackett	Head of Department of Nursing, Midwifery & Health Studies	Dundalk Institute of Technology	Dundalk Institute of Technology
Mairead McGahon	Project Officer	Nursing Midwifery Planning & Development	Nursing Midwifery Planning & Development

## BACKGROUND

Clinical supervision is a concept which has been within the domain of healthcare for many decades but remains in its early stages within the Irish health service (Morrissey, 2008) for nurses and midwives. In recent years however, the process of clinical supervision has gained momentum (Parlour & Slater, 2014) and is now recognised as a method of enhancing quality of care (HSE, 2012). In response to the increasing interest in this process, the Clinical Supervision Nursing and Midwifery HSE DNE (North East) Steering Group (CSNM HSEDNE NE SG) hereafter referred to as the steering group was established in July 2014. The purpose of the steering group is to design and implement a clinical supervision framework for all nursing and midwifery specialties throughout HSE healthcare settings in Cavan, Monaghan, Louth and Meath. The Nursing, Midwifery, Planning and Development (NMPD) in Dublin North East supported this initiative and provided the following funding to support the implementation of this framework. The NMPD provided funding to 1). secure the position of a project officer to lead on the designing and implementation of a model of clinical supervision and to conduct a pilot project over a period of one year 2015 -2016. 2). to obtain the services of external supervisors to embed the process and 3). provision of an educational programme to train internal supervisors so that sustainability of the process could be maintained.

Clinical supervision can be conducted in many formats such as within a team, within a group of peers or on a one to one basis. It is important that the format chosen is applicable to the targeted population and that it is sustainable. Following in-depth consideration of all available formats, the steering group agreed and implemented a framework of peer group clinical supervision based on the following:

- Clinical supervision is provided on a regular basis.
- Allocated time for clinical supervision is created for groups of nurses and midwives during worktime to facilitate attendance at clinical supervision.
- Peer groups are created with nurses and midwives of the same or similar grade.
- Clinical supervision sessions are facilitated by a trained supervisor.
- All clinical supervision sessions remain confidential unless a risk is identified and declared within the clinical supervision forum.

The purpose of this strategy is to guide the implementation of peer group clinical supervision within HSE North East across all healthcare settings. To enable all nurse's and midwives to have access to peer group clinical supervision within their workplace to provide support for clinical practice within a clearly defined framework.

## VISION

Clinical supervision will be embedded as integral in the professions of nursing and midwifery, creating an opportunity to focus on clinical practice to enhance quality of care across all healthcare settings throughout Cavan, Monaghan, Louth and Meath.

## MISSION

To create clinical supervision forums which through engaging in reflective practice with peers will provide support, enrich learning and cultivate collaborative practice to deliver high quality, safe care to patients and service users.

## VALUES

This strategy and the aims of peer group clinical supervision are guided by the following values:

### Care:

We promote the delivery of high quality nursing and midwifery care that is focused on the individual needs of patients and service users.

### Support:

We recognise the emotional impact that health care delivery has on nurses / midwives and of the need to support and assist them to build resilience and maintain their levels of motivation in order to provide high quality care to all patients and services users.

### Accountability:

Nurses and midwives are accountable for their practice. We encourage each nurse and midwife participating in clinical supervision to become more self-aware of the care they provide and to recognise their roles and responsibilities in their duty of care to patients and services users.

### Learning:

As nursing and midwifery are learning professions, we aim to encourage learning through the process of reflective practice and the benefits associated with discussing and examining real-life experiences that occur within the workplace with peers.

### Collaborative practice:

We recognise the importance of promoting a motivated workforce who achieve satisfaction in their roles as nurses/midwives, are transparent about the care they provide and work collaboratively to achieve safe quality care for patients and services users.

## AIMS OF PEER GROUP CLINICAL SUPERVISION

### **AIM 1: To increase quality of care:**

#### **How this is achieved in Peer Group Clinical supervision**

Nurses and midwives can create new insights on how they fulfil their clinical roles. This is achieved through the reflective process that occurs within clinical supervision. In clinical supervision sessions, participants contribute to, listen to and challenge different perspectives regarding real workplace experiences. This process facilitates individuals to reflect on decision making and to consider new methods of working, promoting both personal change and culture change within the workplace.

### **AIM 2: To increase awareness of accountability:**

#### **How this can be achieved in Peer Group Clinical supervision**

Nurses and Midwives can enhance their accountability through reflecting on how they have managed real life healthcare experiences. Reviewing experiences in the clinical supervision forum enhances self-awareness, encouraging nurses/midwives to consider roles and responsibilities associated with their duty to deliver high quality care to patients and service users.

### **AIM 3: To provide support and build resilience:**

#### **How this can be achieved in Peer Group Clinical supervision**

Nurses and midwives gain support from their peers and supervisor by discussing the emotional impact their work has on them. Exchanges during clinical supervision include discussion of facts related to healthcare encounters and the feelings associated with these experiences. Clinical supervision enables nurses and midwives to identify issues and address them through seeking solutions with their peers. This enables them to recover from emotional events, builds resilience and enhances capacity to cope with similar situations in the future.

### **AIM 4: To enhance job satisfaction:**

#### **How this can be achieved in Peer Group Clinical supervision**

Job satisfaction can be enhanced in peer group clinical supervision through reflection and discussion of workplace experiences. This prompts nurses/midwives to see value in the work they do and builds confidence in managing challenges that are encountered in the workplace. Learning opportunities are also created in reviewing negative and positive workplace experiences. Discussion can enhance motivation and reduces the risk of staff developing a negative demeanour regarding their work which can impact on care provision.

### **AIM 5: To promote learning:**

#### **How this can be achieved in Peer Group Clinical supervision**

Participation in peer group clinical supervision influences continued professional development through the structured discussion of work related topics. Learning can occur through many means within the clinical supervision forum, self-awareness from reflecting on personal workplace experiences, listening to different perspectives from colleagues, sharing evidence based practice and contributing personal perspectives in discussing peers workplace experiences.

### **AIM 6: To cultivate collaborative practice:**

#### **How this can be achieved in Peer Group Clinical supervision**

Participating in peer group clinical supervision requires nurses/midwives to be transparent about provision of care and to be open to challenge from peers who may have a different perspective on how this care is delivered. Challenging care provision in healthcare settings is beneficial in promoting person centred care, assists in the prevention of care becoming habitual and enhances teamwork.



## CLINICAL SUPERVISION MODELS

There are a range of clinical supervision models available. However many of these were originally created for clinical supervision associated with allied health professional's practice and which focus on a particular element of the health professional's work. Therefore it is important to ensure that the chosen model/s are appropriate for use in relation to nursing and midwifery and that they are compatible with the overall aims and objectives of the clinical supervision process.

Following a thorough examination of a wide range of clinical supervision models, there was no individual model which corresponded with fulfilling the aims set by the steering group. As a result, this peer group clinical supervision framework for nurses and midwives is influenced by the following three models. Diagram 1.

- > Driscoll's (2007) reflective practice model.
- > Proctor's (1986) model which focuses on learning, support and accountability.
- > Windle and Bennett's (2012) framework which concentrates on resilience.

Using these models to underpin the peer group clinical supervision framework assists in the transparency of the process for the supervisor and supervisee within each clinical supervision group. They ensure that each session focuses on reflective practice, encourages learning and accountability and promotes resilience within a supportive forum so that each session contributes to achieving the aims of peer group clinical supervision as established by the steering group.



# THREE MODELS WHICH INFLUENCE THIS PEER GROUP CLINICAL SUPERVISION FRAMEWORK

## Driscoll, (2007) Reflective practice model

Description of workplace experience/event  
Establish why there is a need to discuss this event  
In-depth reflection of experience  
Discuss / Examine event  
Receive feedback from peers  
Establish learning from discussion  
Consider new methods of working  
Recovery and moving on

## Proctor's (1986) 3 Function Model

Focus on learning - reflective practice, listening, contributing – continuous professional development

Focus on accountability – self -awareness / Self-evaluation of clinical practice  
Consider roles and responsibilities

Focus on support- Emotional impact of work -acknowledging value of contribution in care  
Consider how negative experiences could be managed in the future

## Windle and Bennett (2012) Resilience Framework (adapted)

Individual - Learning about one's reactions/responses to stressful/negative experiences - developing coping mechanisms

Group -promoting change and strengthening resilience in a professional forum

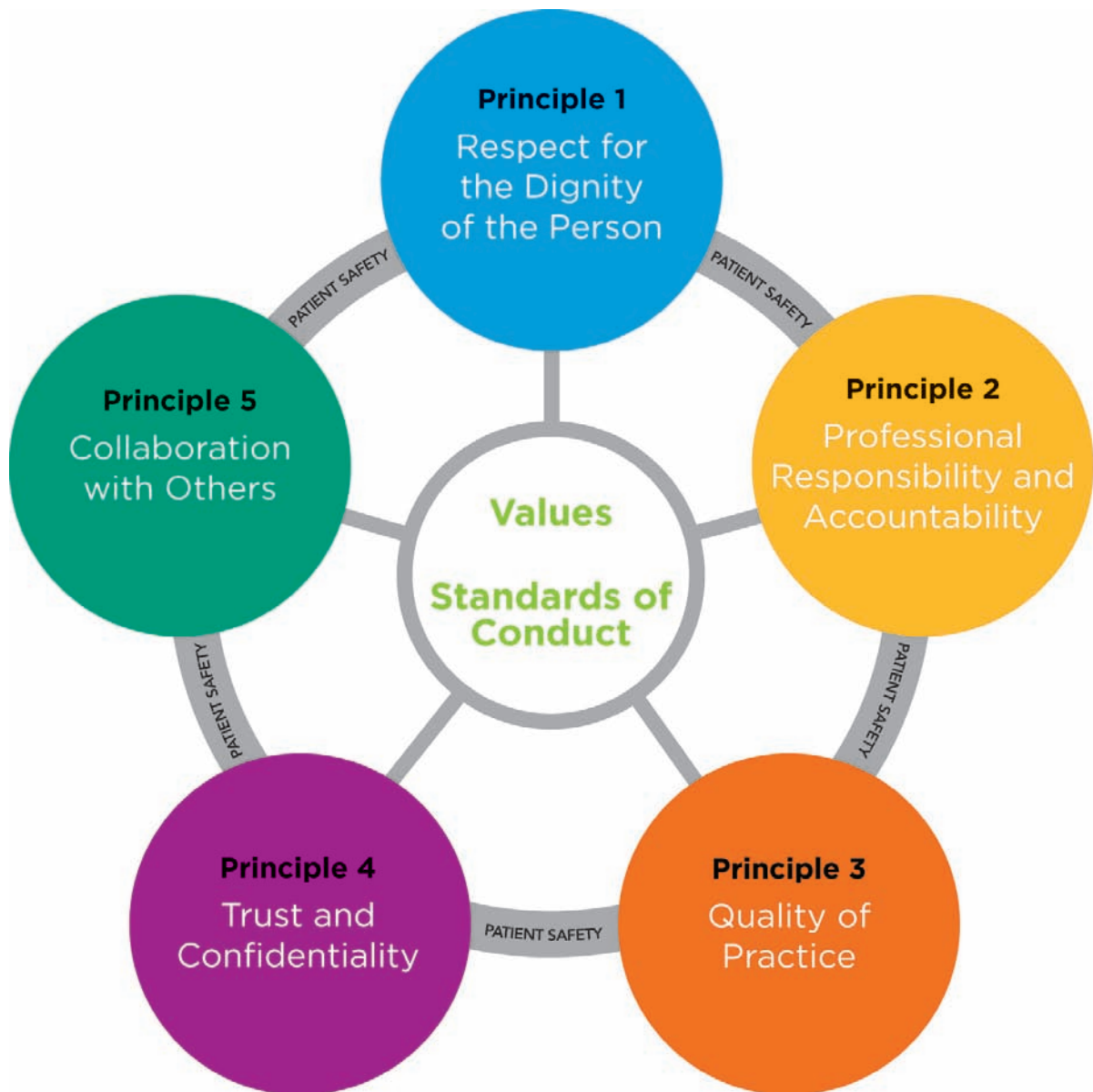
Organisational – provision of time, focus on clinical practice at all times  
Promotes delivery of high quality of care  
Opportunity to validate practice through discussion

# LINKING PEER GROUP CLINICAL SUPERVISION FRAMEWORK WITH REGULATORY AND NATIONAL REQUIREMENTS

The development of this peer group clinical supervision framework within the HSE NorthEast required consideration of its relevance within a significant number of national strategies and frameworks. Consideration was given to all recent publications produced by the Health Service Executive (HSE), the Mental Health Commission (2006) and the Health Information and Quality Authority (HIQA). All of whom are currently implementing strategies to enhance the quality of care to patients and service users, which impact on the practice of nurses and midwives. In addition, this steering group in creating this strategic plan have taken cognisance of the code of professional conduct and ethics for all registered nurses and registered midwives (Nursing & Midwifery Board of Ireland,(NMBI) 2014). Acknowledging the importance of all registered nurses and midwives adhering to the five principles within their code of professional conduct and ethics (NMBI, 2014), this framework considers it's applicability to each of these principles. The steering group also recognises the comparative links that the aims of peer group clinical supervision have with many of the priority outcomes of the Health Services People Strategy 2015 – 2018, Leaders in People Services (HSE 2015b) and have therefore aligned this clinical supervision framework with this strategy. The steering group also reviewed the values, vision and themes of the following documents to assist in informing this strategic plan.

- > Office of the Nursing and Midwifery Services Director Plan 2016 – 2018 (HSE, 2016)
- > Building a high quality health service for a healthier Ireland, Health Service Executive Corporate Plan 2015 – 2017. (HSE, 2015a)
- > Strategy for the Office of the Chief Nursing Officer 2015 – 2017. (Department of Health, 2015)
- > Mental Health Commission Strategic Plan 2016 2018, (Mental Health Commission, 2015)
- > Clinical Supervision Framework for Nurses working in Mental Health Services (ONMSD, 2012)
- > Performance Accountability Framework for Health Services 2015. (HSE,2014)
- > National Standards for Safer Better healthcare (HIQA, 2012)
- > A vision for Psychiatric/Mental Health Nursing (ONMSD, 2012)
- > Quality Framework – Mental Health Services in Ireland (Mental Health Commission, 2007)

# INTERGRATING PEER GROUP CLINICAL SUPERVISION WITH THE 5 PRINCIPLES OF CODE OF PROFESSIONAL CONDUCT AND ETHICS FOR REGISTERED NURSES AND REGISTERED MIDWIVES



Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Nursing and Midwifery Board of Ireland, Dublin. page 10

### **Principle 1: Respect for the dignity of the person**

The principle of respect for the dignity of the person can be enhanced through the forum of clinical supervision by actively participating in reflective practice. Discussing real workplace experiences offers opportunities for nurses and midwives to discuss, receive support and to learn from the varied encounters that are managed within the healthcare environment. These discussions can include discussions on the uniqueness of care required by patients and service users, ethical dilemma's, managing cultural differences and diversity, issues concerning consent, capacity and the challenges of teamwork.

### **Principle 2: Professional responsibility and accountability**

Our code of professional conduct and ethics stipulates that nurses and midwives are responsible and accountable for all aspects of their clinical practice and must maintain high standards of professional conduct. Adherence of this principle requires constant reflective practice to occur regarding every intervention that is conducted by a nurse or midwife in providing care to patients and service users. Peer group clinical supervision provides allocated time for the nurse and midwife to reflect and discuss the care they provide with colleagues. It is a method of promoting transparency of care and enhancing accountability. In reflecting on work related experiences, the nurse or midwife is encouraged to consider all perspectives within this discussion including ethical and professional values, professional boundaries, being the patients/service user's advocate and evaluating that the provision of care adheres to the NMBI code of professional conduct and ethics (2014). Peer group clinical supervision also provides the opportunity for nurses and midwives to consider and discuss the impact that work related experiences have on their well-being. It provides a supportive forum for each nurse and midwife to express difficulties they may be experiencing within the workplace and to discuss how they are best managed. It is also a forum for highlighting and addressing poor practice which is managed in accordance to the policy on peer group clinical supervision for nurses and midwives in HSE Dublin North East Cavan/Monaghan/Louth/Meath (CSNM HSEDNE NE SG, 2015).

### **Principle 3: Quality of practice**

Within this principle, it is noted that nurses and midwives "should actively participate in good clinical governance to ensure safe, quality care" (NMBI, 2014, pg 21). Clinical governance is intrinsically linked with providing high quality and safe care to patients/ service users and that health care professionals accept accountability for their care provision. Through the process of reflection in peer group clinical supervision, nurses and midwives are encouraged to be accountable for the care they provide, to assess the quality and safety of the care they have provided and self-evaluate if compassion was demonstrated to the patient/service user. Participating in clinical supervision also provides an opportunity for the nurse/midwife to consider their emotional reactions to managing a work related event. It is often through the act of discussion and challenge by peers that an individual becomes more emotionally aware of how they respond to work related situations. Participating in peer clinical supervision promotes reflection of emotional reactions and encourages alternative methods of managing difficult experiences. This provides informal learning for all participants and is therefore a means of continuing professional development and maintaining professional competency levels.

### **Principle 4: Trust and Confidentiality**

Although clinical supervision is at all times focused on work related experiences, as per the policy on peer group clinical supervision for nurses and midwives in HSE Dublin North East Cavan/Monaghan/Louth/Meath (2015), no identifiable information is used within the clinical supervision forum either verbally or written. The act of discussing care to patients and service users openly and transparently with peers will promote honesty, integrity and safety for patient/service users and colleagues and will enhance professional judgment in managing complex work related encounters.

### **Principle 5: Collaboration with others**

Participating in peer group clinical supervision can enhance collaboration within the work environment, through the act of challenging practice, it can promote both a personal change regarding clinical practice, and can promote culture change within a work environment. It provides a method of support because it encourages health professionals to discuss the emotional impact of work related incidents and maintain resilience within the workplace.

# THE ROLE OF PEER GROUP CLINICAL SUPERVISION AND RELEVANCE TO THE PEOPLE STRATEGY (HSE, 2015b)

## People Strategy Priorities (HSE, 2015b)

### Leadership and Culture

**Priority 1** “Effective leadership at all levels working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation”

### Staff engagement

**Priority 2** “Staff have a strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results”

### Learning and Development

**Priority 3** “A learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare”

### Workplace Planning

**Priority 4** “Comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment”

### Evidence and Knowledge

**Priority 5** “Work practices and client pathways are evidence informed and decision making is based on real time and reliable data”

### Performance

**Priority 6** “staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets”

## Role of Clinical Supervision (CS)

A caring and compassionate culture can be cultivated through the CS forum. It is a method of motivating staff and can prevent care becoming ritualistic. It provides the chance to discuss both negative and positive work experiences allowing staff to find meaning in what they do.

Within the CS forum, nurses and midwives take the responsibility to discuss their work practices in the knowledge that they will receive feedback from their peers and that they may be challenged on how they do their work. Support for staff is facilitated through the provision of a safe environment to discuss emotions associated with their work and promotes quality of care as it encourages nurses/midwives to change their practice and provide better care to patients and service users.

Nurses and Midwives need to continually focus on professional development and ensure that their practice remains safe. CS is a creative method for informal learning and enhancement of competencies to occur because discussion involves real work experiences and those who participate in CS are aware that they may be challenged on how they provide care. Openness to having care challenged also enhances safety within the work place.

Reflection often only occurs in healthcare when an incident has happened yet encouraging active reflection on work practices regularly is much more productive. Providing time to discuss work experiences enhances decision making regarding care provision to patients and service users and motivates staff to continually refresh their perspectives on how care is delivered within a professional framework .

Peer clinical supervision provides the space for nurses and midwives to consider personal accountability in providing care to patients and service users and is an ideal forum to consider topics such as team-working, boundaries and roles.

# CLINICAL SUPERVISION STRATEGIC GOAL 1

Clinical supervision is available in all nurse and midwife specialties across all healthcare settings in Cavan, Monaghan, Louth and Meath by 2020.

## Action plan

1. The Clinical Supervision Nursing and Midwifery HSE DNE (North East) Steering Group will remain established until 2020. They will continue to meet at least four times annually.
2. To steer the implementation of clinical supervision across all healthcare settings in Cavan, Monaghan, Louth and Meath.
3. To expand the concept of peer group clinical supervision within healthcare settings through the delivery of educational awareness sessions to nurse and midwife specialties across all healthcare settings in Cavan, Monaghan, Louth and Meath.
4. To work with Nursing and Midwifery management in creating protected time for their staff to attend clinical supervision sessions.
5. To create new clinical supervision groups - peer/team consisting of 4 - 6 members within all grades of nurses and midwives within the specialties of intellectual disability, care of older persons and maternity services.
6. To support the maintenance and expansion of new clinical supervision groups within the specialties who participated in the clinical supervision pilot project – Mental Health, Public Health Nursing, Specialist Palliative Care and Acute Hospital.
7. To review and update the existing clinical supervision policy to ensure it remains relevant in underpinning the clinical supervision framework at all times.
8. Nursing, Midwifery, Planning and Development will also continue to support the implementation of clinical supervision across all healthcare settings in Cavan, Monaghan, Louth and Meath.



# CLINICAL SUPERVISION STRATEGIC GOAL 2

Measure the benefits of clinical supervision in building resilience and enhancing job satisfaction for nurses and midwives and its impact on improving quality care provision.

## Action plan

1. Conduct research study on clinical supervision and its impact on:
  - > building resilience and job satisfaction for nurses and midwives.
  - > increasing provision of quality of care.
2. Publish research findings on clinical supervision and its impact on:
  - > resilience and job satisfaction.
  - > improving quality care provision.
3. Communicate research findings at local and national conferences to endorse benefits of clinical supervision.
4. Provide an annual report to services who participate in clinical supervision following twelve sessions including the impact on sick leave over a period of 1 year.

# CLINICAL SUPERVISION STRATEGIC GOAL 3

Maintain sustainability and implementation of peer group clinical supervision across healthcare areas in Louth, Meath, Cavan and Monaghan

## Action plan

1. Develop and deliver a four day accredited clinical supervision supervisor educational programme through the Regional Centre for Nursing and Midwifery Education (Ardee).
2. The steering group will collaborate with Directors of Nursing and Midwifery within all healthcare settings across Cavan, Monaghan, Louth and Meath and assist in the selection of potential supervisors who will facilitate peer group clinical supervision within their specialty.
3. The steering group will support Registered Nurses and Midwives who want to undertake the educational programme which will enable them to facilitate group clinical supervision.
4. Deliver a clinical supervision supervisor educational programme annually through the CNME (Ardee) to a minimum of 10 participants.
5. Evaluate the clinical supervision supervisor CNME (Ardee) educational programme and revise programme if necessary.
6. Develop clinical supervision supervisor support networks so all supervisors will receive monthly clinical supervision.

# CLINICAL SUPERVISION STRATEGIC GOAL 4

Influence the implementation of clinical supervision for Registered Nurses and Midwives Locally and Nationally.

## Action plan

1. Members of the Steering Group and Nursing, Midwifery, Planning and Development will promote the benefits of Clinical Supervision for Nurses and Midwives locally and nationally through formal meetings with –
  - The Chief Nursing Officer in Department of Health.
  - Nursing and Midwifery Board of Ireland.
  - Senior Nursing Management in HSE –
    - > Royal College of Surgeons in Ireland Hospital Group.
    - > Ireland East Hospital Group.
    - > Community Healthcare Organisation 1.
    - > Community Healthcare Organisation 8.
2. Publish peer group clinical supervision framework.
3. Promote peer group clinical supervision framework at national conferences.

## Conclusion

This strategic plan provides guidance and direction to support the systematic development of peer group clinical supervision for nurses and midwives working within HSE DNE NorthEast. Creating time for peer group clinical supervision to occur may be a challenge for services. However, it is important to recognize the positive impact that peer group clinical supervision may have in enhancing quality, providing support and promoting learning and accountability. Discussing clinical practice in groups assists in encouraging collaborative practice and creating culture change within the healthcare environment.

It is the steering groups belief that peer group clinical supervision participation will enhance nursing and midwifery care in the years ahead for the betterment of patients and service users care.



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