

From the Chief Nursing Officer



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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**Poustie, Resydènter Heisin
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**Mary Hinds, Director Of Nursing, PHA
Directors of Nursing, Trusts-*for Action*
Directors of Children's Services,
Trusts- *for Action*
Brian Barry - Acting Director of
Specialist Hospitals, Women & Child
Health – *for Action***

Dear Colleague,

**Safeguarding Children Supervision for Nurses and Midwives: Regional
Policy and Procedure for Northern Ireland Health and Social Care
Trusts**

1. The purpose of this letter is to advise you that a Safeguarding Children Supervision policy and procedure has been developed for Nurses and Midwives. The policy sets the framework and minimum standards for Health and Social Care Trusts to implement an effective and consistent approach to safeguarding nursing practice and should be used alongside Trust nursing supervision policies to support 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. Supporting staff through supervision improves working practices and contributes to better service delivery and outcomes for children.

The policy and procedure are attached and also available at:

<http://www.dhsspsni.gov.uk/index/nmag/nmag-projectsandreports.htm>

Background

2. The need for robust structures and systems to support effective safeguarding children practice has been repeatedly emphasised in child death inquiry reports, case management reviews and in the DHSSPS Inspection Report (2006), Our Children and Young People – Our Shared Responsibility.

3. The Inspection (2006), which was taken forward through a multi-disciplinary and interagency inspection team, was carried out to obtain information about the nature and quality of child protection services within Northern Ireland. As part of the process, Health Visiting records were reviewed during the inspection.
4. Lord Laming (2003 & 2009) and The Inspection of Child Protection Services in Northern Ireland by the Social Services Inspectorate, (2006) recommends the need for robust supervision arrangements to be in place for those practitioners who hold specific and ongoing responsibility for safeguarding children.
5. NIPEC (2007) defined nursing supervision as:

'A process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service and user protection, quality and safety'.

Safeguarding children nursing supervision is complementary, but additional to nursing supervision as described by NIPEC (2007).

6. A CNO sponsored programme of work was established to provide support to the nursing and midwifery workforce across Northern Ireland to respond to recommendations of the Social Services Inspection of Child Protection services (2006) and to facilitate broader strategic development of nursing within Children's services with respect to developing a robust nursing and midwifery response.
7. Led by the PHA, this work included the development of a draft safeguarding supervision policy, which was developed by the SHSCT in partnership with key stakeholders including nurses and midwives with a specific safeguarding role. The draft policy was piloted across Northern Ireland. Work on this has now been completed and recommendations are available in Appendix 1 of this letter.
8. Whilst the policy is suitable for implementation within specific service areas including health visiting, school nursing, CAMHS teams, and Community Children's nursing, the pilot did not address the needs of acute nursing, or midwifery.
9. This policy should be implemented alongside Trust clinical supervision policies.
10. The aim of the policy is to promote good practice and improve nursing standards through reflective practice, risk assessment, planned intervention and ongoing quality assurance of nursing practice which safeguards children and promotes their welfare.

11. The policy includes details of how the model should be evaluated/monitored on an ongoing basis by providers to ensure the process remains fully effective in relation to the performance of nurses and midwives (when introduced for this service) and in particular-
 - Provides a facility to record supervision in relation to the family.
 - Can be used as a tool to support and monitor safeguarding supervision and provision of services by HVs and SNs to families in need for health visitors and school nurses.
12. Whilst this project did examine supervision within community adult mental health services further work will be taken forward through the *Think Child, Think Parent, Think Family*, project to review current practices within mental health and children's services and take forward work to promote a Family Model approach (SCIE 2009), which builds upon the strengths of the family, supports the management of risk, care planning and the review of cases.
13. In the future the needs of midwifery and acute nursing staff will be identified and addressed. In the interim existing policies and procedures for these staff remain extant.
14. Whilst this policy is now being issued, it is recognised that full implementation may be a challenge for some Trusts in relation to capacity of the Child Protection Nursing workforce to carry out the recommended number of supervision sessions. Where, however, supervision is carried out, the model for practice must be adopted and Trusts should work closely with Commissioners at the HSCB/PHA to secure capacity to fully implement the policy as soon as practicable and at latest by 31 March 2015 (At the discretion of the Director of Nursing at the PHA this timescale may be renegotiated in the context of broader service pressures).
15. In the interim, as infrastructure and capacity differs across Trusts, consideration should be given to the prioritisation of work undertaken by child protection nurses on the basis that robust supervision will underpin safer practice and ensure practitioners are more effectively supported in their work identifying and supporting vulnerable children and families.
16. **The Action Plan of 'Healthy Futures' (March 2010) under Recommendation 3, (Actions 3.9 and 3.11) requires work to be undertaken to introduce this policy and to review the Nursing and Midwifery infrastructure required to effectively support safeguarding.**
17. **Implementation of the Action Plan is being led by Mary Hinds, Director of Nursing, the Public Health Agency (PHA).**

Actions Required

- The PHA should lead in taking forward the recommendations of this project (Appendix 1) to ensure implementation of the model of safeguarding supervision for all health visitors, school nurses, nurses

within CAMHs teams and community children's nurses by September 2011 with full policy implementation by 31 March 2015 (Subject to renegotiation through the Director of Nursing at the PHA in the context of broader service pressures).

- The PHA should work with Trusts to ensure that nurses and midwives, in all settings within the HSC system have access to safeguarding supervision as informed by the regional policy by 31 March 2015.
- Through *Think Individual, Think Child, Think Family*, the Project team will take forward work to embed a process of supervision within Adult Mental Health Services to be in place by 31 March 2012.

If you have any further queries please contact Angela McLernon, Nursing Officer, by e-mail at angela.mclernon@dhsspsni.gov.uk (or telephone 9052 0794).

Yours sincerely



MARTIN BRADLEY
Chief Nursing Officer

Copied to:

CEOs – PHA/HSCB/Trusts/RQIA

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Appendix 1: Recommendations

The DHSSPS will:-

1. Adopt the safeguarding nursing supervision standards, procedure and levels of supervision outlined in this report in the final version of DHSSPS Regional Safeguarding Children Nursing Supervision Policy and Procedure.
2. Link safeguarding children nursing supervision to the ongoing DHSSPS Adult Mental Health Children's Services Regional Project 'Think Individual, Think Child, Think Family', to ensure that safeguarding nursing supervision is embedded into adult mental health nursing services.

The Public Health Agency will:-

3. Identify the safeguarding children nursing supervision needs of other nursing groups who were not included in this pilot. Priority should be given to the needs of midwives, learning disability nurses, acute paediatric nurses and those working in Emergency Departments.
4. Explore the potential to develop and use information technology for the purpose of safeguarding nursing supervision.
5. Lead the implementation of regional safeguarding nursing supervision standards, procedure and levels of supervision.
6. Define the competencies required by supervisors to deliver safeguarding children nurse supervision

Trusts will ensure that:-

7. Final DHSSPS Regional Safeguarding Children Nursing Supervision Policy and Procedure is implemented.
8. SCNS capacity is sufficient to provide the regional safeguarding children nursing supervision as outlined in the final version of

DHSSPS Regional Safeguarding Children Nursing Supervision Policy and Procedure.

9. The number of SCNS hours available for each nursing group are identified by Trusts to commissioners on an annual basis.
10. There is sufficient SCNS time (likely to 1.0 wte) in each Trust employed to address the supervision, training and policy development needs of nurses working in mental health as recommended in previous case management reviews. This SCNS should have a mental health background but work as part of the SCNS team.
11. Safeguarding supervisors are competent in providing individual and group supervision and have a recognised safeguarding children supervision course for supervisors with refresher training three yearly.
12. Nurses have access to a suitable environment for the purpose of safeguarding children nursing supervision.
13. Conduct an annual audit of the effectiveness of safeguarding children nursing supervision. This should include staff questionnaires.
14. Triplicate documentation is available for the purpose of recording SCNS contact with staff.
15. Documentation relating to safeguarding children needs or issues is prominent within records used by community psychiatric nurses.
16. Training programmes are commissioned and available to safeguarding children nurse supervisors and include the use of evidence based risk assessment frameworks during safeguarding supervision.