Resilience Based Clinical Supervision
ECHO Network

Session 3: Resilience Based Clinical Supervision Community of Practice

15 March 2022
Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

• This Data will be stored with password protection on the internet.
• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>Welcome incl. safe space agreement, grounding, and check in</td>
<td>Grace Cook, Resilience Based Clinical Supervision (RBCS) Programme Manager and Lead Facilitator</td>
</tr>
<tr>
<td>10:10</td>
<td>Resource Library Introduction</td>
<td>Liz Bryan, Palliative and End of Life Care Education Consultant</td>
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<tr>
<td>10:15</td>
<td>Plan for Introducing to Organisation and Timelines</td>
<td>Hospice UK</td>
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<tr>
<td>10:30</td>
<td>Evaluation and Data Collection</td>
<td>Susanna Shouls, Hospice UK Associate, Care and Clinical Leadership</td>
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<tr>
<td>10:40</td>
<td>Case Presentation: Implementation of RBCS at Highland Hospice</td>
<td>Siobhan Neylon, Clinical Education and Development Lead, Highland Hospice</td>
</tr>
<tr>
<td>10:55</td>
<td>Breakout Discussion: Challenges and Solutions</td>
<td>All</td>
</tr>
<tr>
<td>11:20</td>
<td>Topic Setting and Scheduling</td>
<td>All</td>
</tr>
<tr>
<td>11:30</td>
<td>Summary and Close</td>
<td>All</td>
</tr>
</tbody>
</table>
Safe Space agreement

- Respect your fellow participants and their views
- Be honest
- Keep discussion confidential
- Be kind to one another
- All questions are welcome
- Be curious
- Actively participate
- Be present
- Be non-judgemental
- Respect and understand that our clinical environments whilst being similar are very different

www.hospiceuk.org
Check in

Grace Cook,
Resilience Based Clinical Supervision (RBCS)
Programme Manager and Lead Facilitator
Resource Library
introduction

Liz Bryan, Palliative and End of Life Care Education Consultant

www.hospiceuk.org
Plan for implementation and timelines

Hospice UK

www.hospiceuk.org
Phase one timeline

**Process**
- **February 2021 – September 2021**
  - Setting up phase
  - 1 • Expression of Interest
  - • Selection of participant
  - 2 • Steering group set up
  - • First meeting (22 June 2021)
  - 3 • Governance
  - • Programme management

**Delivery**
- **September 2021 – February 2022**
  - Engagement & participatory learning
  - 1 • Introduction session (1 Sept 2021)
  - • Baseline data collection
  - 2 • Introduction to ECHO (November 2021)
  - • Peer to peer learning
  - 3 • Three cohorts receive participatory learning from September, October and November 2021
  - • Learning in practice

**Outcomes**
- **February 2022 – December 2022**
  - Delivery and dissemination phase
  - 1 • Ongoing data collection
  - • Delivery
  - 2 • Local cascade within own Hospice
  - • Sharing learning
  - 3 • Preparing for phase 2
  - • Evaluation

Evaluation baseline and ongoing data collection

www.hospiceuk.org
Polls

Please let us know how confident you are about providing supervision

Have you implemented RBCS in your hospice?
The Overall Aim

The project’s overall aim is to improve staff wellbeing and reduce burnout, increase retention and reduce staff attrition.
Our collective aim

Ensure emotional wellbeing **equally** for all hospice staff who are in contact with patients and their families.

Build capacity and capability to deliver supervision **within** and beyond 16 participating hospices.
## Initial Delivery
- Deliver supervision to a minimum of 20 clinical staff (Nurses, HCAs at any grade).

## Additional Delivery
- Additionally delivery to patient facing staff as identified in your implementation plan.

## Sharing the Learning
- Identifying appropriate staff to develop an understanding the model of Resilience Based Clinical Supervision to support delivery of additional capacity for cascade.

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**Support from monthly ECHO sessions**

www.hospiceuk.org
To support this we will

Create FAQs

Create a library of resources from the ECHO network

Co creation of additional resources to be published on our website to extend learning

Provide masterclasses to:
- Improve confidence in practice and encourage shared learning to build capacity
- To provide support for new supervisors

Encourage shared learning through ECHO

Provide comms support

www.hospiceuk.org
Implementation using Quality Improvement

SMART aim
Create a shared purpose

Identify Stakeholders
who you want to reach
Who supports you
Who can make it possible

30-60-90 Plan

Measurement
Create a baseline
Continual data collection

Communication
Identify your audience
Method of communication
Key messages

Sustainability
Create time and space
Identify others to share learning

Outcomes
Use Aim to identify outcomes
Review data
Share success
Model For Improvement

Act on the analysis.

Study the data.

Plan part of the PDSA cycle achieved

Next is the Doing…
Resources for QI

Developed when doing our Bereavement project we have a number of presentations that show the benefit of embedding QI into any project.

https://www.hospiceuk.org/professionals/bereavement-project-resources-toolkit/introduction-quality-improvement

NHS Quality, service improvement and redesign (QSIR) tools

https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/
Evaluation

Susanna Shouls, Hospice UK Associate
Some questions

What do I need to learn about what works and be able to demonstrate this within my hospice?

What do we need as a community to learn about what works and demonstrate collective benefits?

What is needed to demonstrate benefit to the funders and the outside world?
Approach

- A baseline survey
- Measurement and feedback around supervision groups
- Feedback from ECHO sessions and conversations with facilitators
- Focus group to elicit experience and learning and benefit of RBCS model and support sessions
- How sustainability and cascade supported early on
- How hospices can best monitor regular supervision and impact for themselves
## 1. Human resource measures

<table>
<thead>
<tr>
<th>Name of hospice</th>
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### Human resource measures

<table>
<thead>
<tr>
<th>Sickness absence (nursing)</th>
<th>Apr-June 2021/22</th>
<th>July-Sept 2021/22</th>
<th>Oct-Dec 2021/22</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of potential days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of days taken off as sick excluding COVID related</td>
<td></td>
<td></td>
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<tr>
<td>Total number of days taken off sick due to COVID</td>
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<table>
<thead>
<tr>
<th>Turnover rate (all nursing staff)</th>
<th>Apr-June 2021/22</th>
<th>July-Sept 2021/22</th>
<th>Oct-Dec 2021/22</th>
<th>Comments</th>
</tr>
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<table>
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<tr>
<th>Staff vacancy rate (all nursing staff)</th>
<th>Apr-June 2021/22</th>
<th>July-Sept 2021/22</th>
<th>Oct-Dec 2021/22</th>
<th>Comments</th>
</tr>
</thead>
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<table>
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<tr>
<th>Sickness absence (all other staff directly employed by the hospice)</th>
<th>Apr-June 2021/22</th>
<th>July-Sept 2021/22</th>
<th>Oct-Dec 2021/22</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Total number of potential working days</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total number of days taken off as sick excluding COVID related</td>
<td></td>
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### RBCS counts

<table>
<thead>
<tr>
<th>RBCS counts</th>
<th>Apr-June 2021/22</th>
<th>July-Sept 2021/22</th>
<th>Oct-Dec 2021/22</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of facilitators in the hospice</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of RBCS sessions held</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of attendees in total</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of staff benefiting from the approach</td>
<td></td>
<td></td>
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Space for your hospice’s specific measures
## 2. Current plans / areas of focus

<table>
<thead>
<tr>
<th>Clinical hospice employed staff</th>
<th></th>
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<tbody>
<tr>
<td>Registered nurses including CNS and nurse consultants</td>
<td>Yes</td>
</tr>
<tr>
<td>Healthcare assistants</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical directors, heads, team leaders and managers (nurses)</td>
<td>Yes</td>
</tr>
<tr>
<td>Other clinical directors, heads, team leaders and managers</td>
<td>No</td>
</tr>
<tr>
<td>Doctors</td>
<td>No</td>
</tr>
<tr>
<td>Counsellors and psychologists</td>
<td>No</td>
</tr>
<tr>
<td>Therapists</td>
<td>No</td>
</tr>
<tr>
<td>Assistant therapists</td>
<td>Unsure</td>
</tr>
<tr>
<td>Family support workers</td>
<td></td>
</tr>
<tr>
<td>Others (please describe in the comment box)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-clinical hospice employed staff</th>
<th></th>
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<tbody>
<tr>
<td>Office based staff and receptionists (with frequent client contact)</td>
<td></td>
</tr>
<tr>
<td>Other office based staff (occasional, rare or no client contact)</td>
<td></td>
</tr>
<tr>
<td>Housekeeping staff</td>
<td></td>
</tr>
<tr>
<td>Facilities, maintenance and ground staff</td>
<td></td>
</tr>
<tr>
<td>Retail staff</td>
<td></td>
</tr>
<tr>
<td>Other (please describe in the comment box)</td>
<td>Three options: Yes, No and Unsure</td>
</tr>
</tbody>
</table>
If “yes”

Then more information ... focus is on what you know at this stage. You can provide more information as you develop your knowledge. Knowledge gain is a focus for the evaluation.

### Quantitative

Staff head count

Any comments (head count or anything else)

### Qualitative

**How often did this staff group currently receive supervision in the last three months?**
Please provide estimates and commentary if you are providing estimates. Please differentiate between what should happen and what does happen in practice.

Please describe the nature and current practice of the supervision for this group.

**How do you expect resilience based clinical supervision to change the current nature and practice of supervision for this group?**
3. Diversity of the workforce

Ethnicity
Gender
Age
Disability
Religion
Sexuality

All employed staff
Current standards
“Not stated” if a staff member choose to not provide this information.
“Not known” if this is not recorded in your human resource systems.

Some of these indicators have only just been included in the recent census so we are not expecting you to be able to provide all the data but please provide what is available.
Data collection

Each supervision group:
- Check in / check out (photo is ok)
- Numbers and staff group
- Facilitators observations [FONs form]

Staff before first group:
- Equality (individual, anonymous, HUK)
- Supervision evaluation survey

Staff after attending their 3rd or more group:
- Supervision evaluation survey
Please select the appropriate response to each of the following statements. Please answer all 14 questions.

1. The Purpose of supervision is to improve client care
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree
   - [ ] No Opinion

15. Please describe any benefits you have personally experienced from supervision

16. Please describe any problems you have personally experienced from supervision
Measurement for improvement

Measurement for improvement
  - Good enough, often enough
  - Real time (as possible), over time
  - See and understand variation
  - Your honest friend

Measurement is a process so you can develop measurement systems using PDSA.

Three types of measures:
  - Outcome, process and balancing.
Any questions or reflections?
Case Presentation: Implementing RBCS at Highland Hospice

Siobhan Neylon, Clinical Education and Development Lead, Highland Hospice
Resilience Based Clinical Supervision

Siobhan Neylon,
Clinical Education and Development Lead
History at Hospice

• “We have tried that before – it’s alright”
• “Found it helpful when the right person was doing it”
This time around

A fresh Start...
Influence

- Management backing
- Chief Nursing Officer – Transforming Nursing Roles Programme
- NES Formal training
Programme Plan from Organisation

• 8 Staff to be trained:
  
• 3 Charge Nurses
• 1 Clinical Education Lead
• 1 Medicines Lead Nurse
• 1 Quality Assurance Lead Nurse
• 1 Rehab and Well Being Nurse
• 1 Staff Nurse – Link Practitioner
Clinical Policy

- Clear expectations
- Timing and frequency of sessions
- Roles and Responsibilities
- Training expectations
Delegation of Staff

• 2 Paired Supervisors with allocated staff
• Staff decided – chose a supervisor
• Staff to make appointment with supervisor
Story so far

- 50% engagement
- 6 months into roll out
- Supervisors engaging in group supervision
Changes to attitude

- Newer staff – increased engagement
- Established staff – slower to take part
- Ongoing gentle reminders
- Lead by example
References:

- NES Link
  [https://learn.nes.nhs.scot/3580/clinical-supervision](https://learn.nes.nhs.scot/3580/clinical-supervision)

- Group supervision article: In what ways might group clinical supervision affect the development of resilience in hospice nurses? | International Journal of Palliative Nursing (magonlinelibrary.com)
Thank You

S.neylon@highlandhospice.org.uk

@SiobhanNeylon - Twitter
Break out discussion
Break out room discussion:

Implementation
25 minute discussion to include:

Please take this time to share:
• Your current plans and ideas
• Challenges and concerns

Remember:
• Make a note of the room you are in
• Appoint a scribe
• Add any general feedback to the main chat box
Feedback
Other tips

- When thinking about a challenge remember to use positive reframing
- Start with a small group
- Consider co-facilitation with another participant
Summary and Reminders
Next Session

Date: 27 April 2022

Time: 15:00 – 16:30
Before you go…

Let us know your feedback via this survey:

https://www.surveymonkey.co.uk/r/H5GN97X