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.
Welcome

Anita Hayes
Head of Clinical Leadership, Hospice UK

www.hospiceuk.org
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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</table>
| 10am  | Welcome – Anita Hayes  
       | including :safe space agreement,  
       | :grounding : Cat Sullivan  
       | and check-in                                                          |
| 10.15 | RBCS Evaluation- Susanna Shouls                                      |
| 10.25 | Break out rooms discussion                                           |
| 11.05 | Feedback and discussion                                              |
| 11.30 | Summary and Close                                                    |
Learning highlights

Three approaches within the community of practice to cascade RBCS

• Facilitators provide RBCS and anticipate and support new facilitators to emerge from the supervision and support the roll out

• **Integration** of the principles into existing supervision

• ‘**Train the trainer**’ support / create a community of practice of facilitators
Community of Practice reflection

Sustain numbers and attendance … interesting to understand **current peer support** within the cohorts

Deliberate tweaks to ensure the **balance** is right and protect the time allocated for discussion

**Drop in sessions** for support outside of the regular meetings
Safe Space Agreement

Anita Hayes
Head of Clinical Leadership, Hospice UK
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
Grounding

Cat Sullivan

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Check in

Anita Hayes

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Evaluation

Susanna Shouls, Hospice UK Associate
Some questions

What do I need to learn about what works and be able to demonstrate 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 and follow up surveys
- Supervisees surveys
- 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 hospices can best monitor regular supervision and impact for themselves
1. Your approach

<table>
<thead>
<tr>
<th>Name of hospice</th>
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<tbody>
<tr>
<td>Contact point</td>
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**How are you planning to cascade resilience based supervision within your hospice**

Please describe you current approach and thinking in a short paragraph. At the moment we have identified three types of approaches but there maybe more:

- integrating the approach into existing supervision practice
- "train the trainer"
- providing resilience based supervision and identifying potential facilitators to support of further cascade the model
## 2. Plans and current practice

<table>
<thead>
<tr>
<th>Group</th>
<th>Is this a group you are expecting to include in resilience based supervision in the next 12 months? Options: Yes, No, Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical hospice employed staff</td>
<td></td>
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<tr>
<td>Registered nurses including CNS and nurse consultants</td>
<td>Yes</td>
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<tr>
<td>Healthcare assistants</td>
<td>Yes</td>
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<tr>
<td>Clinical directors, heads, team leaders and managers (nurses)</td>
<td>Yes</td>
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<tr>
<td>Other clinical directors, heads, team leaders and managers</td>
<td>No</td>
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<tr>
<td>Doctors</td>
<td>No</td>
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<tr>
<td>Counsellors and psychologists</td>
<td>No</td>
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<tr>
<td>Therapists</td>
<td>No</td>
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<tr>
<td>Assistant therapists</td>
<td>Unsure</td>
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<td>Family support workers</td>
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<tr>
<td>Others (please describe in the comment box)</td>
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<tr>
<td>Non-clinical hospice employed staff</td>
<td>Three options: Yes, No and Unsure</td>
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<tr>
<td>Office based staff and receptionists (with frequent client contact)</td>
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<td>Other office based staff (occasional, rare or no client contact)</td>
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<td>Housekeeping staff</td>
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<td>Facilities, maintenance and ground staff</td>
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<td>Retail staff</td>
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<td>Other (please describe in the comment box)</td>
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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. Human resource measures

### Name of hospice

### Human resource measures

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

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<th>Apr-June</th>
<th>July-Sept</th>
<th>Oct-Dec</th>
<th>2021/22</th>
<th>2021/22</th>
<th>2021/22</th>
<th>Comments</th>
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<tr>
<td>Number of facilitators in the hospice</td>
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<td>Number of RBCS sessions held</td>
<td></td>
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<td>Number of attendees in total</td>
<td></td>
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<td>Number of staff benefiting from the approach</td>
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Space for your hospice’s specific measures
4. Diversity of the workforce

- Ethnicity: All employed staff
- Gender: Current standards
- Age: “Preferred not to say” if a staff member chooses not to provide this information.
- Disability: “Not known” if this is not recorded in your human resource systems.
- Religion
- Sexuality

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
The Clinical Supervision Questionnaire [CESQ]

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  ☐ Strongly disagree
☐ Agree  ☐ No Opinion
☐ Disagree

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

☐

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

☐

CSEQ was developed by the University of East Anglia
Framework for local evaluation

Measurement for improvement

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

Three types of measures:

- Outcome, process and balancing.

Complements participatory evaluation

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Facilitator’s observation form

What were the ‘golden moments’ that participants brought, or were present within the session?

Please tell us about the group’s hopes, fears and expectations and how these developed:

What were your observations of the group?

Please add any other reflections or observations in the space below.
Same 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?
Break out discussion
Break out discussion

30 minutes

Reflect on your approach towards implementation and your approach to evaluation

Who can support you

Note any observations you would like to share
Feedback
Check-in ideas

Charlie Jones @charlie_psych posted this on Twitter:

Team meeting tomorrow. We always start with a check in, a 'round' of how's everyone doing. Think we have good relationships, but everyone's tired, tired of being tired, & even doing the check in feels a bit weary, a bit same-y week to week. Thinking of what we could do differently.

The answer was a deluge! We’ve put them together in one handy place – perhaps you’ll find something to shake up your meetings!

Some check-in ideas
Before you go…

Let us know your feedback via this survey:

https://www.surveymonkey.co.uk/r/RBCS-17-May
Next Session

Date: 21st June 2022

Time: 10:00 – 11:30

Topic: TBC