Resilience Based Clinical Supervision Programme: Introduction
ECHO

17 November 2021
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:

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Introductions
# Agenda

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Introduction to Project ECHO

Hazel Webb
Project Manager - Project ECHO
Hospice UK
What is Project ECHO?

When all principles are applied, a community where **All Teach and All Learn** comes together.

**Aim:** Improve decision making by collaborative problem solving.
Issue presentations

• Core aspect of the ECHO methodology

• Opportunity to access expertise & peer support on real time issues

• 5-10 minutes to share an issue, experience or key question with your peers.

• Option to use Hospice UK‘s template
Key Issue
Please identify the challenge, question, good practice or learning for this presentation.

Background information/setting the scene
Include here key points that will help the network understand the situation.

Interventions/development
What is the status of the situation? What have you done or observed?

Output
What factors have enabled the situation to progress or kept the change from progressing?

‘Issue presentation’
Template
– all suggestions for amendments welcome!
Resource Library

- Updated each week with
  - Presentations
  - Recordings
  - Useful documents, links and resources mentioned throughout the sessions

https://tinyurl.com/RBCSECHO

www.hospiceuk.org
Programme Expectations

Anita Hayes,
Head of Learning and Workforce,
Hospice UK
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.
Phase one timeline

Setting up phase
- February 2021 – September 2021
  1. Expression of Interest
  2. Steering group set up
  3. Governance

Engagement & participatory learning
- September 2021 – February 2022
  1. Introduction session (1 Sept 2021)
  2. Introduction to ECHO (November 2021)
  3. Three cohorts receive participatory learning from September, October and November 2021

Delivery and dissemination phase
- February 2022 – December 2022
  1. Ongoing data collection
  2. Local cascade within own Hospice
  3. Preparing for phase 2

Evaluation baseline and ongoing data collection

www.hospiceuk.org
Delivery and dissemination phase

February 2022 – January 2023

To include:

- Ongoing data collection
- Delivery
- Local cascade within own Hospice
- Sharing learning
- Preparing for phase 2
- Evaluation
Delivery phase

- Champion and cascade in your organisation
- Quality improvement: system and processes change
- ECHO Network – peer support as part of a community of practice
- Sustainability and culture change
- Measurement and evaluation
Overview of Quality Improvement

Cat Sullivan, Senior Clinical and Quality Improvement Lead, Hospice UK
Principles of QI

1. **System**: Quality improvement is the applied science of process management to understand the system and its aim.

2. **Measurement**: If you cannot measure it you cannot improve it. How would you know you have improved the system?

3. **Context**: Understand the context to manage the process (not the individuals).

4. **Make data count**: the right data in the right format at the right time in the right hands

5. **Culture**: Build a shared purpose, engage the individuals - the ‘cogs’ - who are affected by the system.
What are your options?

1. Keep doing what you are doing and hope for different results

“The definition of insanity is doing the same thing over and over again and expecting a different result.”
Albert Einstein, Mathematician and Physicist

2. Just do something and hope for the best
   - Unexpected consequences
   - Sustainability
   - Likely to be the root of our cynicism

3. Use a thoughtful Quality Improvement approach
What is the overall aim of what we are doing? What are we hoping to improve?

What will tell us that our changes make things better than they were before? What can we measure that will demonstrate that our changes are actually an improvement? What data (opinions, observation, process data and results) will be useful?

Include all the ways that you can work towards your objective, so that you can develop a plan for your PDSA cycles. What has worked for other people? What ideas have you had yourself and any innovative approaches.
Plan part of the PDSA cycle achieved

Next is the Doing…

Act on the analysis.

Study the data.

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?
Programme Evaluation

Susanna Shouls,
Hospice UK Associate
Evaluation

- Aim to maximise learning throughout the programme
- Understanding the enablers to successful and sustained implementation in practice
- Demonstrating the impact for staff and the participating hospices
- Contributing to existing evidence base
- Mixed methods approach

Aim to co-design key measures (outcome and process) to best understand potential improvements for programme and participating hospices.

Collect
- information on current practice
- Design collection (Nov, Dec 2021)
- Baseline data (January 2022)

Permissions
Programme aim

Improve patient facing staff’s wellbeing

Improvements in staff’s professional quality of life, retention and sickness levels

Key enablers include:

- Compassionate leadership
- Increased knowledge of the importance and role of supervision (managers) and proportion of staff who receive ‘regular’ supervision
- Ensuring equity – patient facing staff includes non clinical staff, diversity, English second language
- Confident and competent RBCS facilitators
Methods may include

- **A baseline survey**
- Tracking vacancy and leaver rates over time
- Pre and post questionnaires for participants
- Focus group discussion to elicit experience and learning and benefit of RBCS model and support sessions
- How sustainability and cascade supported from the outset
- How hospices can best monitor regular supervision and impact for themselves
Current model and definition of supervision

Baseline data will seek to understand the current approach to supervision
- current supervision and support staff receive
- if and how it varies for different staff groups
- frequency of the supervision
- oversight
Patient facing staff

All staff, English NHS staff survey 2020

17% of admin and clerical staff had frequent face-to-face contact.
35% of maintenance and ancillary staff had frequent contact.

“Reported an emotional toll on the administrator who acted as the first point of contact” [by telephone]. Bereavement evaluation

4% nursing staff were clinical volunteers (2021 Workforce Survey)

Beyond clinical ...

Beyond face-to-face ...

Ensuring equity ...

Beyond employed staff ...

www.hospiceuk.org
Outcome measures

**Standard HR measures** (sickness absence rates, retention, reason for leaving)

**PROQOL**: professional quality of life screening

Session ‘check-in’ and ‘check-out’ activity using the weather

Replicating nations NHS staff survey
PROQQL: professional quality of life screening

“The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. sub-scales for compassion satisfaction, burnout and secondary trauma.

30 questions

ProQOL Measure | ProQOL

Example of the tool (shows impact of COVID-19)
“Each session involved a ‘check-in’ and ‘check-out’ activity using the weather.

The purpose of the check-ins is to focus on the feelings and emotions participants are bringing to that session. This helps to set an agenda for the reflective discussion and provides a self-evaluation for the check-out determined by changes in feelings throughout the session.

Example from another FoNS programme evaluation.

RBCS-for-Student-Nurses---Final-Report.pdf (fons.org)
Discussion

Who are your patient ‘facing’ staff?

What is/are your key outcome measures? Any thoughts on POQUOL and ‘weather’ check in / out?

Who can help you with the baseline data? We will be counting staff numbers and different groups.
Dates for your diary

- 15 Feb 2021- Curriculum Setting
- 15 March 2022
- 19 April 2022
- 17 May 2022
- 21 June 2022
- 19 July 2022
- 16 August 2022
Thank you for joining today’s session

Next ECHO session:
15 February 2021, 10:00 – 11:30