Resilience Based Clinical Supervision ECHO Network

Session 9: Resilience Based Clinical Supervision Community of Practice

18 October 2022

www.hospiceuk.org
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
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<th>Agenda</th>
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| Welcome and overview of agenda  
Anita Hayes |
| Safe Space Agreement  
Check in & Grounding |
| The story so far  
- What is the CoP / ECHO / Quality Improvement  
- What we have covered  
- Where to find resources  
- Feedback from learning |
| Breakout discussion  
- To discuss future need |
| Using Vvox to identify topics and priorities |
| Review & ending  
What's else is happening |
| Close |
Safe Space Agreement

Cat Sullivan
Senior Clinical and Quality Improvement Lead, 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
Check in & Grounding

Cat Sullivan
Senior Clinical and Quality Improvement Lead, Hospice UK
Check-in and Grounding

The story so far

• What is the CoP / ECHO / Quality Improvement
• What we have covered
• Where to find resources
• Feedback from learning
Reducing staff burnout and attrition, improving staff well-being, and retention

It is estimated that approximately 16,000 registered nurses work across the Hospice sector and that the total workforce stands at 40,000 WTE including retail and fundraising staff.

The expectation that we can be immersed in suffering and loss daily, and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet (Remen, 2002).

Health and social care workers are identified as potentially being at greater risk of experiencing both moral distress and moral injury resulting from the pandemic (Williamson, 2020). The Society of Occupational Medicine (SOM), report, “The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom, 2020” also identifies the high risk of mental health problems and burnout in the professions. It also finds that working conditions not only threaten the health of nurses and midwives, but also impact on their ability to deliver high quality care to patients.

The Kings Fund report Courage of Compassion recommends, “Regular supportive supervision for all teams and individuals is needed so that their work can be sustained” (Kings Fund, 2020) Key recommendation 7 states the need for effective support, professional reflection mentorship and supervision to ensure staff thrive in their roles.

This proposal for a Hospice UK/Resilience Based Clinical Supervision programme aims to build capacity and capability to deliver supervision across the sector thus supporting and enabling learning and developing emotional well being.
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 the participating hospices.
Mar – Dec 2022

**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.

Support from monthly ECHO sessions

www.hospiceuk.org
Community of Practice

The Resilience Based Clinical Supervision Community of Practice was created to provide ongoing support for you with this project.

“A CoP is a group of people who share a concern or passion, who interact regularly and can create resources of their choice from guidance to policy to education materials.”

The Community of Practice encourages peer-to-peer learning and is an excellent opportunity to hear from fellow participants and share your own experiences. It also provides opportunities to gain further knowledge to help you with implementation.
To support you we will

Run drop in sessions

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

Create a library of resources from the ECHO network

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

Encourage shared learning through ECHO

Provide support evaluating the delivery of your model

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

www.hospiceuk.org
Model For Improvement

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?

Act on the analysis.

Plan part of the PDSA cycle achieved

Study the data.

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.


NHS Quality, service improvement and redesign (QSIR) tools

https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/
So far we have had 9 sessions

<table>
<thead>
<tr>
<th>Topics covered</th>
<th>Case presentations</th>
<th>Break out rooms</th>
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| • Resource library  
• Evaluation  
• Overview of RBCS model  
• Claims, Concerns and Issues  
• Approaches to implementation | • Highland Hospice  
• Marie Curie  
• Princess Alice Hospice  
• Saint Francis Hospice | • Challenges and solutions  
• Opportunity to practice active learning  
• Opportunity to practice reflective discussion |
Where are the resources
https://www.hospiceuk.org/professionals/clinical-care-support/project-echo-new/join-echo-network#content-menu-7423

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<thead>
<tr>
<th>Date / Time</th>
<th>Topic</th>
<th>Educator</th>
<th>Zoom Meeting ID</th>
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<tbody>
<tr>
<td>17 Nov 2021</td>
<td>Introductory Session</td>
<td>Anita Hayes, Cat Sullivan &amp; Susana Shouts &amp; Hazel Webb, Hospice UK</td>
<td>978 0006 8542</td>
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<td>15 Feb 2022</td>
<td>Curriculum Setting</td>
<td>Jess Pryce-Jones, Director, Web Psyched</td>
<td>930 4928 0150 Passcode: 068130</td>
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<td>15 March 2022</td>
<td>Implementation</td>
<td>Amber Morgan, Cat Sullivan, Liz Bryan, Susanna Shouts &amp; Siobhan Neylon</td>
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<td>27 April 2022</td>
<td>Reflective Practice</td>
<td>Grace Cock, Jo Odei</td>
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Resources from FoNS

The Resilience-based Clinical Supervision resources and programmes are freely available for ‘not for profit/non-commercial’ use only.

Please contact rbcs@fons.org if you are unsure whether your planned use is permitted.

https://www.fons.org/learning-zone/clinical-supervision-resources
“Brilliant discussion. Very supportive. I always feel supported - when I come here [to the community of practice] and realise that I have a support network. Feeling really inspired by Melanie and Sarita. And valuing the support to everyone”.

Member for the CoP

Great to hear from a colleague that she had a similar experience to me, when running a training session for fellow facilitators- very affirming.

Sharing of experiences, simply being in contact. The relationships are strengthening through our regular contact, which is lovely to see.
Breakout session

A chance to discuss what topics may be of interest
Results from the last curriculum setting in February 2022

Top '10 chart': curriculum setting

- How confident are we feeling as facilitators
- Plan for introducing to organisation
- Become so familiar with the tool that we can use it flexibly
- How does this fit in with existing clinical supervision in organs
- Barriers to supervision
- Bringing case scenarios and using the model to illuminate practice
- A timeline for the implementation structure/plan
- Thinking how we adapt the RBCS to our organisations
- Managing difficult/unexpected challenges
- Practice with real cases
- Data collection
Wish list for Learning

What topics would you like to see covered in the ECHO sessions?
Your wish list for learning
Curriculum Topic Setting

Join at: vevox.app
ID: 141-315-834

www.hospiceuk.org
What’s coming up
Endings
Evaluation
Steering group
Before you go…

Let us know your feedback via this survey:

https:// surveymonkey.co.uk/r/RBCSECHO18Oct22
Community of practice meeting dates

- Wednesday 16 November 2022: 2 – 3.30pm

December Break

- Tuesday 17 January 2023: 10 – 11.30am
- Tuesday 21 February 2023: 10 – 11.30am
- Wednesday 22 March 2023 – 2 – 3.30pm
Drop in session dates

- Wednesday 9 November 2022 – 12 – 1pm
- Tuesday 13 December 2022 – 12.30 – 1.30pm

*No question is too big or too small*
Enhancing Wellbeing through Resilience Based Clinical Supervision