

Resilience-based Clinical Supervision: Restorative clinical supervision in the North Central London Integrated Care System

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Our Key Findings:

<p>A programme of RBCS encourages self-care, and so increases feelings of mental wellbeing particularly when supported by the organisation</p> <p>(See page 2)</p>	<p>Potentially £2,941 saved for every year's average sickness avoided (per nurse) £72,790 saved for every nurse retained</p> <p>(See page 3)</p>	<p>This programme supported the evidence of the beneficial effects of clinical supervision, and was found to be especially beneficial because of its:</p> <ul style="list-style-type: none"> • Theoretical underpinnings • Focus on emotional systems • Practice structure and components that can be implemented in practice • Support to self and others • Opportunity to learn from others <p>(See page 4)</p>	<p>This requires protected time for clinical supervision, organisational buy-in from board to ward and ongoing support for facilitators of clinical supervision</p>
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“ This small-scale initiative has punched above its weight and grabbed the attention of our chief nurses, through its use of practising compassion, kindness and warmth and avoiding self-blame. Reflective supervision on this model appears to offer nurses a structured and accessible model to create self-compassion. ”

Claire Johnston, Nurse Member, North Central London Clinical Commissioning Group

What is RBCS?

Resilience-based Clinical Supervision (RBCS) is a model of restorative clinical supervision that is structured using compassionate mind theory. It seeks to help people explore their feelings and behaviours by looking at the underlying emotional regulation systems. It is a process that, as well as being supportive, will increase an individual's ability to

respond positively to the emotional and physiological demands of their role. It enables individuals to develop strategies to raise their awareness about their wellbeing.



The programme in North Central London

Running from June 2021 to December 2022, 15 cohorts of team leader level nurses (champions) were recruited to undertake a programme of Resilience-based Clinical Supervision, with a view to facilitating (cascading) RBCS with nurses, nursing associates, allied health professionals, students and care workers, within their respective organisations.

The programme, delivered by the Tavistock and Portman NHS Foundation Trust (a provider member of the ICS) and the Foundation of Nursing Studies in partnership, and was supported by the Burdett Trust for Nursing's COVID-19 Supporting Resilience in the Nursing Workforce 2020 grant.

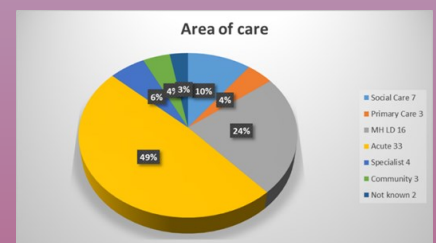
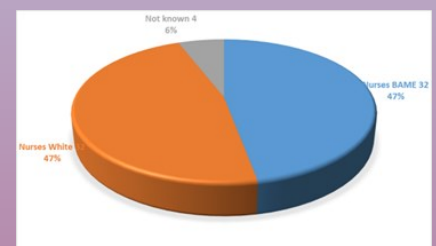


The Programme

Sixty-eight nurses completed the programme:

47% of nurses identified themselves as of Black, Asian or minority ethnic heritage, which reflects the diversity of the NL ICS, where 47.6% of nurses identify as coming from a Black, Asian, or ethnic minority heritage.

Nurses recruited from across the care providers within the ICS including primary care, social care, mental health, learning disabilities and the acute trusts.



North Central London Integrated Care System (NCL ICS) workforce priorities include staff wellbeing and equality, inclusion and diversity.

-  1.5 million residents
-  28 organisations
-  38,000 staff
-  12,000 nurses

What did participants say?

We asked the participants what they thought about the programme. They talked about the immense impact on themselves and the teams around them.



Theme: Encourages self-care for our own well-being and that of others

'If I want a long career, I recognise I need to give myself the care and attention that I am consistently able to give others, that is why I like to get people to talk about a commitment to self-care'

'I think my cup feels fuller and therefore I'm more able to provide and give to others and to myself. Having more of an awareness about my resilience and in turn everyone else's'

Theme: It creates connections, teamwork and team connectedness

'And what they have reported is that it has helped them, to work more as a team, because they've had a safe space where they could express how they feel and experience certain work situations, has helped them to be in each other's shoes. Now when a challenge arises, they stick together to face it instead of leaving people alone to deal with it'

'That nursing is a stressful occupation and there is a need to create opportunities to support one another'

Theme: A calming influence on colleagues in the workplace

'I think generally people come out of the room feeling lighter and they really appreciate having had that time. I think it does mean that they are more prepared to deal with other stuff, it does build that resilience, because they've had that time out and chance to reflect and also the time to really bond as a team'

Theme: We can align the model to other programmes

'I am already working on plans to integrate this with the PNA programme so that we have a menu of options to consider. I also want to implement this in the training hub education team'

'I have incorporated RBSC into annual KPIs for postgraduate education'

'I will be offering RBSCs to the care homes I work with'

Theme: We can develop new skills in facilitation, communication and active listening

'I listen a lot more and allow others to speak a lot more first, I don't come up with the answers for people anymore. I get them to think about what they think the answers are and support them through, so that has helped me a lot'

Theme: It has a 'ripple effect'

'For me, new skills learnt on RBSC now in use are grounding, checking in, listening more, giving time to others to come to their own decisions about questions raised'

Theme: I know it's important to let colleagues know that they are recognised and valued

'Check in at the start of training, helps people feel important and cared for as a person and human being'

Theme: I am able to focus on the emotional systems

'Most important learning points for me were: how to manage emotions, focus on things that are beyond my control and positive reframing'

The need for support and the cost of illness

The Covid-19 pandemic highlighted the importance of psychological health and wellbeing for all staff working in health and social care, while at the same time exacerbating the pressures staff were, and still are, working under.

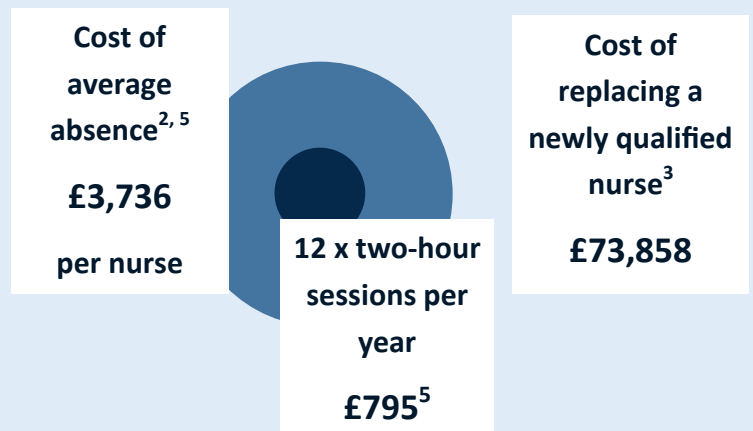
- Unprecedented demands on staff due to the pandemic and the ongoing risk of experiencing moral distress and moral injury as a result
- Burnout, exhaustion, lack of support from colleagues, concern about the quality of care, workload and staffing levels cited as reasons for nurses leaving the profession
- High levels of absence due to anxiety, stress, depression and/or other psychiatric illness
- Problems with recruitment and retention, and low morale within health and social care

This comes with financial and human costs:

- The financial cost of: covering absent staff via the bank or agency; recruiting and replacing staff due to ill health; supporting staff while on sick leave; errors made by those still working but suffering from fatigue, which will be exacerbated by staffing shortages
- The psychological cost of: compassion fatigue and unkindness to colleagues; workplace bullying; presenteeism
- The personal suffering of individuals, families, communities and society of poor physical and mental health
- The poorer clinical outcomes, more patient deaths and higher rate of infections which result from ill health among health care workers

How can Resilience-based Clinical Supervision save money?

There is a wealth of evidence to suggest that *'regular restorative/supportive supervision for all teams and individuals is needed so that their work can be sustained'*¹. Clinical supervision can reduce stress, anxiety and burnout, which results in greater staff retention and greater job satisfaction and has a positive effect on the working environment.



Currently, between 40% and 60% of nurses are considering leaving the profession⁴ and the preceptorship period is a high-risk time for attrition³, so implementing RBCS as part of a preceptorship programme could potentially result in a potential saving of **£217,421**⁶ for just one group of six nurses.

1. The King's Fund (2020) *Covid-19: Why Compassionate Leadership Matters in a Crisis*.

2. According to the Health and Safety Executive (2022), the average absence is 18.6 days *Working days lost in Great Britain*. Available at: <https://www.hse.gov.uk/statistics/dayslost.htm>

3. Health Education England (2018) estimate it costs double the annual salary to replace a nurse *RePAIR: Reducing Pre-registration Attrition and Improving Retention Report* <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

4. Kinman, G., Teoh, K. and Harris, A. (2020) *The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom*.

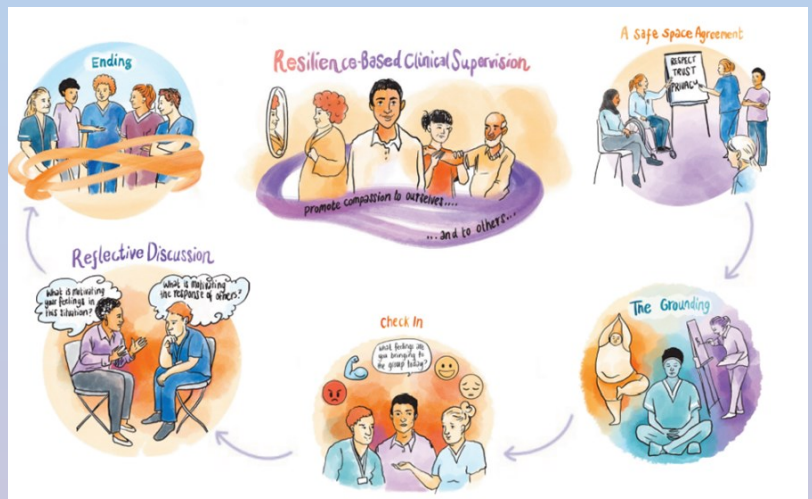
5. These figures are based on an average of band 5 and 6

6. Entry level band 5 nurse salary plus 30% oncosts = £36,929. Assuming 3 of each cohort of 6 leave, this represents a cost of £221,574, subtracting the cost of RBCS for 6 entry level nurses (£4,153), gives a saving of £217,421

Why does it work?

Resilience-based Clinical Supervision is a facilitated, reflective discussion characterised by:

- Co-creating a safe space
- Integrating mindfulness-based stress-reduction exercises
- Focusing on the emotional systems motivating our response to a situation
- Considering the role of our internal critic in sustaining or underpinning our response to a situation
- Maintaining a compassionate flow to self and consequently to others



A structured approach

'Paying attention to our emotional system and learning about compassion and awareness of inner critic voice. The knowledge and practice improve confidence'

'That we use different emotional systems based upon our present situations however, we can alter these systems by participating in grounding exercises'

'And what they have reported is that it has helped them, to work more as a team, because they've had a safe space where they could express how they feel and experience certain work situations, has helped them to be in each other's shoes. Now when a challenge arises, they stick together to face it instead of leaving people alone to deal with it'

Skilled facilitation

'I enjoyed the way the sessions were facilitated; it was more involving and respectful. I always looked forward to the sessions'

Linking with existing structures

'And also being able to embed the programme into preceptorship to have the opportunity actually to begin facilitating with the preceptees and now to embed RBCS into that programme has been really good'

'I am already working on plans to integrate this with the PNA programme so that we have a menu of options to consider'

Organisational buy-in

'What has enabled it is the fact that we've had such good buy in from our organisation. Our chief nurse, she is very concerned about the wellbeing of staff and their ability to provide safe patient care and she recognises that that begins with staff being well in themselves'

Barriers? Same old, same old: time! Time and cover to release because we don't naturally have that, we're not walking away with two hours of our day that we can just give up'

'I think that's down to management to make sure there are sufficient people within an organisation to do it. A bit of forward thinking. But I think it goes back to whether people really understand it, they talk the talk but don't walk the walk'

Connection with other professionals

'One of the things I really valued and appreciated was we had people from different backgrounds, mental health and community. So they weren't in the same space as where I was coming from. And actually they brought so much to the table and hopefully they could hear what I was saying, and I could get from them'

'Having a session from outside our team and hearing that most of us have similar concerns'



This report is based on a variety of participant feedback taken before, during and after the programme.

<https://www.fons.org/learning-zone/clinical-supervision-resources>