# Resilience-based Clinical Supervision: South-East Project Summary

***'We need more of this!'*** Participant, Surrey

***Introduction***

In March 2022, Health Education England granted funding to FoNS to deliver a programme designed to establish Resilience-based Clinical Supervision (RBCS) on a sustainable basis across a range of organisations in each of the six South-East Integrated Care Systems (SE ICSs). The project aimed to recruit up to 144 SE nurses and allied health professionals (AHP) and develop them as RBCS 'champions', who would each then cascade RBCS to colleagues in clinical practice.

***What happened***

Between August 2022 and May 2023, a total of 156 health and social care professionals, mostly in education and/or management roles, registered for the programme. Participants, came from 40 different organisations: including 22 of the region's 31 trusts, seven other NHS organisations, and 11 non-NHS organisations.

**Distribution of champion programme participants, by profession and ICS**

| *Professions* | *All* | *BOB* | *Frimley* | *HIoW* | *Kent* | *Surrey* | *Sussex* |
|---|---|---|---|---|---|---|---|
| Nurse | **95** (67%) | 17 | 3 | 28 | 23 | 10 | 14 |
| Midwife | **5** (4%) | 1 | - | 1 | 3 | - | - |
| AHP | **36** (26%) | 1 | 2 | 6 | 4 | 7 | 16 |
| Other | **5** (4%) | - | - | - | 2 | - | 3 |
| All | **141** (100%) | **19** (13%) | **5** (4%) | **35** (25%) | **32** (25%) | **17** (12%) | **33** (23%) |

Most commonly, participants were motivated to register by a desire to improve the quality of support they provide to colleagues in their own organisation.

Between September 2022 and July 2023, the project delivered the programme. Participants were placed into one of 24 cohorts and led through its five online programme sessions by a facilitator.

Community of Practice (CoP) meetings followed the process of RBCS including the development of a safe space agreement, grounding and check in activities, as well as discussion of RBCS practice and embedding activity. Following each meeting, the project circulated a newsletter-report to all programme-completers. Overall, some 50 to 60 participants attended at least one CoP meeting.

***Evidence of impact***

98% of those registering completed the champion programme. Completers rated the programme highly, commending its design, content and delivery, valuing the opportunity to share experiences with colleagues from elsewhere in the region.

Along with significant learning in relation to RBCS, they reported gains in behavioural/ psychological insight, and in general facilitation skills. They also reported immediate application of this learning to support their own wellbeing, and to benefit others in their workplace – including by cascading RBCS to colleagues. Responses to the project's six-month post-programme survey, suggest impacts from the programme have been sustained. Survey respondents expressed high levels of confidence in their ability to facilitate RBCS, both 1:1 and with groups, and reported facilitating RBCS in their own organisations.

***Process learning for FoNS***

**Champion programme**

Participant feedback on the champion programme was overwhelmingly positive (including effusive feedback on the quality of programme facilitation), suggesting that its structure, content, and delivery suited most participants very well.

**Support for cascading**

Participants also gave feedback on what support from FoNS they wanted and/or found valuable in relation to local cascading. This falls into two broad categories:

- Support for champions to maintain and develop their own RBCS facilitation skills, and to problem-solve
- Support for champions to make the case for RBCS at an organisational level

***System learning for NHS England***

At registration, of 141 only 32 (23%) reported previous direct experience of clinical supervision (of any kind). Of these, 14 reported previous direct experience of restorative clinical supervision. Subsequently, when asked whether any form of clinical supervision was available to them in their organisation, 46 participants reported that it was.

These two findings suggest that where clinical supervision is available, individuals do not necessarily receive it. A third finding – that, in the case of nine organisations, one or more respondents reported that clinical supervision *was* available, while one or more other respondents from that same organisation reported that it was *not* – suggests that practices may be specific to individual teams, leading to considerable variability even within single organisations.

Participants who reported that clinical supervision was not available in their organisation cited not only operational and/or workforce pressures, but lack of organisational commitment and (though less frequently) lack of expertise.

The following comment is useful as a summary of the findings around current clinical supervision:

> *Although there was support for me to deliver clinical supervision, I felt like a lone voice. There needs to be someone within an organisation who leads on clinical supervision and is given the time within their job plans to do so. There needs to be a strategy and joined up approach. There are pockets of good practice but it all needs to be joined up. All too often I have seen people being taught how to facilitate clinical supervision but then not being enabled to do so.*
>
> (Participant, Hampshire and Isle of Wight)

***Observations, conclusions, recommendations***

Participants reported high levels of satisfaction with the development programme itself and were immediately able to apply learning from it to benefit both themselves and their colleagues. A significant proportion of these new champions are now facilitating RBCS in their own organisations.

More generally, project results indicate that, in the SE:

- Availability of clinical supervision is currently patchy at best, tends to be normative, and may not be experienced positively by those who receive it, due to how it is delivered.
- There is widespread demand for effective restorative clinical supervision.
- Programme participants found RBCS to be both practical and effective, with benefits for interactions and stress management beyond clinical supervision itself.
- Organisational prioritisation is key to the local availability of clinical supervision of any type, including restorative clinical supervision.