

Louise Taylor 13:33

you Okay, yeah. Well, certainly I can recommend the programme I first came into contact with funds quite a few years ago about a project about the challenges of working in nursing homes at nights, evenings and weekends. And I think it's still on your website that the report from it, but that was a really positive experience. And I think since then, I was always on your mailing list. So when I saw the invitation for the resilience based clinical supervision that, you know, it just, it was really good timing, because we'd had quite a bad sort coming out of covid and everything. And so it really ticked quite it ticked quite a lot of boxes, really. And although the the programme is definitely about preparing people to facilitate sessions, I must admit, for myself, it was really therapeutic for myself. And I would, you know, sort of recommend it on, on that score as well. But as as, as you said, you know, it's really, it's really difficult time. You know, expectations are very high, resources are very tight. There's quite a lot of kind of quite angry people out there. Certainly some of our referrals have come to us because they've had delayed diagnosis, mainly through covid and various other things. So they. Quite unhappy when they come to so that there's, you know, such a lot to cope with. And I think some of the processes, particularly the positive reframing, has helped us to think about, you know, we can't change weightiness. We can't change that the ambulance takes ages to get here. We can't, we can't make the GP come every day. So it's no point in is sort of focusing our time and energy on that, that we can really sort of, you know, when staff get kind of unhappy about that, or or troubled by it, that we can use the the skills from from the programme to try and bring them back. Well, you know, you can't change that, but there's, you know, what can you change? You know, is it something that we we can, you know, we can do. So I think that that's been a really positive thing, and it's changed the way of communicating with staff that you know, really think about what, what you do well, even though it's very difficult circumstances, much more complex referrals, etc, about you know what you know what you're doing well. And then, and then look at what you can fill, fill in for, for the gaps. And so, yeah, and that other recommendation about about the programme is that, because it's exclusively for social care participants, it's very it's very real and supportive. I was. I've also joined up for Mary Seacole programme, whereas I think I'm the only person from social care, and it's that's quite it's quite isolating, because, you know, a lot of people from trust don't realise that, particularly for standalone, small companies, you don't have all those wraparound services of people that Look at compliance, that look at complaints, all this sort of thing. So I think that the exclusivity of it being social care for focus on social care and participants, it makes it very, very real and very supportive. Yeah, and, and so, yeah, that's my thing, that can definitely recommend the programme. I hope that's okay.

Grace Cook 17:25

Thank you, Louise, um, that's brilliant. And as you say, one of the benefits of inclusivity is, you know, you may not work with many other nurses within your organisation. However, if you come on this programme, you'll be connected with people from organisations across England, but all all working in social care, so all having those potentially similar challenges. Thanks, Louise, and I will pass over to you now, Maria, I think you can do the slides now. I shall stop if

Maria Luengas 18:00

Everyone can see I've changed the slide, right? Okay, just in case the only changes for me and I just keep going, right. Thank you. Thank you, Grace. So as I said before, I work as a nurse educator in north central London, and I deliver face to face an online training in care homes for nurses, nursing associates and and carers. And one of the things that me and my team noticed in in our travels around the care homes were the extreme high pressures that the staff were under and how that was impacting their morale, their physical and their mental well being, and how it was impacting resident care. It was often that we would leave a session where people would have expressed how tired they were, how stressed they were, and this this was, and this is still reflected in the highest after Nova that that we have in north central London. So after having completed the resilience based clinical supervision facilitator programme, and having experienced firsthand the benefits, and also after looking at how it had positively impacted the experiences and the well being of student nurses and newly qualified nurses. We sat down and we decided, right, why can this not work for our staff? Let's try it. So we started about 18 months ago to two years ago, and we've rolled it out to four care settings. So we've been to one residential mental health care home, one extra care living scheme, one nursing home and one learning disabilities supported living we have delivered a total of 12 sessions, and we have had 65 staff that have. Attended the sessions. These are some of the financial benefits that one of our care homes in in Camden reported. So this care home received three resilience based clinical supervision sessions spread out over the course of the year 2023 and what the manager reported is that he had observed a reduction on a staff sickness. So in 2021 and 2022 he had a five to 10% sickness rate, and that had come down to three to 5% in 2023 he had been using agency so five, about 5% of the workforce was agency in the years 2021, and 22 and in the year that we rolled out the resilience based clinical supervision, he didn't have to use any agency. So in terms of money, it translates to the care provider saving about 175 pounds per shift. And finally, they got an improvement on the CQC report. So the previous report, I think it was in 2019 they got a requires improvement, and they're well led on the back of not enough support being available for their for their staff, they acted on this. They brought resilience based clinical supervision to their setting, and then they recently got their their review with CQC, and now they've got a good and they're well led. What this has translated into is that they had five vacants, and now they are a full house. So really positive impact to increase placements. I've gone a bit too far. So some of them you can see here, some of the

know about nursing and social care is that it's very autonomous. It can be quite isolated. And one of the things I heard in what you were saying was that this was a real

actually we've had all sorts of people coming on our programmes. And one of the things I really enjoy is when we do have an MR MDT programme, because actually there's lots of learning that we can have from each other, and that's similar to people in different roles at different senior seniority. I think the key whenever that is the case, is that we help to develop a safe space where people are able to share their opinions, no matter who's in the room, but actually, clinical supervision is relevant to anyone that experiences the care environment. I remember we've done, been doing some work with hospice UK, so we've definitely done some work across hospices. And we spoke about, you know, volunteers at the shops, the people that answer the phones. And it's similar across all organisations, there are often people that are exposed to the stressors in different ways, but it's not necessarily so obvious the impact, but the impact is still there. And actually, when we stop and we all share how we're feeling about something, we often realise that we're all feeling the same from different angles, but we have similar feelings about what's happened, and that helps us to work better together as a team.

Lucy Gillespie 37:27

So to reinforce that, then we're saying that the supervision is appropriate across different levels of leadership in nursing, and what you will be able to do with this is will depend on what your role is, but there will be elements that will benefit at whatever stage of your career that you are in, I think, what we're getting at. So hopefully that clarifies the question for people, perfect, brilliant. Thank you very much everyone for contributing to the webinar today.