Greenwich & Bexley Community Hospice

EMPOWERING COLLEAGUES

Invitation for Expressions of Interest: Clinical Supervision for Hospice Staff

Greenwich & Bexley Community Hospice
185 Bostall Hill
London
SE2 0GB

The Hospice is seeking expressions of interest from suitably qualified clinical supervisors who are able to make a regular commitment for 2-4 days a month for on-site supervision.

About our Hospice

Greenwich & Bexley Community Hospice (GBCH) is a local charity, providing high quality, compassionate care and support to around 3,000 people every year. We care for people with all types of terminal illnesses, their families and their carers, at home, in care homes and local prisons, at the Hospice building in Abbeywood and in hospital. All of our care is provided to people living in the London Boroughs of Royal Greenwich and Bexley free of charge. We provide holistic care that goes beyond physical needs, offering spiritual, social and psychological care, advice and support wherever needed.

We employ approximately 180 paid staff and have over 400 volunteers helping us in all areas of the business. We have around 80 staff working in clinical roles across our services.

Background and Introduction

Clinical supervision is a formal process of professional support, reflection and learning that contributes to individual development. All hospice care staff work with people who are likely to be in physical and/or psychological pain which makes a demand and puts pressure on, staff, that can be both testing and cumulative. Clinical supervision offers support to new and experienced health professionals alike in their daily work.

The majority of clinical roles at GBCH have, or have had in the past, access to clinical supervision. However, over time there has been more variability and a lack of equity of provision, either due to lack of take up, changes in supervisor availability, variability of quality of supervision or stretch on staff time. We now need to enhance the quality and use of clinical supervision, not least because of the impact of the COVID pandemic which has brought pressure on staff as never before.

The Hospice has around 80 staff working in clinical roles across our services. These include the following roles:

Table 1	
Nurses	Nurse Consultant, Matron, Sisters, Junior Sisters and Team Leaders
	Clinical Nurse Specialists
	Registered Nurses
	Nursing Associates
	Healthcare Assistants

Education	Senior Lecturer/ PDN
Allied Health Professionals	Registered AHPS: DoCST (Paramedic), Physios, OT
	Wellbeing Support Worker
Social Work and Counselling	Social Workers
	Counselling Team Lead
	Counselling Volunteers
Medical	Consultant and Specialty Doctor
	GPs
	Staff Grades

In addition, there are also a number of non-registered staff working in non-clinical roles but at the frontline with patients and service users:

Table 2	
Admin Team	ACT admin staff, including supervisor, receptionist and ward clerk
Compassionate Neighbours	CN Coordinator
	CN Volunteers
Other Volunteers	Young Ward Volunteers
	Other Ward Volunteers
	Wellbeing Volunteers including complimentary therapists

Our new strategy emphasises the need to maintain or improve staff wellbeing and to develop our staff and with this in mind, we would like to relaunch clinical supervision for all clinical staff groups. We plan to purchase consistent and high quality external facilitation for supervision and provide protected time for staff to access it. Where necessary, we will also provide training and guidelines for staff in how to get the most out of their supervision. Through this relaunch, we hope that regular clinical supervision will become the 'norm' in teams, with staff taking accountability for accessing the right level of support and managers monitoring attendance through light touch reporting structures.

Proposed Model of supervision

Staff will be given a range of options including coaching, action learning sets, psychodynamic approaches and resilience-based clinical supervision, which may be both useful and helpful, but for those who are struggling a focus on resilience may not be appropriate; providing too much emphasis on being strong and resilient at the expense of other considerations about the individual practitioner (Mahdiani H, Ungar M, 2021).

Traditionally supervision has been offered on a one-to-one basis with an expert professional. However there are benefits to group supervision for some roles, individuals and situations. Group supervision is often most beneficial when bringing lone workers together for a collective activity. Group dynamics are likely to be at play and must be understood by the participants when using groups for clinical supervision; however, it is not helpful to focus on the processes of group dynamics at the expense of sharing clinical experiences.

The table below shows the findings from a review of group clinical supervision from 10 pilot sites (Fowler and Dooher (2010)):

- Group supervision was particularly useful for staff who were working predominantly on their own
- Group supervision acted as a stimulus to reflect on one's own practice and helped avoid complacency setting in
- Clinical supervision offered welcome support from clinically knowledgeable peers about difficult relationships concerning patients, relatives or colleagues
- The safeguarding and sanction of time to focus in depth on a specific client problem was important
- Sufficient autonomy should be given to each group to allow them to develop a model they find useful

Table 3 outlines the preferred model based on roles.

We have tools such as MS Teams and Zoom at our disposal, there have been studies using the web for clinical supervision, particularly for students, who are often dispersed far and wide on placement and may not have the opportunity to discuss their experiences. Since the beginning of the pandemic, some hospice staff have been using video for supervision sessions. It is the hospice's preference that sessions will be delivered face to face, however we recognise that some flexibility may be helpful, particularly with shift workers and for 1-1 sessions once a relationship is established.

A supervisor's preparation requires proper focus, but so does the preparedness of the supervisee. As an employer, we will provide adequate time to prepare and release staff for clinical supervision. The hospice aligns to the joint statement at Appendix 1, in terms of protecting time for our clinicians.

We will expect our supervisors and supervisees to negotiate a contract of engagement – dealing with session regularity, focus, no-shows and cancellations, and remedial action. The contract will also deal with the matter of confidentiality and raising any matters of concern about patients, colleagues and the supervisee.

We will also ask supervisors to provide attendance information to our HR department so that we can monitor uptake and areas where clinical staff are not attending on a regular basis.

Current situation

At present around 50% of registered staff are accessing clinical supervision. A smaller group have access to it is requested.

Proposed approach

The following staff are included in this proposal, along with the proposed the following model of support, where staff are not full time the frequency may be reduced in line with their contracted hours[1]:

Table 3	
SLT Clinical Staff	1-1 supervision every 6 weeks (this may include coaching)
All AfC Staff B7 and above (excluding SW staff)	1-1 or discipline specific group[2] supervision every 6 weeks (this may include coaching)
AfC Band 6 (excluding SW staff)	Group supervision within disciplines – every 6 weeks

[1] In certain circumstances staff may need to have increased input from the norm for a period of time, this will be agreed between Line Manager and HR department.
[2] The individual will be given a choice of group and if enough staff wish to form a group this will be facilitated

AfC Band 5 and Band 4	Group supervision within disciplines every 6 weeks
Afc Band 3 & Band 2	Group supervision every 6 weeks
Social Work staff	Individual supervision every 4 weeks
Senior Doctors	Individual supervision every 4 weeks
Staff grade Doctors	Group supervision within discipline every 6 weeks within own team
Employed Staff in Table 2	Group supervision every 6 weeks
Counsellors and Volunteers in Table 2	Local arrangements – out of scope of this paper

Expressions of Interest

We would like to invite interested parties to apply for this contract by email to HR@gbch.org.uk closing date: 4th July 2022.

Prospective candidates that meet our selection criteria will be invited in for interview.

We are aiming to start the contract ASAP after the selection process.

Your bid should include:

a. A description of your company and how you intend to provide the service including any other staff you intend to include.
b. Contact details and company address
c. Evidence of relevant qualifications and experience
d. Three references from organisations/ individuals who you have worked for in the last 2 years
e. Evidence of insurance
f. A supporting statement outlining how you plan to meet our requirements and why we should choose you/ your company.
g. Costs breakdown including staffing and any other costs

If you would like to visit the hospice or have an informal chat in advance of submitting your application, please contact kimmurphy@gbch.org.uk 0208 320 5810

References

Fowler J, Dooher J (2010) Clinical supervision in multidisciplinary groups: qualitative evaluation using a focus group technique. In: Cutcliffe JR et al (eds) *Routledge Handbook of Clinical Supervision*. Routledge.
Mahdiani H, Ungar M (2021) The dark side of resilience. *Adversity and Resilience Science*; 2, 147-155.

Appendix 1

Regular Protected Time for Reflective Practice in Nursing and Midwifery

This is a joint statement by Florence Nightingale Foundation, Foundation of Nursing Studies, Point of Care Foundation and The Queen's Nursing Institute Scotland on the importance of regular, protected time for reflective practice in nursing and midwifery.

Introduction

In 2019, statutory regulators of health and care professionals described reflection as the thought process where individuals consider their experiences to gain insights about their whole practice. They stated "reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals".[1] In the statement, opportunities for multi-professional teams to reflect and discuss openly and honestly were encouraged. This was based on evidence which suggests valuable reflective experiences help to build resilience, improve wellbeing and deepen professional commitment[2].

In a joint statement, signed by 15 healthcare Arms-Length Bodies and Unions, the health and well being of NHS staff was described as "in its most fragile state ever"[3]. Access to reflective practice was named in this statement as one strategy to facilitate a proactive and organisational approach to addressing the unparalleled demands which continue to be experienced by the healthcare workforce. Building on this, the need for reflective practice is a core aspect of Nursing and Midwifery Council registration revalidation. We are also aware of substantial UK wide policy level commitment and investment in models which are increasing access to and embedding an evidence based forum for reflective practice known as clinical supervision. Furthermore, clinical supervision has been a longstanding quality indicator monitored by the Care Quality Commission in England. A policy and regulatory level commitment to reflective practice is therefore clearly established.

Our Experience

Charities which exist to support the development of the nursing and midwifery professions and amplify their voices, have focused their activity on providing forums and development opportunities which enable reflective practice. These have included the provision and expansion of Schwartz Rounds®, Resilience Based Clinical Supervision, Nightingale Frontline® and winter wellbeing sessions hosted by the Queens Nursing Institute Scotland. The nature and structure of these forums are different; however, they all provide a psychologically safe space which enable nurses and midwives to reflect upon their practice, including the personal and professional impact of their role.

Our insights, gained from the facilitation of these services, inform us that despite the significant regulatory support and top down directive, forums which enable reflective practice can still be perceived as a strategy for performance appraisal, assessment of individual clinical practice, a remedial intervention for those who are identified by occupational health as experiencing symptoms

[1] Multiple authors (2019) benefits-of-becoming-a-reflective-practitioner---joint-statement-2019.pdf (nmc.org.uk) (Accessed 14/03/2022)

[2] Maben J, Taylor C, Dawson J, Leamy M, McCarthy I, Reynolds E, *et al.* A realist informed mixed methods evaluation of Schwartz Center Rounds® in England. *Health Serv Deliv Res* 2018;6(37) https://doi.org/10.3310/hsdr06370

[3]Multiple Authors (2021) One Voice – Joint Statement on Health and Care Staff Wellbeing Available at: https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/one-voice-joint-statement-on-health-and-care-staff-wellbeing (Accessed 07/03/2022)

of stress, or a self-indulgent luxury for those who aren't busy enough with the 'real' work. Our feedback demonstrates the challenges nurses and midwives experience in securing and protecting the time to attend internal local provision or our externally provided services. All too often nurses and midwives accept that they will need to access this type of learning and support in their own time if they are to guarantee their ability to attend. This results from chronically excessive workloads across settings and sectors exacerbated by the unprecedented system pressure that is currently affecting all professional groups. A reframing of this perception within the professions is essential.

This longstanding challenge, described by those who have participated in our reflective practice forums, has led us to support a joint imperative to urge leaders influencing workforce resourcing and structures to act urgently to protect time for nurses and midwives to engage in reflective practice. This will need to suit their personal preference and professional needs and will go some way to establishing parity with fellow health and care professionals where prioritising reflective practice is considered more accepted. Currently, despite the recognition that reflective practice is important in nursing and midwifery, there is a lack of equality between different employment settings, the various levels of seniority and fields of practice in nursing and midwifery. The following discussion sets out our rationale for a call to action which we recognise will require investment and a concerted whole-system effort.

Discussion

Professional identity - For students and early career nurses, reflective practice forums offer an opportunity to explore and confirm the values which contribute to their motivation to pursue a career in nursing and midwifery which has positive implications for retention. Opportunities to critically discuss the ethical and professional tensions as they arise in a safe forum facilitates the acculturation of professional identity. This is also true of other transition points when a nurse or midwife moves into a different area of practice or acquires additional leadership, decision making accountability or responsibilities for governance. At these points, a readjustment of how nurses and midwives perceive their contributions to care is required. Reflective practice enables the development of new skills to influence high quality care and manage this increased responsibility.

Safety critical professionals- Nurses and midwives who have the confidence in their ability to act upon the unfamiliar, recognise the deterioration of a person in their care, raise concerns and express advanced self-awareness in their communications with others, have increased influence as part of the health and care workforce. This outcome of reflective practice offers the hallmark of professional accountability which is essential to the positioning of nurses and midwives as safety critical professionals[4]

Retention- Our evaluations suggest that the opportunity to access a psychologically safe space has positive implications for the maintenance of the longer-term commitment and motivation to the profession. Organisations which prioritise the structures, resources and processes required to ensure that time is protected for reflection perpetuate a message that they value the individual and that their personal and professional support needs are central to the quality of care they can

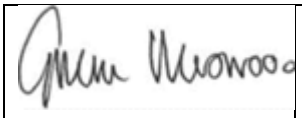
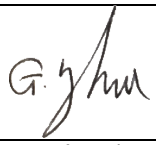
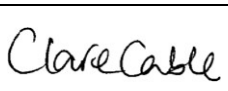
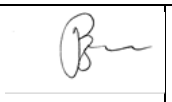
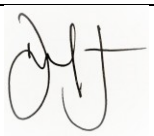
[4] Rafferty A M, Holloway A. (2022) A prescription for nursing: five measures to remedy the ills of the profession BMJ 376:o357 doi:10.1136/bmj.o357

deliver[5][6]. We are all aware of the concerns regarding the reasons why 'intention to leave' figures are increasing. A survey by the NMC has identified too much pressure and workplace culture were given by 22.7% and 18.1% respectfully as the primary factors influencing their decision to leave[7]. It is essential that influential leaders of the professions respond proactively to reverse this workforce trend. The investment and prioritisation of protected time for reflection is one part of a wider workforce strategy required to address attrition, including fair pay, improved working conditions and access to continuing professional development.

Maintaining compassion- Kindness, empathy, courage and compassion for others are a vital part of our professional practice. Our experience of providing these reflective forums confirms the restorative value of being heard, sharing challenges and having opportunities to safely process the emotional impact of practice enables the ability to continue to express compassion to others and themselves. This therefore represents an ethical responsibility of employers to support the wellbeing of the nursing and midwifery workforce[8].

Conclusion

Protected time for reflective practice will require a system wide commitment to the resources and processes needed to embed and sustain access for nurses and midwives working in all sectors and at all levels of responsibility and authority. We are committed to maintaining a focus on this issue by developing the evidence and raising awareness to justify the resourcing, delivery, and evaluation of reflective practice. We urge professional and care regulators, employers, commissioners, and policy makers to follow up their commitment and act immediately to enable protected time for nurses and midwives to engage in reflective practice. We have argued this is critical for safe practice and professional development. Furthermore, it represents an ethical commitment, on the part of the employer, to an organisational culture which prioritises wellbeing and contributes to the wider workforce strategy to address attrition from the professions[9].

				
Chief Executive Florence Nightingale Foundation	Director of Academy Florence Nightingale Foundation	Chief Executive Queen's Nursing Institute Scotland	Chief Executive Foundation of Nursing Studies	Head of Staff Experience Programmes The Point of Care Foundation

[5] Stacey, G. Cook, A. Aubeeluck, et al., (2020) The Implementation of Resilience Based Clinical Supervision to Support Transition to Practice in Newly Qualified Healthcare Professionals, Nurse Education Today, https://doi.org/ 10.1016/j.nedt.2020.104564

[6] Bond C, Stacey G, Matheson J, Westwood, G. (2022) Development of Nightingale Frontline: a leadership support service for nurses and midwives during the COVID-19 crisis, BMJ Leader doi:10.1136/ leader-2021-000502

[7] NMC (2021) 2020 Leaver's Survey: Why do people leave the NMC register? Available at: https://www.bing.com/newtabredir?url=https%3A%2F%2Fwww.nmc.org.uk%2Fglobalassets%2Fsitedocuments%2Fcouncilpapersanddocuments%2Fleavers-survey-2021.pdf (Accessed 07/03/2022)

[8] West, M. et al (2020) Courage of Compassion: Supporting Nurses and Midwives to deliver high quality care. The Kings Fund. Available at: The courage of compassion | The King's Fund (kingsfund.org.uk) (Accessed 07/03/2022)

[9] Health and Social Care Health Select Committee (2021) How can we tackle staff burnout in the health and care sectors? Available at: https://houseofcommons.shorthandstories.com/health-and-care-staff-burnout/index.html (Accessed 07/03/2022)