



LIVERPOOL WOMEN'S HOSPITAL - ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

IMPLEMENTATION OF DUAL MODEL SUPERVISION

SUMMARY

A model of consultative clinical supervision has been implemented for a team of genetic counsellors at **Liverpool Women's Hospital**, based at Alder Hey Children's NHS Foundation Trust. This model, funded out of the Genetic Counselling Departmental budget, incorporates the criteria and recommendations of the Association of Genetic and Nurses Counsellors (AGNC).

This integrative, multi-theoretical, dual model, which **combines individual and team-based supervision** by consultative supervisors, helped the Trust win awards for excellence in; patient care, team-working and partnerships. The consultative supervisors are counsellors and psychotherapists, who are qualified and experienced in clinical supervision. They come from the Alder Centre within Alder Hey Children's NHS Foundation Trust and are not employed by the Liverpool Women's Hospital. Thus, they are not part of the genetic counsellors' management hierarchy and have no performance management responsibility for the team, which gives them a vital level of objectivity.

This collaborative project to implement the model was led by Alan Phillips, the team supervisor. Evaluation was built-in right from the start, using principles from real-world, action-research, and summative evaluation

was provided by Gail Mannion and Janet Birch in their capacity as supervisees and senior practitioners, with leadership and management responsibilities for the team.

Whilst the case study is specific to a particular team of UK NHS professionals, as a flexible and pragmatic model of reflective practice designed to support and develop healthcare professionals, the principles, framework and structural components which informed the model, and the data it has produced, are likely to be of wider interest in the context of a number of contemporary reports and recommendations linking the health and wellbeing of NHS staff to increased productivity and the quality of patient care.

KEY OUTCOMES

- The team has won awards for their work with family members at risk of developing Huntington's disease, and for demonstrating excellence, as a Multi-Disciplinary team, for GC clinical leadership, proactive promotion of PDUs and patient engagement.
- The team is currently achieving its 11 week target, from patient referral to consultation, by improving the patient pathway and reducing waiting times.
- Feedback from evaluation surveys, conducted amongst the team, demonstrate that everyone feels that individual and team supervision are invaluable ways of de-stressing and devising appropriate coping strategies. This aids health and wellbeing amongst staff.
- Stress reduction has contributed to the team's extremely low sickness levels (amongst the lowest in the Trust) and low staff turnover.
- It has fostered an open and honest 'can do' culture where staff feel free to express themselves, and where they come together more effectively to bring about positive change.
- Patient surveys have shown that there is a high-level of patient satisfaction, as a result of the team's professional, considerate and compassionate behaviour, even from people who have received bad news about their condition.





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BACKGROUND

What is Genetic Counselling?

Genetic counselling is a relatively new profession, which has developed along with advances in medical science and the Human Genome Project. It is the process of supporting newly diagnosed patients, new parents or couples planning a pregnancy, as well as family members concerned that they too may carry a disorder.

Counsellors are specially trained professionals, most of whom come from a medical or nursing background and who have first hand knowledge of genetic disease and its practical impact. They work as part of a wider healthcare team, involving clinical consultants, nursing and primary care teams (Wellcome Trust, Date unknown)

Alder Hey Genetic Counselling Team

There are approximately three hundred genetic counsellors working in genetic teams in the UK NHS, alongside consultant geneticists, specialist registrars and research nurses, across twenty two UK Regional Genetic Services. The Liverpool Women's Genetic Counselling (GC) team is currently made up of thirteen counsellors with different degrees of knowledge, experience and qualifications, some of whom entered the profession from a nursing background and others from a non-nursing background (via the post-graduate route to registration). The team profile extends along a broad spectrum of trainees and other practitioners at different stages of registration, and senior practitioners with various management and leadership responsibilities.

Over the course of the programme the team has almost doubled in size and members have left and been replaced. Each supervisee is allocated their own personal, 1-2-1 supervisor and team supervision is provided by the lead supervisor, Alan Phillips. Whilst the original team supervisor has remained throughout, 1-2-1 supervisors have left and been replaced.

AGNC Recommendations

This project was commissioned following the recommendations for implementation of clinical supervision, published by AGNC in 2007 (the joint professional body for Genetic Counsellors in the UK and Eire).

The AGNC stipulated that:-

- With a limited budget, managers are likely to want to see demonstrable benefits from supervision so it is important that this is evaluated in this field to find the best approach in a practice setting
- Practitioners should have access to individual (1-2-1) and work-group (team) supervision and within a legitimate theoretical framework,
- The framework can vary and be flexible depending on the supervisor's experience and training'.

KEY AIMS

The programme aimed to answer three basic research questions:

- Have people changed as a result of the interventions?
- What activities are substantially responsible for these changes?;
- What specific aspects of exposure to the change agent/s contributed to the change?

KEY STAGES OF SET UP

- In 2007 Gail Mannion and Jan Birch approached Alan Phillips to design and deliver a programme of consultative supervision for their team, based on the AGNC recommendations.
- Following a comprehensive literature review a draft model was presented to the team for discussion, with associated costs for a combination of 1-2-1 and team supervision.
- As budget holders Gail and Jan signed the project off.
- A collaborative process was followed throughout, with all team members. Thus, when the genetic counselling team confirmed that the model was what they wanted, the supervisors were inducted and the sessions started in August 2007.
- The supervisors came from the Alder Centre team of counsellors and psychotherapists. Employed by Alder Hey Children's NHS Foundation Trust they are all qualified and experienced clinical supervisors.
- Formal evaluation was built in and administered electronically through Alder Hey's audit department at the end of the first year, but the model itself incorporates evaluation at the end of each session. Administration by an external agent has helped reduce the potential for any insider-bias by Alan Phillips in his dual role of research-practitioner, and quality assurance has been enhanced by adopting an ethos of collaboration and partnership in which all data and its analysis have been shared with the supervisees, using a focus group approach to clarify, elaborate, refine and triangulate the evidence.



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- A computerised survey software package called 'SNAP' (<http://www.snapsurveys.com/>) was used to collect and collate the feedback from a semi-structured questionnaire in order to maintain respondent anonymity and confidentiality. Validity and reliability has been maintained by using the same questionnaire and administrative processes each time.
- In 2008 the team received external accreditation, as the only Regional Genetics Service Practice Development Unit (PDU) in the country.
- In 2011 the service started winning awards for its various activities.

HOW IT WORKS

Individual & Team Sessions

Each of the 13 team members receive a total of twenty contact hours with supervisors per year including;

- 6 x 60 min individual supervision sessions per year
- 6 x 120 min team supervision sessions per year

There are three 1-2-1 supervisors involved, and one Team supervisor all of whom are therapeutic counsellors and psychotherapists who are qualified and experienced in clinical supervision, training and coaching.

Supervision aims to offer the supervisees the psychosocial insights and structural and cultural components necessary for reflection on practice, as a means of reflection and application in practice (Schon, 1987; 2007) and the components necessary for development of their own internal supervisor (Casement, 2004, 2008).

Facilitated individual supervision helps GCs develop the confidence to adopt reflective practice, and team building sessions help to align the team's PDU values, aims and objectives with that of the Trust.

Confidentiality

Confidential appointments between supervisors and supervisees are offered away from the workplace, and because the supervisors

have no management role or authority over supervisees, this helps foster a culture of honesty and openness. The supervision contract means that unless any concerns arise around safe, ethical practice, confidentiality will be assured. This gives team members the freedom to discuss any aspect of their work and to formulate strategies for dealing with difficult patients/staff situations and behaviours. The consultative supervisor is able to provide impartial and objective feedback, as well as the opportunity for genuine and honest professional development.

Emotional Support

As the GC's client group are often traumatised by their experiences and because the GC can acquire a lot of emotional baggage as they listen and absorb this distressing content, supervision provides an appropriate forum in which to off-load. Counselling supervisors recognise and understand these demands, and are appropriately trained to help deal with this impact on the GC's work-life balance.

The feedback from patients on the quality of interactions is mirrored in the way the team is encouraged to interact in team supervision, which helps model good practice with patients and colleagues, and reflects the themes in the evaluation which illustrate the importance of developing the empathy, rapport and skills necessary for effective interpersonal interaction with colleagues, patients and their families:

Improvement to Patient Pathway

Improvement to service delivery has allowed the team to achieve its 11 week target, has improved the patient pathway and reduced waiting times. This has been achieved through;

- ▶ triaging patients appropriately in the first instance – usually to the Alder Hey Site or telephone clinic appointments
- ▶ Setting up of a GC peripheral clinic in Crewe to reduce the number of home appointments required
- ▶ Increasing GC first appointment clinics on site at Alder Hey instead of consultant-led appointments

- ▶ Introducing additional GC independent predictive clinics for cancer predisposition

Support throughout Changes

Due to the minefield of service review and change management, GCs were out of their professional 'comfort zones' and the perceived extra responsibility was challenging for both GC's and Consultants. However, team supervision has given the team dedicated time to work on specific projects, and the 4Rs structure, which considers the Roles, Rules, Relationships and Responsibilities associated with genetic counselling was a useful way of exploring the implications of the changes proposed in relation to professional boundaries. Team supervision helped people develop the political awareness and leadership necessary to compete, as well as cooperate, with other professionals.

Development of Admin Staff

GC's have supported Admin and Clerical staff to take on PDU leadership roles. This creates greater empowerment of admin and clerical staff, more integrated team working with clinicians, and a proactive responsibility for their own development and development of the service.





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OUTCOMES

These outcomes are based upon normative, formative and summative evaluations carried out as a collaborative process by Alan Phillips, in his role as Team Supervisor and Gail Mannion and Janet Birch, in their roles as Team Leader and Senior Practitioner respectively, and also as supervisees. The outcomes illustrate the key benefits of the model as an ongoing programme of support and development.

Awards

- In 2011, the Genetic Counselling (GC) team were awarded first prize for their entry to Genetic Counsellors Predicting the Future. This focussed on work with family members, who are at risk of developing Huntington's Disease and evaluation of the service provided. Judges commented that the overall process was very good, which freed up consultants time.
- In 2011 the team also won first prize for Multidisciplinary Team Working and Partnerships, for demonstrating excellence in GC clinical leadership, and the proactive promotion of the concept of PDU and patient engagement. Judges commented **'the clear demonstration of team outcomes as well as future sustainability issues were what made this submission stand out.'**

Service Delivery

- Anecdotally the model was able to help the team contribute to the organisation's service development strategy and in this way contribute to the NHS programme for Quality, Innovation, Productivity and Prevention (QIPP) However it is difficult to state exact cost savings as these have not been costed.
- The team is currently achieving its 11 week target, from patient referral to consultation, by improving the patient pathway and reducing waiting times. For instance:-
 - Three patients can now be seen at a clinic, in the time it used to take for one home appointment

- 30% of patients destined for medical treatment are dealt with in one session by the GC, which has had a positive impact on the GC's independent 18 week target, and allows the GC team to support medical colleagues to meet their targets.
- waiting times for medical clinics have been improved, which ensures continuity of patient care.

Patient Satisfaction

- Satisfied patient groups were extremely positive, and reported that the GCs were professional, considerate and compassionate, even those patients who had received bad news.

Benefits to Workforce

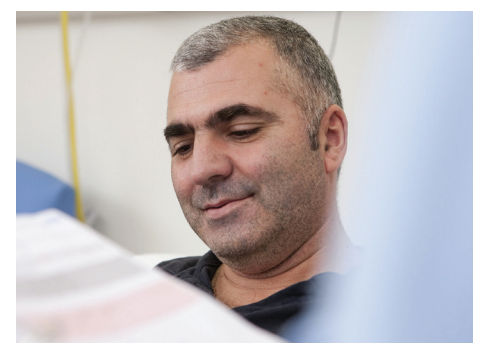
- Anecdotal discussion, and data from on-going evaluation, indicates that team members:-
 - ▶ agree that they benefit from individual and team supervision in different ways, but the combination of the two is invaluable: **'...the combination works very well. Would not like one without the other...'**
 - ▶ value the opportunity to explore their own and each other's feelings and both individual and team supervision are invaluable forums in which to de-stress, re-charge and devise appropriate coping strategies **'...team supervision has helped me spread the load amongst very supportive colleagues and individual supervision has given me the facility to discuss more localised problems and stresses...'**
 - ▶ highly rate the flexibility of the process, which allow supervisors to apply a wide range of theory, knowledge and skills, and particularly value the combination of facilitation and coaching which helps them manage their own problems, and the decisions patients and families bring...: **'...the supervisor is very skilled and draws on lots of knowledge and experience of**

recognised counselling models which are usually simple and memorable... and are therefore useful on a daily basis.

- ▶ have learnt that emotionally intelligent communication depends on paying equal attention to their thoughts, feelings and behaviours and that supervision helps link this to the different aspects of their work. **'...I valued a set of cognitive counselling skills sessions to help me address difficult work and interpersonal issues...'**
- ▶ now consider their relationships in the organisation, think more strategically and objectively and know how to influence other professional groups and individuals. **'...excellent tools for developing managerial/leadership skills...'**
- ▶ as reflective practitioners now understand the importance of developing their own internal supervision,: **'...its definitely improved my reflection...so its definitely improved my internal supervisor because I tend to think, what would I be discussing, what do I want to bring, what bits do I want to talk about?...'**
- Stress reduction has contributed to the team's extremely low sickness levels (amongst the lowest in the Trust) and low staff turnover.

Effective Team Working

- Anecdotally, the team has received a number of comments about how they demonstrate a coherent, dynamic and positive approach who are 'easy' to lead and manage.





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Change of Culture

- **Can Do Culture** - Team supervision has helped develop a 'can do' culture by getting rid of the negative thoughts and feelings, and helping the team focus on what they can influence positively.
- **Open & Honest** A confidential supervision environment has encouraged a culture of honesty and openness, which has helped the team understand different perspectives and personalities both external and internal. This provides the necessary climate for constructive challenge. **'I feel very safe and sure that the information I discuss will be kept confidential.....personally and professionally this makes me feel more confident than I used to be because I can talk things through openly and frankly with my supervisor'**

Meeting Standards

- The service is meeting the Department of Health standards for 'A First Class Service' by contributing to professional self-regulation; clinical governance and lifelong learning (DoH, 1998) and the National Health Service Litigation Authority standards for good practice by tailoring staff support and development to the local needs of professionals (NHSLA, 2011/12).

KEY CHALLENGES

There are many ways of conducting an evaluation, and with such complex variables it's difficult to determine whether the supervision frameworks put in place are what led to positive results. However, notwithstanding such difficulties, this case study shows how consultative supervision, based on collaboration and partnership between professionals who respect each other's knowledge and expertise, can provide an appropriate culture of freedom within structure with which to promote the safety, trust and openness necessary for maximum engagement and commitment.

KEY LEARNING

- The iterative nature of the model and the time taken to design and consult with the genetic counselling team contributed greatly to the smooth introduction and seamless evolution of the model. Therefore nothing would be done differently next time.
- Due to the collaborative nature of the design and consultation process, everyone was committed to the programme, so potential problems around gaining staff engagement were averted.

NEXT STEPS

- A two year Pilot has now been proposed to trial GC Independent Clinics for Inherited Cardiac Condition (ICC) Patients. This work is currently undertaken by Consultant's and the pilot is intended to evaluate the benefits of freeing up slots in medical clinics while enabling GC's to develop their practice and future ideas for sharing our approach includes developing benchmarks for national quality and peer review.
- Like all NHS Trusts, the genetic counselling service will face continuous change, so the team and individual counsellors will continue to utilise the dual model of individual and team supervision to support these changes.

SUPPORTING MATERIAL

The following document is available as an attachment to this case study

- Executive Summary Report from the AGNC Supervision Working Group
- Original Report with references

REFERENCES

Wellcome Trust. (unknown). The Human Genome Genetic Counselling . Available: http://genome.wellcome.ac.uk/doc_WTD020928.html. Last accessed 29 Nov 2011.

See the original report (attached as an appendix), which includes full references

CONTACT FOR FURTHER INFORMATION

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