



In a new series of interviews, **Nicola Banning** talks to **Cindi Bedor**, Head of Staff Counselling in an NHS Hospital, about running a service, and how her employee assistance programme team reach out and make connections with staff, promoting good practice and contributing to improving staff wellbeing and patient care

Inside the organisation

What drew you to the role of Head of Staff Counselling in an NHS hospital?

I think we often forget how lucky we are to have a National Health Service, because the media spotlight is often on the challenges it faces. I genuinely believe that a counselling service can directly and positively impact on patient care, and the focus of healthcare staff is always on providing excellent patient care. It is immensely rewarding to feel I contribute to the achievements of this acute hospital.

What is the set up of your counselling service?

We have approximately 4,000 clinical and non-clinical employees at the Royal University Hospital (RUH). Our service offers one-to-one counselling to employees and their immediate family members, along with couples counselling. In addition, our work with teams includes training, trauma support and facilitation. We have a mediation service and we are currently moving into a more structured way of providing a support and coaching service to managers.

That's an impressive service.

It's important to keep staff working, if possible. Cynics might say, that's the tick box culture, but when you have to staff a ward on a 24-hour basis, it is crucial. People who work in the field of health strive for excellence, have high expectations of themselves and carry considerable responsibility, so good staff support can keep them functioning in the jobs that mean so much to them, their patients and the hospital. I am reminded daily that it takes a lot for healthcare staff, who are so skilled at caring for others, to come to us.

Organisations can sometimes struggle with creating 'a therapeutic environment' for staff counselling. How have you managed?

The feedback we consistently get from our clients is that they feel they can come to us discreetly without being seen by their manager or peers, and once here they feel a sense of sanctuary. We are very attentive to holding a place of stillness – for them and for the organisation. We want our clients to feel a real quality of attention when they come here and not to replicate the frantic pace of their lives. My role, as I see it, is to attend to the small things that make a difference, such as a tidy reception and counselling rooms, as well as 'hovering' over case management, clinical governance and organisational issues.

Like most counselling services, we are committed to the nurturing therapeutic space and this starts with the way we look after ourselves and each other. I think we do this well, which feels a big achievement as we are a very busy service.

Are there any tips you'd like to share?

As a team, we spend time with each other, even if only for 10 minutes every day, usually with a cup of tea. Formal

structured support such as supervision and line manager meetings are a priority and we give ourselves permission to look after ourselves on a daily basis. My colleague has a wonderful habit of taking a 10-minute walk after lunch, which refreshes him for the afternoon ahead.

What about the logistics of counselling in a hospital when the staff work shifts?

Accessibility to our service is one of the best ways we support the organisation. We don't have a waiting list and can usually see someone within three days for assessment. Because we are on site, staff can come off their ward and don't have to go far for their counselling. We offer an assessment session plus four counselling sessions, and allow flexibility with session times if they work shifts. This quick response and ease of access is important in a 24/7 hospital culture.

As a team we have a range of theoretical approaches including humanistic, integrative, cognitive behaviour therapy (CBT), mindfulness, transactional analysis (TA) and psychodynamic, and with this range of diversity we try to match clients to an approach they will most benefit from. Everyone in the team has significant workplace counselling experience and they are all mature practitioners with enormous expertise.

What do you do that supports the organisation beyond providing counselling?

I remain mindful of where my presence might be useful in the more formal aspects of the organisation, but I now focus more on supporting people informally.

I try to hold a memory of the people I've met, like holding a thread, of how they are and the challenges they are working with. In such a busy setting it means a lot to people to feel they, and their situation, are being held in mind. If I've met someone in a corridor, I make a note in my diary to contact them again, perhaps fix up lunch or coffee. I try to do it in a way that will fit with them. For example, with a matron who is so busy I can't get near her, I drop an email at the beginning of the month because I know that she clears her inbox at the beginning of the month and she'll see mine. You have to be creative in this role!

I can see that. And it sounds vital that you're known outside of the counselling room.

It is. I am always reinforcing the role of the employee assistance programme (EAP). If you think about what happens in a hospital, patients come in and they go out. Sometimes staff get to know them and their families, other times a patient's stay is brief and a bed is empty only minutes before it's filled again. My experience is that by maintaining relationships with managers and staff, in whatever way I can, I'm able to keep a gentle reminder that the EAP is there for them. It's a rewarding part of my job. As counsellors, we are often sowing seeds with our clients, and this can also be true within the organisational context.

Cindi Bedor

is Head of Staff Counselling and EAP Manager at the Royal United Hospital Bath NHS Trust

Nicola Banning

is an independent counsellor working with individuals and organisations. She has particular experience of working with the public sector and a specialist interest in promoting wellbeing in the workplace. She is a member of the BACP Workplace executive committee.

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What initiatives have you introduced that take you out of the counselling room?

I was approached by the Palliative Care Team, who had noticed that staff working with patients at the end of their life, were struggling at times with the emotional impact of their work. It can be deeply upsetting when a patient dies, and being with the relatives' distress. Staff are accustomed to this aspect of their work, bringing such empathy and compassion into their care of patients, and they are also human so they will feel the impact. We wondered how we could support them with the emotional aspect of their work, and from there we developed the Reflective Review initiative. We chose to call it Reflective Review to remove as much stigma as possible and to encourage the good practice of professional and personal reflection. As counsellors we know this to be effective because it is embedded into how we work, but we had to find a way for it to fit within a medical framework.

How does it work?

It's a very simple model and the beauty of it rests in the combination of clinical and psychological skills of a nurse facilitating sessions alongside an EAP counsellor. Initially we offered one-off one-hour sessions following the death of a patient, but on some wards they have become more regular. The sessions are a combination of clinical supervision, debriefing and support, with an educational component. Participants may need reassurance that they couldn't have done any more clinically and that's where the clinical expertise of the Reflective Review nurse is so helpful.

Reflective Review now works across the hospital and we have begun to bring more nursing staff into our team. Some wards ask for a Reflective Review when there's been a difficult incident or death of a patient and other wards have found it useful to hold one every six weeks.

Are there any other initiatives you've been involved in?

We've also set up a Trauma Peer Support Programme within our Intensive Care Unit (ITU) to enable the team there to offer support to their colleagues. They care for patients who are very ill and families who can be extremely distressed, and they told us how difficult and surreal it could feel to leave their shift, go home and make the tea! They were keen to develop support within their team on a day-to-day basis, without it being an additional strain or having to go outside the Unit for support. That's when we contacted the Trauma Support Group at London Transport and they generously shared their model and expertise with us, and this informed the development of our own Trauma Peer Support Programme, specifically designed for ITU staff.

If a nurse has been working very hard with a patient and their family over a period of time, one of the trained trauma support volunteers will contact the nurse and ask if

they would like 20 minutes and a cup of tea. It gives them chance to have space and talk about what's affected them. It's not counselling; it's just permission to talk and pay attention to their feelings and self-care. We know as counsellors this is good practice and it works, and this is just one example of the contributions a counselling service can make to a healthcare organisation.

Is there anything else you observe that's particular to working in the NHS?

Understanding as much about an organisation as possible is key for a service like ours. For example, every winter there is an increased demand on hospitals due to seasonal accidents and illnesses, so the demands on staff are greater. I have come to understand this better and we now look at ways we can offer more flexibility to the staff who need our service but who themselves have an added layer of pressure to manage in the winter months. Good therapy can happen in different ways.

What's at the forefront for you in the current economic climate?

It is very tempting to focus on the changes and challenges facing the NHS (and indeed those are very real) but there are many life stresses and changes in contemporary society. Good leadership is needed more than ever now, in all aspects of our society. For me, leading a counselling team and an employee support service has meant engaging with the hearts and minds of our clients, my colleagues, and the organisation. I have found it valuable to have monthly clinical supervision about organisational issues and don't think I could be as effective without it.

What single piece of advice would you give to other counselling service managers?

I have seen and felt the benefits of purposeful and sometimes informal support for staff outside of the counselling room. I would encourage service managers to think about how they hold in mind the organisation, greeting its needs, contradictions and delights in the same human, non-judgmental and caring way we do with our clients.

What book do you most refer to?

On Form: Managing energy, not time, is the key to high performance, health and happiness. Loehr J, Schwartz T. Nicholas Brealey Publishing; 2011. This book has helped me value my own physical, mental, emotional and spiritual energy, and understand the impact of it on others, and it keeps me balanced.

What could you not do your job without?

My team!

What's your motto?

Things are rarely as they seem.