Understanding the Role of the Professional Nurse Advocate
Proposing a Networked Approach to Implementation

NHS Critical Care Network North of England

(Adapted from poster by Dr M Platt)

Background

The Professional Nurse Advocate (PNA) role was developed in the Midwifery field with PMAs. Historically, the UKCC introduced Clinical Supervision in 1996 with a Position Statement [1], but with no mandatory requirement for RNs to either deliver or receive it. Stress, mental health issues and burnout amongst healthcare professionals increased during the Global Pandemic in 2020 resulting in demand for supportive measures towards people's restoration and recovery.

Aims

To provide a clear understanding of the role of the PNA for nurses and managers

•To explore how this might be rolled out equitably across Critical Care Units in the North East & Cumbria region

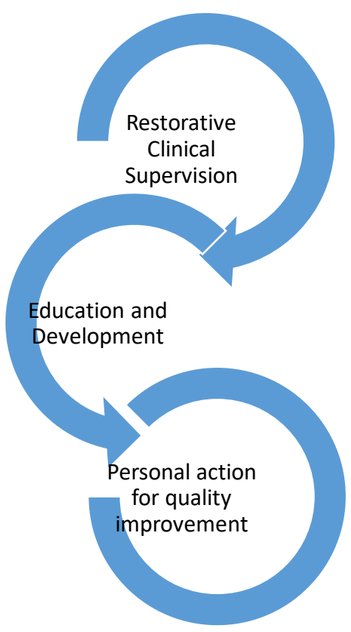
•To garner the support of a Network approach where organisations collaborate and cooperate to develop processes that support equitable access.

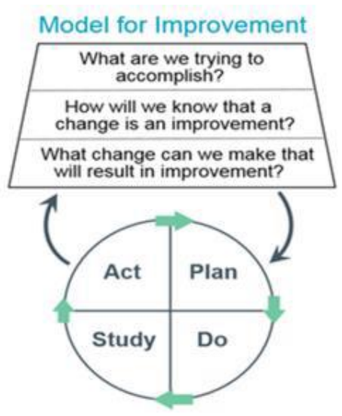
Defining the Role

A PNA is a qualified practicing nurse, defined by the mode of practice which deploys the A-EQUIP model

A-EQUIP Model

The **A**dvocating for **E**ducation and **Qu**ality **I**m**p**rovement (A-EQUIP) Model facilitates PNAs to support the nursing workforce to lead and deliver quality improvement initiatives, through restorative supervision, in response to service demands and changing patient requirements. Developed from Proctor's (1986)[2] formative, normative and restorative functions, the model has been robustly tested in Midwifery [3]





Restorative Supervision

Restorative supervision is a key element of the Model. It is carried out with in a supervisor/supervisee relationship with a skilled facilitator, either 1:1 or group setting. The aim is to be reflective with a clinical focus, cognisant of the work and systemic context. It addresses emotional needs of staff, restores thinking capacity and provides people with the opportunity to process their thoughts and contemplate different perspectives, all of which maybe key in the post traumatic environment of the pandemic world.

Benefits of the PNA Role [4]

Facilitates professional resilience
Supports provision of high quality care
Identifies areas for improvement
Develops the advocacy role of nurses
Underpins strategies to develop and invest in nurses
Provides flexibility for local implementation
Supports revalidation
Improves sickness and absence rates
Improve individual well being
Decreases stress and reduce burnout
Increases enjoyment in work and job satisfaction
Increases retention and staff feel valued
Improves working relationships and team dynamics
Enhances management of work life balance

PNA Education & Training

University delivered 10 week module at Masters Level– For PNA development to facilitate restorative supervision with their colleagues and teams.

First 2 cohort were funded by NHSE, supported by Ruth May[5]

The Network Approach & Model for Improvement [6]

What are we trying to accomplish?

•To provide psychological, professional and educational support to critical care nurses across the region following a period of prolonged trauma, resulting from a global pandemic

How will we know that the change is an improvement

•Recruitment and retention improvements
•Self-reported staff wellbeing and job satisfaction
•Reduced incidents
•Reduced sickness and absence
•Continued service improvement

What change can we make that will result in an improvement?

•For all critical care nurses across the NoECCN region to have access to restorative supervision via a trained PNA

Gap Analysis

Hospital /Unit	Headcount	PNA's
CIC	39	2
WCH	35	2
Freeman Wd 21	135	4
Freeman Wd 37	120	3
RVI Wd 18	125	2
RVI Wd 38	118	2
NSECH	62	4
STDH	34	2
Sunderland	85	2
QE	70	2
UHND	53	1
DMH	57	1
UHNT	88	2
JCUH GCC	220	4
JCUH CICU	63	1

Stakeholder Involvement

Leadership is a key component of the PNA role and responsibility weighs heavy therefore to ensure that processes are in place to support equitable implementation. The Network is ideally placed for regional collaboration to provide assurance to commissioners that appropriate steps have been taken for equitable access and delivery.

Analysis

Consider different methods of delivery to be agreed i.e. group or individual supervision

•Time to be allocated for PNAs to function

•Time to be agreed for staff to be released to attend supervision sessions

•Agree ratio of PNAs to nurses and baseline frequency of supervision

•Review and agree the number of PNAs required to implement the A-EQUIP model in each unit based on these equitable arrangements

•Obtain sign-up at the NoECCN Board to a PNA Service Development Programme for implementation in all member organisations to ensure equity of access

Recommendations

*Treat this presentation as a ***call to arms***

*Links to CC3N for agreement and away forward to generate equity of access across England

*NoECCN Lead Nurses to identify local organisation plans for implementation, where in place to be shared with the Network

*EMCCN Restorative Supervision Strategy for Nurses to be written collaboratively, clearly stating the standards required

*Baseline data collection to assist future planning i.e. number of nurses and number of PNAs in training / qualified in practice

*Add the PNA objectives and wellbeing standards to theNoECCN Self-Assessment Tool

REFERENCES:

1.UKCC(1986) *A Position statement on Clinical Supervision for Nurses and Health Visitors*; **2.**Proctor B (1986) *Supervision: a co-operative exercise in accountability* In MarkenM and PaynesM (Eds) *Enabling and Ensuring: Supervision in Practice*. National Youth Bureau and the Council for Education and Training in Youth and Community work; Leicester

3. https://www.england.nhs.uk/mat-transformation/implementing-better-births/a-equip/a-equip-midwifery-supervision-model/ **4.**Petit and Stephen, (2015) *Supporting Health Visitors and Fostering Resilience*, Institute of Health Visiting, England; **5.**https://www.nursingtimes.net/opinion/i-am-pleased-to-announce-the-roll-out-of-the-professional-nurse-advocate-programme-05-03-2021/**6.** http://www.england.nhs.uk/improvement-hub/wpcontent/uploads/sites/44/2011/06/service_improvement _guide 2014.pdf