

Professional Nurse Advocates in Critical Care: Standard Operating Procedure



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Introduction / Background

Launched in March 2021, the Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for nurses across England. This Standard Operating Procedure (SOP) provides guidance to healthcare organisations and employed PNAs delivering a PNA service to teams of nurses working within the Critical Care environment. Ruth May, Chief Nursing Officer for England described the PNA implementation across England and the vision is that there will be eventually a minimum of 1 PNA for 20 registered nurses in England.(May 2021)

Definitions

Professional Nurse Advocate

The PNA is a practicing nurse, trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative supervision, in response to service demands and changing patient requirements.

Arguably, it is best defined by the Advocating for Education, Quality and Improvement (A-EQUIP) Model utilised in practice, which includes

1. Restorative clinical supervision
2. Personal action for quality improvement
3. Education, development and monitoring
4. Evaluation and quality control

Restorative Supervision

Restorative supervision contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult situations. When faced with complex workloads and decision making, professionals need to process feelings of anxiety, fear and stress to liberate their minds, so they can focus on learning and development needs and move towards a more creative, solution-focused approach.

Quality Improvement

Quality Service Improvement is a key outcome for the role of the PNA, alongside restorative supervision. This involves a degree of mentorship and support on behalf of the PNA to work with the supervisee to effect change in practice using improvement methodologies.

Aims

This document aims to guide organisations across England to support implementation of PNA Programmes in critical care to

- Standardise processes for delivery of the PNA service
- Ensure equity of access to resources for those in greatest need and guide optimal management of scarce resources
- Ensure equity of delivery so that users of the service can be assured of high quality, standardised, evidence based restorative supervision
- Empower newly qualified PNAs to deliver the service in a supportive, adequately resourced, safe, healthy environment as part of their job description.

This document will be used in conjunction with NHSEI national PNA guidance document entitled 'The professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses '.

This document describes the professional nurse advocate (PNA) role and the A-EQUIP (Advocating and Educating for Quality Improvement) model of professional nursing leadership and clinical supervision, and provides guidance on their implementation. The document can be accessed by the following link:

<https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/>

Scope

This Standard Operating Procedure applies to healthcare organisations where critical care is delivered to patients; applicable to NHS and Independent Sector organisations. It will be implemented through the CC3N membership and via regional operational delivery networks.

Principles for Practice

This document provides a set of principles which will guide local practice

- All registered nurses working in the critical care environment will have access to a suitably qualified PNA
 - The number of supervisees each PNA will be responsible for will depend on their WTE employment and time allocated to the PNA role. Based on a full time PNA post, it is anticipated that the post holder would be responsible for up to approximately 20 Registered Nurses. In the absence of an evidence base, this is calculated in relation to current best practice indicators from early implementer sites.
 - Following consultation with CC3N National critical care PNA network it is recommended a minimum of 15 hours per month should be allocated for the critical care PNA to undertake the PNA role. The size of the critical care unit and amount of Registered Nurses within the unit should be considered when allocating PNA time.
 - Where resources and subsequent access to a PNA is limited, a triage system will be implemented to ensure that those in greatest urgent need are seen in a timely manner
 - The A-EQUIP model will be the primary mode of delivery
- PNAs will have access to a regional PNA Lead for their own support and guidance. Contact details for regional PNA leads can be accessed via the following link :

www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/professional-nurse-advocate-regional-teams/

- Each Critical Care PNA will have a role specification / job description – these will be determined by their own Trust and should be standardised across regions with input from Critical Care Networks
- PNA services will be delivered through both one-to-one and group sessions
 - Sessions will be 60 - 90 minutes
 - Group sessions will include no more than 8 Supervisees with 1 or 2 PNAs.
- Sessions will be delivered ideally face-to-face, but virtual appointments can be made available to facilitate ease of access for those on a range of shift patterns

- The service will be delivered underpinned by a compassionate leadership approach and a focus on service improvement work as an outcome measure (in line with the A-EQUIP model of the PNA role implementation)
- Resources will be available via the organisation as appropriate including
 - Appropriate number of PNAs in post to deliver the service
 - Booking system
 - Access to a private room
 - PNA Role Guidance – local SOP ratified via Trust governance mechanisms
 - Trust ratified documentation e.g. supervision contract and supervision record forms.
- The PNA will be an appropriately experienced Registered Nurse who has successfully completed a recognised University PNA training programme at Masters' Level
- The PNA will be employed in a Trust designated role (rather than self-appointed and voluntary) with the role clearly defined in a trust-agreed role description with clear parameters of responsibility for delivering a restorative supervision service to a defined group of nurses, thus supporting vicarious liability and Trust protections to the post-holder.
- Time will be allocated and specifically agreed in the PNA's shift /work rota for delivery of the service, if the role is an extension to their routine clinical role the PNA will not be expected to deliver the service in their discretionary time, indeed they would not be covered by employer's vicarious liability if they were to do so.
- The employing organisation will have a clear escalation process in place through which the PNA can escalate anonymised key issues and urgent concerns
 - E.g. thematic analysis over a number of sessions highlights a particular area of concern across a range of supervisees
- The employing organisation will provide the PNA with
 - Allocated time to access either a PNA for peer support or restorative supervision.
 - A clear process for which the PNA can obtain their own supervision and support. This can be facilitated via identified Trust / regional PNA leads.
 - Opportunities within their job plan to liaise with other PNAs locally / regionally
 - An identified mentor with allocated time for reflection
 - Opportunities to update their skills
- All registered nurses, any grade, working in critical care will have access to a PNA session when needed but all RN's must have access to a session as a minimum, once per year. It is acknowledged however, that unlike the model in Midwifery services, this role was established to manage the emergent nature of the critical care nursing team's requirements and therefore supervisees' needs will be triaged accordingly to facilitate urgent intervention and delivery of Mental Health First Aid.
- As part of their role, the PNA will maintain appropriately stored, anonymised records. These records would be in line with NHSEI National PNA guidance and consist of date, time, and duration, number of sessions and how many people attend sessions.
- The PNA will provide quarterly / annual reports to the Trust, highlighting key themes and summarising the service delivery with relevant data (e.g. number of allocated appointments, number of nurses seen, attrition/DNA rates)

This CC3N SOP will be monitored through its regional members with routine reports to the Chair regarding compliance. The CC3N will develop a central repository for PNA activity monitoring including time allocation, total number of supervisees managed by PNAs and gap analysis for current resources.

References

May (2021) 'Roll out of Professional Nurse Advocate Programme ' cited in *Nursing Times* 5th March 2021.

NHSEI (2021) 'The professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses', published by NHSEI 2021.

Useful Resources

For generic PNA resources -this website also has various PNA case studies including critical care.

<https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate>

For critical care specific PNA resources:

<https://www.cc3n.org.uk/professional-nurse-advocate.html>

This document has been shared with CC3N group members for feedback and subsequent endorsement.

Acknowledgement to the CC3N Critical Care PNA steering group for their work on this document.

2022 Critical Care Networks National Nurse leads (CC3N)

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Whilst this document is applicable in England, other UK countries are welcome to adopt it as required.

Comments regarding this document can be made via:

<https://www.cc3n.org.uk/contact-us.html>

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