

Professional Nurse / Health Visitor Advocate Framework for Nursing and Health Visiting



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1. Introduction

Clinical Supervision has been promoted for nurses in the NHS for some years. However, a consistent approach to provision and access has not been achieved. At the same time retention of nurses has become essential to ensure adequate provision and quality of care as English hospitals face critical issues in attracting and retaining nurses and health visitors.

In 2017 the long-standing statutory requirement for supervision of midwives through a supervisor of midwives role was removed and replaced with the NHSE/I developed Advocating and Educating for Quality Improvement (A-EQUIP) model (NHS England, 2017). Incorporating the use of restorative clinical supervision (RCS) the model supports staff emotional resilience, connecting the lived experience of the midwives with quality improvement and education and feedback into the local clinical governance agenda. This model is facilitated by a new role, the Professional Midwifery Advocate (PMA).

Since 2017 there has been several key evaluations of the use of A-EQUIP, RCS and the PMA role which have shown that where there is professional leadership there have been positive effects on the workforce. This has been reflected in work place changes, involvement of staff in safety initiatives and improved retention of midwives. The experience of the introduction of the PMA role and A-EQUIP has been led by senior midwives at RWT and has reflected the positive feedback.

It is therefore intended to adopt the role and model into nursing and health visiting in a structured way to support nurses and health visitors' wellbeing, contribution to change and retain staff. This role will be called the Professional Advocate who may be a nurse (PNA) or health visitor (PHVA). In order to achieve this, the Trust is being supported by University of Worcester in the provision of education as well as the national programme through a range of educational providers and the Chief Nurse. Advantages are expected to be:

- Improved retention of nursing and midwifery staff
- Reduced sickness
- Improved team working/civility
- Staff voice heard
- Supporting road to co-production
- Improved professionalism (Code of conduct) and reflective practice
- Nurses and Health visitors value the role of the PNA and are educated in its use and purpose.

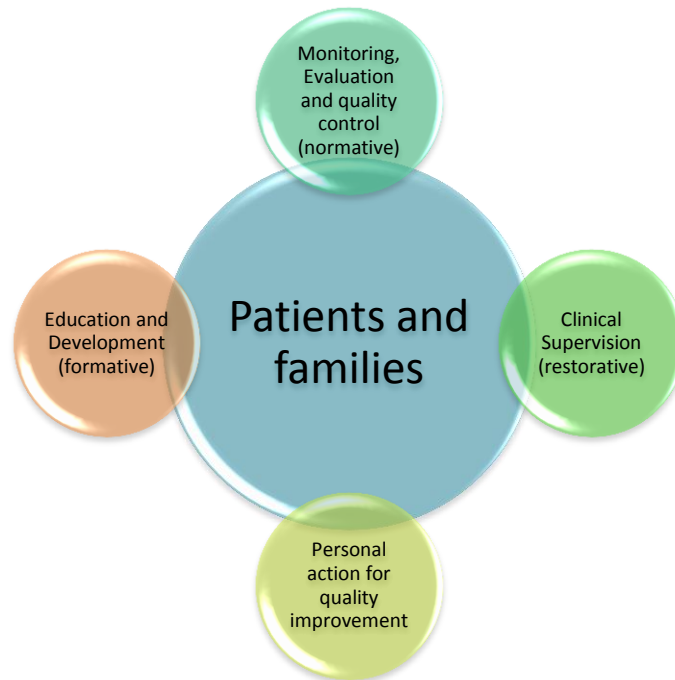
For the purpose of simplicity, the term PNA will be used from here on but this could be a PNA or PHVA.



2. Vision and Objectives

Nurses and Health Visitors are supported to maximise their professional contribution and self-esteem through access to independent professional leadership and support, facilitated by the role of the Professional Advocate and the deployment of the A-EQUIP Model.

Adapted A-EQUIP model for use with nursing and health visiting



Objectives:

1. Use the Advocating for Education and Quality Improvement (A-EQUIP) model to support the supervision of Registered Nurses and Health Visitors.
2. Act as a role model promoting safe and effective evidence-based care for patients and their families.
3. Support RNs to identify how personal actions can improve the quality of care provided to patients and their families.
4. Use a process known as “Restorative Clinical Supervision” (RCS) to support RNs to focus and develop professional and career aspirations.
5. Support RNs in emotionally difficult and challenging situations.
6. Provide visible leadership in the workplace.

3. Role

3a. Role Preparation

By January 2022 over 40 nurses or health visitors are on track to be trained to provide a service, based on one day a month of their substantive role. Candidates are identified based on their experience (usually band 6 or above), commitment to the role and managers support, and complete a simple application form. A brief video is available for candidates to view to understand the Trust's visions and objectives for the PNA role and a role description and supporting templates (Appendix 2-5) will support consistency. Trainee PNA's will be supported by mentors (regardless of education provider) who are those already undertaking the role and have support for mentors will consist of a short course before taking on the role and access to a senior lead in the Nurse Education Team to be able to discuss concerns about a student.

Applications are submitted to the Nurse Education Team who undertake a further shortlisting for available places per cohort. Some university provider's course leaders then undertake a brief interview to ensure commitment to an academic programme to prepare for the role.

Successful candidates undertake a level 7 module with 15-20 credits at masters' level which includes practical exposure to the role, as well as education and critical analysis of the A-EQUIP model and its components. Candidates are empowered to utilise positive psychologies, professional conduct and leadership.

3b. Role Description

A role description is available and provided in Appendix 2 to this Framework. Nurse Education will keep a register of active PNA's.

3c. Role Support

For those having completed the training and undertaking the role. Regular supervision will be accessible led by nursing and health visiting leaders, from within the organisation or externally, with a significant insight into the role.

- The network of PNA's will be supported through a social media group using WhatsApp initially.
- Each PNA will be assigned to a supervision set.
- An annual in-house education event will take place to facilitate the continuing education of positive psychologies, CQI and development of the role. There may also be access to PMA annual events as the role evolves.
- A range of links to useful educational resources will be available via the trusts social media platforms and Learning and Development System (when available).

A PNA Steering Group will oversee the effectiveness of support, uptake of the role, feedback from PNA's, analysis of themes discussed with PNA's, ongoing implementation, service developments, research and external promotion of the role and use of the model. The group will also ensure ongoing fidelity to the model and the maintenance of communication with University of Worcester. Terms of reference will support the group (Appendix 1).



A Practical Tips and session template (Appendix 3) will help support the optimisation of RCS.

4. Access

Nurses, Health Visitors and relevant support workers will access PNA's through several routes

- Booking on a Learning and Development System (My academy) when available. This will enable an appointment to be booked with a trained PNA.
- A PNA is approached personally. If appropriate then the session can be added by them.
- A manager or colleague identifies that the support of a PNA might be useful to them.

PNA's will also be able to enter /need to document and their attendance at action learning sets, governance meetings and other relevant educational or supportive events.

Where teams require RCS following an incident or event then the PNA or a nominated lead can enter it onto the Learning and Development System (when available) or document using the Survey.

5. Monitoring and Evaluation

Following the PNA interaction, the PNA should complete the evaluation on the supervisor survey (when available return to the Learning and Development System) in order to enter the theme for the reason for accessing the PNA from a drop-down list. These may be from the list below which will be kept under observation and updated when needed.

- Continuous Quality Improvement
- Education
- Individual RCS
- Group RCS
- Workplace concerns/stress
- Out of work concerns/stress
- Incident debriefing
- Personal development
- Proactive support

A report on the role will be taken to the Quality Safety Assurance Group 6 monthly detailing trends and use of the PNA.

Evaluation

Process evaluations examine the degree to which activities: (1) are implemented and delivered as planned, (2) reaching the intended target audience(s), and (3) producing the desired outputs.

- Minimum of 40 RNs recruited for the PNA modular Programme by Dec 2022 (as per Clinical System Framework)

- The PNA has access to, and participates in learning opportunities for ongoing personal and professional development
- Number of bookings for PNA (uptake)

Outcome evaluations - assesses progress in achieving outcomes that the PNA role is intended to achieve.

- Sickness absence rates due to stress reduction
- Feedback from supervisees (via electronic survey)
- NHS survey responses relating to job satisfaction

Impact evaluations - assesses effectiveness of the PNA role in achieving its ultimate goals.

- Retention rates of registered nurses and healthcare assistants.
- Wellbeing as assessed through the staff survey and other means
- Patient quality and safety indicators as per the Trust Patient Quality & Safety Strategy
- Results of PNA supervisee survey
- Results of PNA supervisor survey.

A long-term evaluation is in development in collaboration with the University of Worcester. This will be undertaken via a PhD studentship and the details will be developed in due course and liaison with the RWT steering group and the University.

6. References

NHS England. (2017). A-EQUIP: A model of clinical midwifery supervision. Retrieved 5th November, 2020, from <https://www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf>

Appendix 1 – Professional Advocate Steering Group Terms of Service

TERMS OF REFERENCE

Terms of Reference	RWT Professional Advocate Steering Group
Trust/local Strategic Objectives (as applicable) Risks title and number	3. Create a culture of compassion, safety and quality.
Meeting Purpose/Remit	The Professional Advocate Steering Group steers the introduction, development and evaluation of the role of the professional advocate within RWT.
Responsibilities	<ol style="list-style-type: none"> 1. To understand, develop and improve the role of the PNA in line with the A-EQUIP model 2. To ensure there is safe education and preparation for the role of Professional Advocate. 3. To ensure there are agreed arrangements that it is clear for both PNA and practitioner to ensure confidentiality and professional practice. 4. To oversee and amend the implementation of the framework for professional advocates. 5. To analyse data to monitor uptake and impact of the role. 6. To monitor and advise on long term evaluation of the PNA role 7. To ensure there is suitable support for those undertaking the role of PNA 8. To gain feedback from both those undertaking the role and in receipt of the PNA to address risks accordingly.
Authority & Accountabilities	The Professional Advocate Steering Group will be accountable for the safe implementation of the role.
Reporting Arrangements	The Professional Advocate Steering Group will report 6 monthly to the Quality Safety Assurance Group.
Membership	Deputy Chief Nurse (chair) Head of Nurse Education Deputy Head of Nurse Education Head of Midwifery Reader in Nursing Professional Advocate Representative Professional Midwifery Advocate Representative Head of Nursing Representative
Attendance	Appropriate representative may be sent. They will be required to agree/authorise actions on member's behalf.
Chair	Deputy Chief Nurse

Quorum	Quorum will be achieved by 30% of membership in attendance.
Frequency of meetings	Monthly
Administrative support	Action notes only will be taken – monitored through a developmental action plan
Standards worked to	A-EQUIP model (NHSE 2017) RWT Patient Quality and Safety Strategy
Standard Agenda	Not applicable
Subgroup reports	Not applicable
Date Approved	May 2021
Date Review	May 2022



Appendix 2 – Role of the Professional Advocate

The Professional Advocate is a sessional role for most people, and therefore a minimum of 8 hours (more if agreed locally) per month is expected. The hours can be split to suit the requirements of the service.

The Professional Advocate will:

- Be a trusted and suitably senior member of staff who has the knowledge and experience to liaise with leaders in order to facilitate feedback on themes and learning and influence education and quality improvement initiatives.
- Have the full support of the Matron and other senior nursing leaders in the directorate.
- Use the A-EQUIP model to support staff in their role and personal development.
- When available use Trust Learning and Development System to book and feedback on planned activity as required.
- Be an excellent role model in their area of practice and also in the use of positive psychologies to improve practice and communicate with colleagues, and patients/clients. For example, use of Appreciative Inquiry.
- Provide access to RCS support, this is likely to be mainly in own directorate. However, it may occasionally be for someone or a group outside that directorate. The PNA may also direct people from own directorate to other PNA's if required.
- Liaise regularly with the senior nursing/HV leaders in the directorate to influence change.
- Monitor the effect of the PNA role on staff retention and sickness absence rates.
- Provide at least 3 monthly feedback on the activity and outcomes of the PNA to the local governance committee using the reporting template provided.
- Engage in their own continuous professional development and networking with other PNA's.
- Engage with CQI and education initiatives locally.
- Contribute to the Trust's plans for developing the role of the PNA as required.

Appendix 3 – RCS Session Template

Welcome / Introductions

E.g., Thanks for taking the time out to come along today. My name is...

Explanation & Ground Rules

E.g., A Restorative Clinical Supervision (RCS) session, in the context of A-Equip is an opportunity for you to take some time out for yourself to spend exploring an issue, event or aspect of your work or home life that you want to change, improve or reflect on. It is a two-way process with no set agenda but through time to think with the help of a facilitator, the Professional Advocate, we can understand how feelings and emotions can impact on us and be compassionate to ourselves. It is hoped, through this, that it will help you to understand more about the behaviours of others and become a more compassionate and improvement focused practitioner. The aim is not to solve problems for you but to support you to find your own conclusions and develop an action plan, if appropriate, to help you move forward. You may even have a 'light bulb' moment! There are some ground rules to enable this structured approach these are:

- Our discussion is confidential but if you do disclose something that is professional misconduct, safeguarding or a safety risk, I would need to take action on this.
- I won't take notes but I will record the theme anonymously (no names) under a headline e.g., 'workplace stress' or 'career improvement'. This is so that we can evaluate the role of the PNA, how it is being used and how we can make it better.
- If our discussion leads to an action plan that is yours to write and own.
- The session will be one hour long. If you need longer you can rebook to come back for a second session but this isn't normally needed (note: keep an eye on the time and hold to the hour).
- We're going to turn our phones/computers etc. off so we can concentrate uninterrupted.
- Before you leave today, I'll check how you are.

Check the person is happy to proceed. Consider brief relaxation expertise if necessary (e.g., count to 30 or close eyes and concentrate on sounds, then breathing, then sounds again, open eyes and start).

Invite person to tell you about why they have arranged to see you and commence session.
At end of time draw to a close, consider actions (of necessary). Check: 'How are you feeling?'
Prompt to complete the Supervisee survey monkey (appendix 7).

Note: Theme of the discussion

Record the theme on the supervisor Survey Monkey (Learning & Development Database when available).



Appendix 4 – Governance Framework

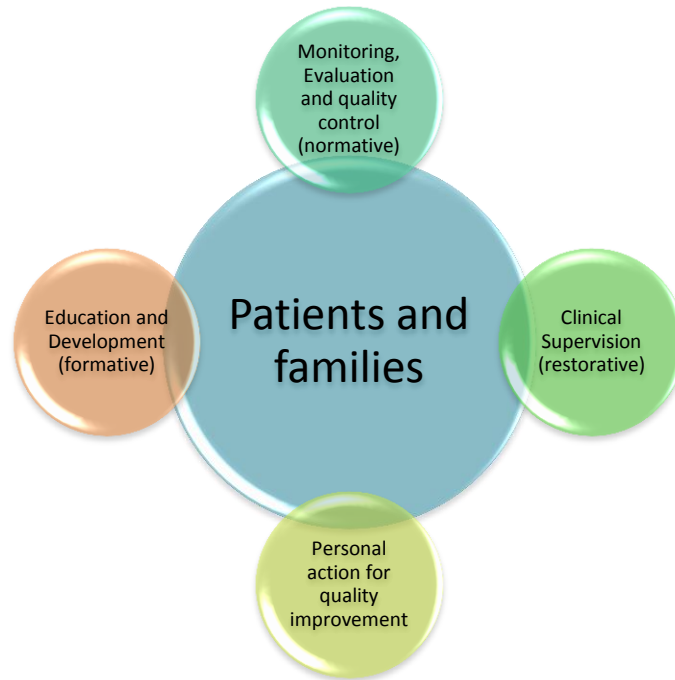


Appendix 5 – Governance Report Template

Professional Advocate Report to Directorate Governance Group		
Directorate	XXXXXXXX	
Report Author	XXXX XXXX	
Date	xx/xx/xx	
Nursing/HV staff absence rate in period	xx%	
Nursing/HV staff turnover rate in period	xx%	
Use of PNA in reporting period (usually 3 months)		
<p>Summary</p> <p><i>Provide a brief paragraph on the activity and key learning as well as impact on staff retention and benefits to patients/Clients.</i></p>		
<p>Number of RCS sessions</p> <p><i>Insert number from Learning and Development System when available otherwise please keep a record</i></p>	<p>Themes</p> <p><i>Insert key theses from L&D system</i></p>	<p>Key learning points</p> <p><i>Insert key points from L&D system</i></p>
Quality Improvement Projects initiated as a result of staff feedback	<i>List any identified</i>	
Education developments as a result of staff feedback	<i>List any identified</i>	
Other support offered in period	<i>E.g. You may have worked with a ward or departmental manger to change something not covered above or contributed to the PNA steering Group</i>	

Appendix 6 – Adapted Advocating and Educating for Quality Improvement (A-Equip) Summary

The A-EQUIP Model is provided as a reminder of the model the Professional Advocate (PNA) works to. The role is a sessional role which supports nurses and midwives through providing support aimed at connecting the elements of the role for the benefit of patient care. The function of the PNA replaces clinical supervision and provides a modern structures approach to staff support.



Appendix 7 – Evaluation

To Professional Nurse Advocate (PNA) Surveys will be available, these should be promoted for completion at end of each session and will be via Survey Monkey initially. This can be completed directly by the link below which can be sent in a text or email or by using the QR code directly from a smartphone or device.

PNA Supervisor survey

1. I am:
 - A Registered Nurse
 - A Registered Midwife
 - A Registered Health Visitor

2. I trained as a Professional Advocate Supervisor...
 - Within the last 3-months
 - Within the last 6-months
 - Within the last year
 - More than 1-year ago

3. Was this your first experience of facilitating a Professional Advocate supervision session at RWT?
 - Yes
 - No

4. I was able to facilitate the Professional Advocate supervision session in a timely way...
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

5. The type of Professional Advocate Supervision session was... (Tick one box only)
 - Individual planned
 - Individual unplanned
 - Group planned
 - Group unplanned

6. With regard to the environment where the Professional Advocate supervision session took place... (Tick one box only)
 - A suitable environment was readily available
 - It took time to find a suitable environment
 - The environment was suitable, but could have been better
 - The environment was unsuitable, but there was no other choice

7. The theme of the Professional Advocate supervision session was... (Tick all that apply)
 - Emotional distress, work related
 - Emotional distress, not work related
 - Health and wellbeing

- Professional relationships
- Incident debrief
- Safeguarding issue
- Preparation for appraisal
- Preparation for professional revalidation
- Education/training related
- Career related
- Other (Please state)

8. I was able to facilitate the Professional Advocate supervision session in the allocated 1-hour...

- Strongly agree
- Agree
- Disagree
- Strongly disagree

9. The Professional Advocate supervision session appeared to meet the supervisee expectations...

- Not at all
- A little
- Sufficiently
- Completely
- Unsure

10. The Professional Advocate Supervision session contributed to... (select all that apply)

- Restorative Supervision
- Incident debriefing
- Guided reflection on practice
- Evidence-based practice development
- A quality improvement initiative
- An education/training plan
- A well-being plan
- Professional

Professional Nurse Advocate (PNA) Survey – **Supervisor**

Link: <https://www.surveymonkey.co.uk/r/T72DB29>

QR code:



PNA Supervisee survey

I am:

- A Registered Nurse
- A Registered Midwife
- A Registered Health Visitor
- A Nursing Associate
- A Health Care Assistant
- A Student Nurse
- A Student Midwife
- A Student Health Visitor
- Other (Please state)

1. My specialist area of practice at RWT is:

Please state:

2. Was this your first experience of Professional Advocate supervision at RWT?

- Yes
- No

3. The process for arranging a Professional Advocate supervision session was easy to follow.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

4. The Professional Advocate supervision session was carried out in a timely way.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

5. One of the aims of Professional Advocate supervision is to help Nurses, Health Visitors and Midwives to manage the emotional effects of their work so that they can continue to provide a high-quality service. Did you experience this during the supervision?

- Not at all
- A little
- Sufficiently
- Completely
- I'm unsure

6. Professional Advocate supervision met my needs.

- Not at all
- A little
- Sufficiently
- Completely
- I'm unsure



7. Overall, the Professional Advocate supervision session met my expectations.
- Not at all
 - A little
 - Sufficiently
 - Completely
 - I'm unsure
8. Based on your experience of Professional Advocate supervision, which of the following would you say are True? (Tick all that apply)
- Provides an emotionally safe space for discussion
 - Shows concern for staff wellbeing
 - Reduces work-related stress
 - Encourages critical reflection
 - Facilitates learning
 - Aids professional development
 - Develops self-esteem
 - Supports staff contribution to quality care
 - Identifies opportunities for quality improvement
 - Does not provide any benefits
9. I would participate in Professional Advocate Supervision again, if required (Tick one box only)
- Yes
 - No
 - Not sure

Professional Nurse Advocate (PNA) Survey – **Supervisee**

Link: <https://www.surveymonkey.co.uk/r/T7Z29LM>

QR code:



Appendix 8 – Information for Managers

As a manager with a Professional Nurse (PNA) or Health visiting advocate (PHVA) you will have some questions around the role, members of the steering group or your PNA/PHVA are available to answer these. Below is a brief guide to some common questions.

Time for the role

PNA/PHVA's should be given 8 hours/month dedicated time to undertake the role. This can be rostered as a block of time or divided into smaller blocks e.g., 2 hours a week. This is a minimum so if you decide you would like them to commit more time to the role you can and agree this locally. You will also need to consider that if an untoward event happens or a member of staff needs support quickly, they may use some time in an unplanned way how you will use this time, would you anticipate this would be additional hours to the planned ones or include them? It's up to local managers to discuss this with their PNA/PHVA. It is anticipated that the benefits of the role will outweigh the hours.

Some PNA/PHVA's will be working in areas with 30-40 employees or smaller, e.g., a hospital ward. Others will be in large teams, for example theatres, NNU or ICCU. It is recommended that you have more than one PA in these areas so that there is opportunity for all nursing staff to access the service. However, in these large areas, initially you may want to limit the service to a smaller team or cohort of staff whilst you put other through training.

Pay

The PNA/PHVA will be paid at their current role as this will be part of their job.

Space

The PNA/PHVA will require access to space that they can use for restorative supervision or to write a report. While the trust is building a number of rooms to give flexibility going forward you will need to help facilitate this.

Access/MDT

The PNA/PHVA role is mainly aimed at registered nurses/nurse associates/health visitors initially. However, there may be times when an HCA requires this level of support, you can discuss this with your PA/PHVA locally. The role should not be opened up to whole MDT generally, however if there is a significant event and group RCS is required then it would be appropriate to include members of the MST as well as nurses and HV's.

Regular communication

You will need to establish regular communication with your PNA/PHVA, they should be part of your senior advice team as would your Practice Education Facilitator (PEF) be or other senior staff. You will need to be able to advise staff you think would benefit as well have feedback on themes and trends and know what is being reported to governance groups.

