

Implementing and embedding the Professional Nurse Advocate role in Critical Care:

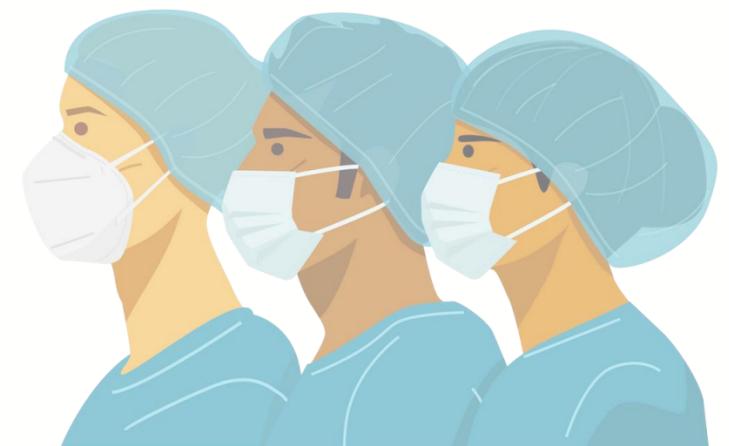
A service evaluation of the first five months

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Who are we?

Critical Care at Guy's and St. Thomas' comprises:

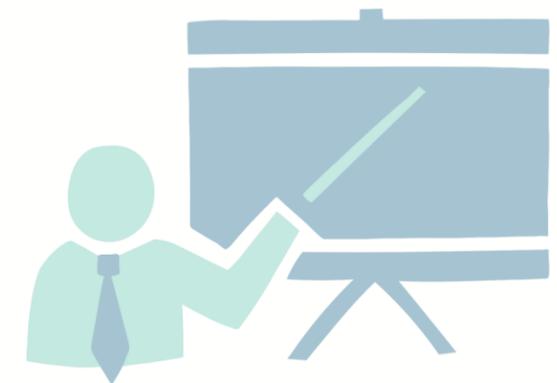
- 8 units with 107 beds across 2 sites.
- A large, diverse workforce comprising over 500 registered nurses.



How did our PNA journey start?

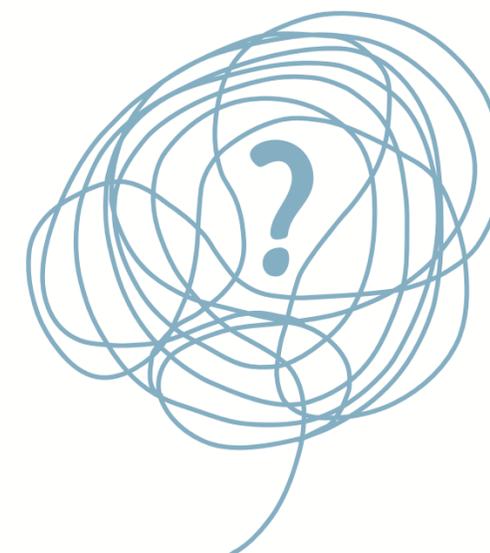
- 1st cohort – started training middle of 2021 – 1 critical care nurse from GSTT.
- 2nd cohort – started training end of 2021 - 5 critical care nurses from GSTT.
- 3rd cohort – started training June 2022 - 2 critical care nurses, including lead PNA.

We had no idea *how* to implement the role...



What happened next?

- 12 PNAs have been trained (including lead PNA); currently 9 are active PNAs (bands 5-7).
- Lead PNA has a passion for supporting and developing staff, having previously been a team leader with established coaching skills.
- Although lots of nurses were doing the training, we did not know how (or even *if*) the role would be implemented.
- Service set up as part of lead PNA role as a PDN – launched in September 2022.



Testimonial – PNA (1)



“I wanted to be a PNA as I think there is significant demand for a confidential service to support nurses, prevent burnout and retain nurses in the department. The protected time provides nurses with an opportunity to reflect on challenging situations which may be causing them distress, find solutions and access signposting to further support.

In RCS sessions, nurses often raise issues such as distressing situations, workplace bullying, wellbeing concerns and career development. The PNA role and clinical supervision results in nurses feeling valued and listened to. By talking to a PNA they are empowered to improve.”

PNA and Band 5 nurse

What did we do?

- We launched before winter pressures started, with the intention of establishing a service before PNAs might be pulled back to clinical duties – this was one of the best decisions we could have made.
- We loosely followed guidance from NHS England and the then newly created SOP from CC3N to decide how to implement the service.
- We also contributed to and followed the trust SOP.

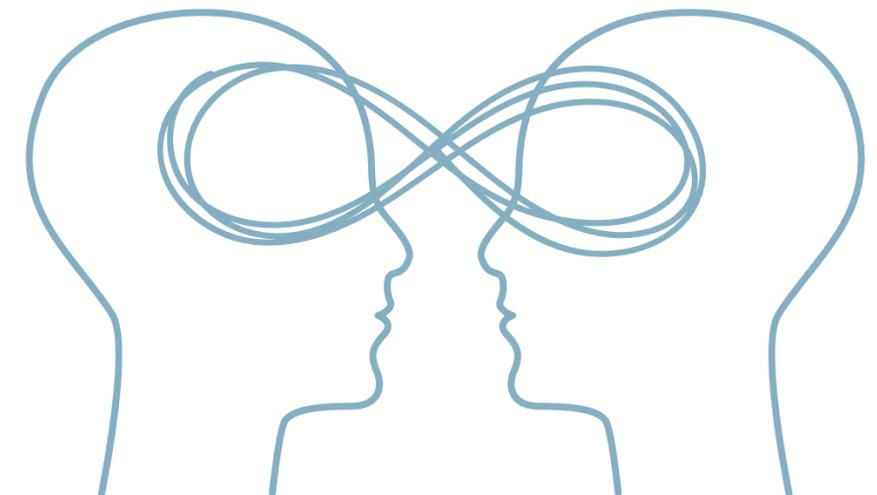


How did we do it?

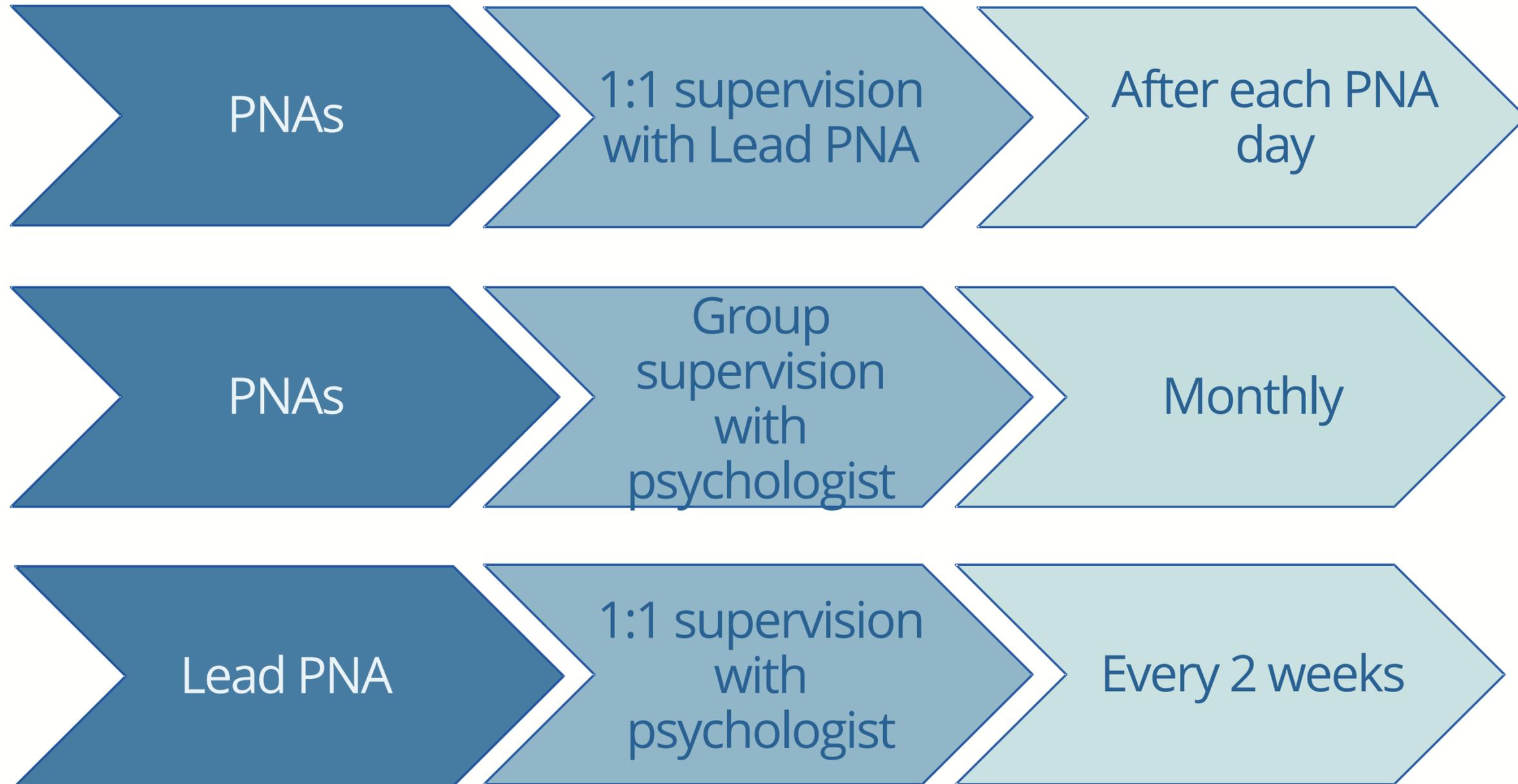
One PNA day per week - 2 PNAs per day, each PNA working 8-6 once approximately every 4 weeks.

Why work in pairs?

- Time for admin and debrief with lead PNA.
- Support and skills development.
- Allows one to cover at bedside.
- A buffer if needed to help clinically.



How did we support the PNAs?



Testimonial – PNA (2)



“The winter season, particularly challenging in terms of working conditions and pressure on staff, has shown how essential we are for our colleagues. The value of providing a safe space for staff to reflect and restore themselves when they are exposed to challenges is of high significance, especially in winter.

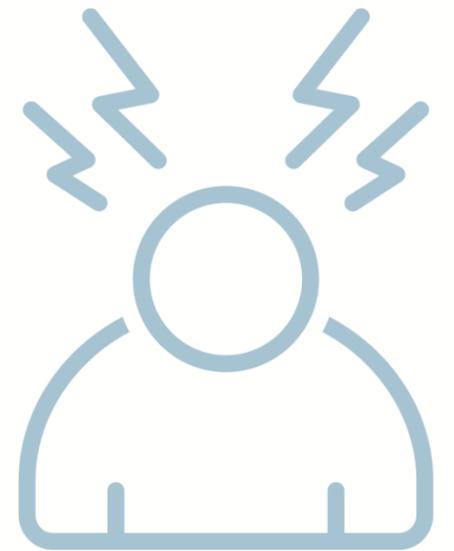
I am lucky to work alongside amazing PNAs. The dynamism, authenticity and kindness of my PNA colleagues are the fuel of this group, driving constructive projects and appropriate support.

I am proud to be a PNA. I am honoured to give something back to this profession that has given me so much.”

PNA and Band 6 nurse

What happened in winter?

- Winter pressures required the service to be scaled back – no funding for backfill of PNA sessions (trust-wide)
- Negotiated successfully to keep a skeleton service going over winter, when the need was likely to be higher due to increased stress
- We moved to a PNA service of 5 hours per week, plus additional ad-hoc provision by lead PNA (no longer working in pairs)

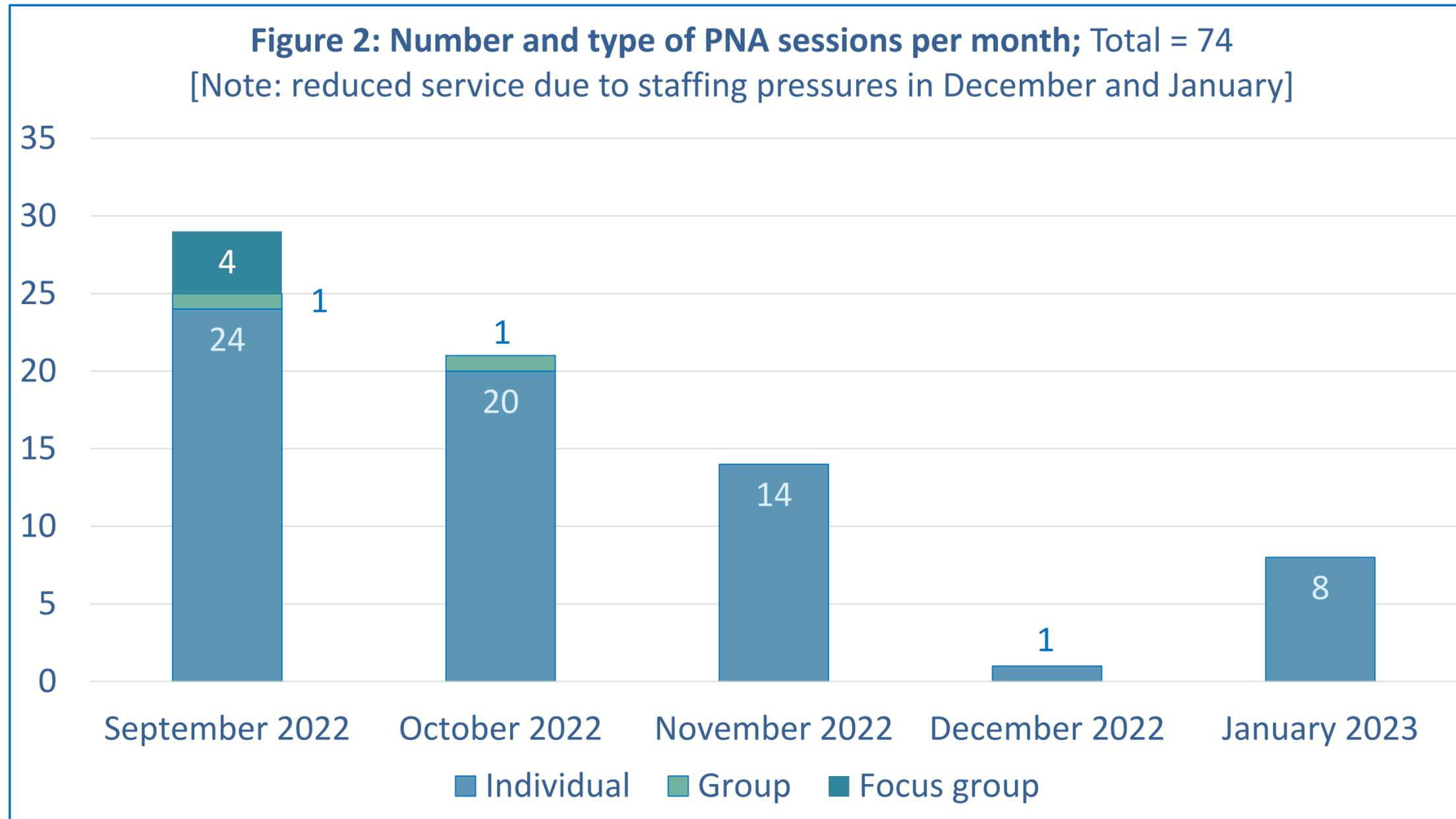


How do we measure success?

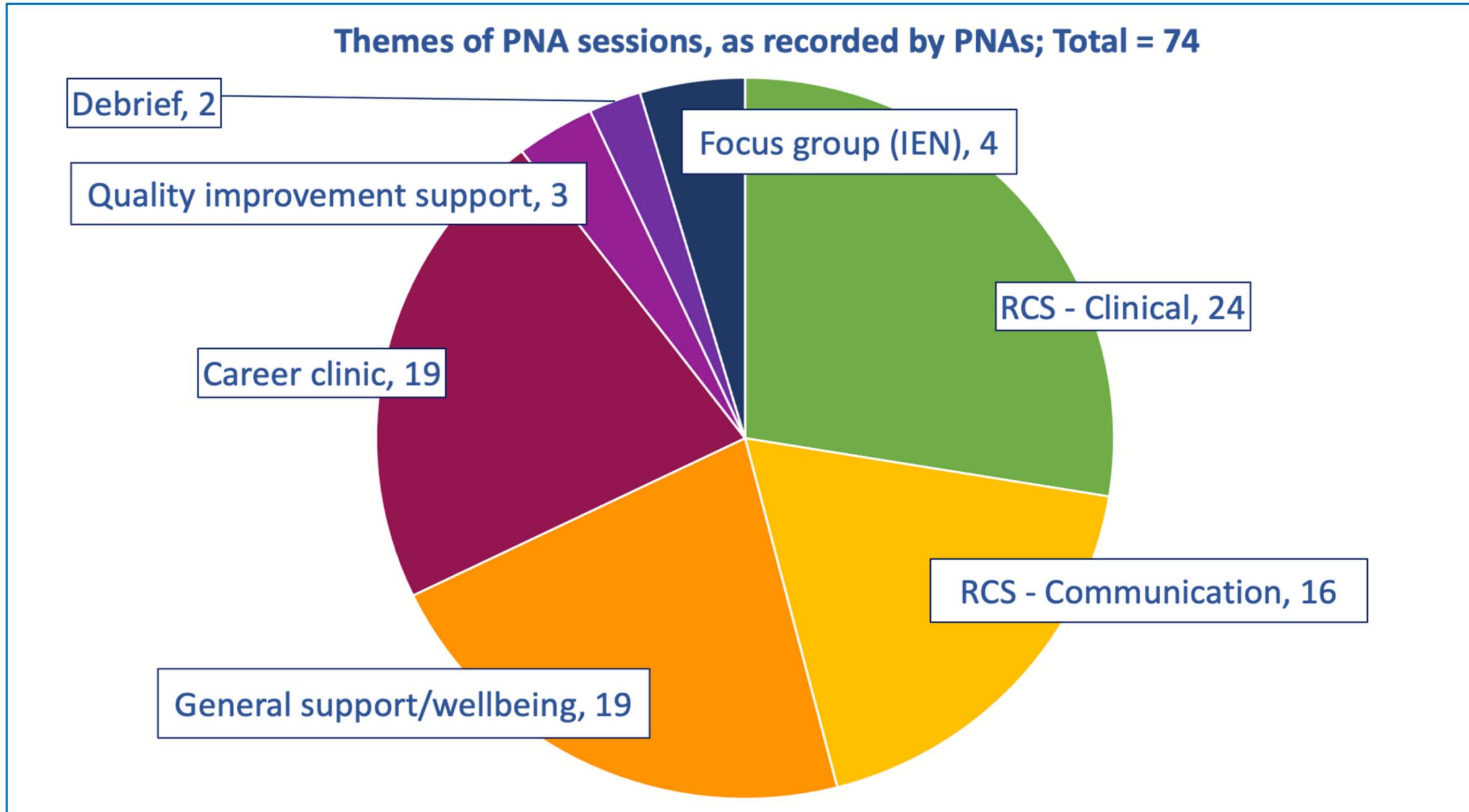
- PNAs keep an anonymous log of session themes and follow-up
- Attendees are given a QR code after each session that links to a feedback survey
- We contributed to the creation of the survey, that is used to evaluate the PNA service throughout the trust
- Data continues to be collected; service evaluation reviewed the first 5 months



How many sessions?



What was discussed?



Testimonials – 1:1 RCS attendee (1)

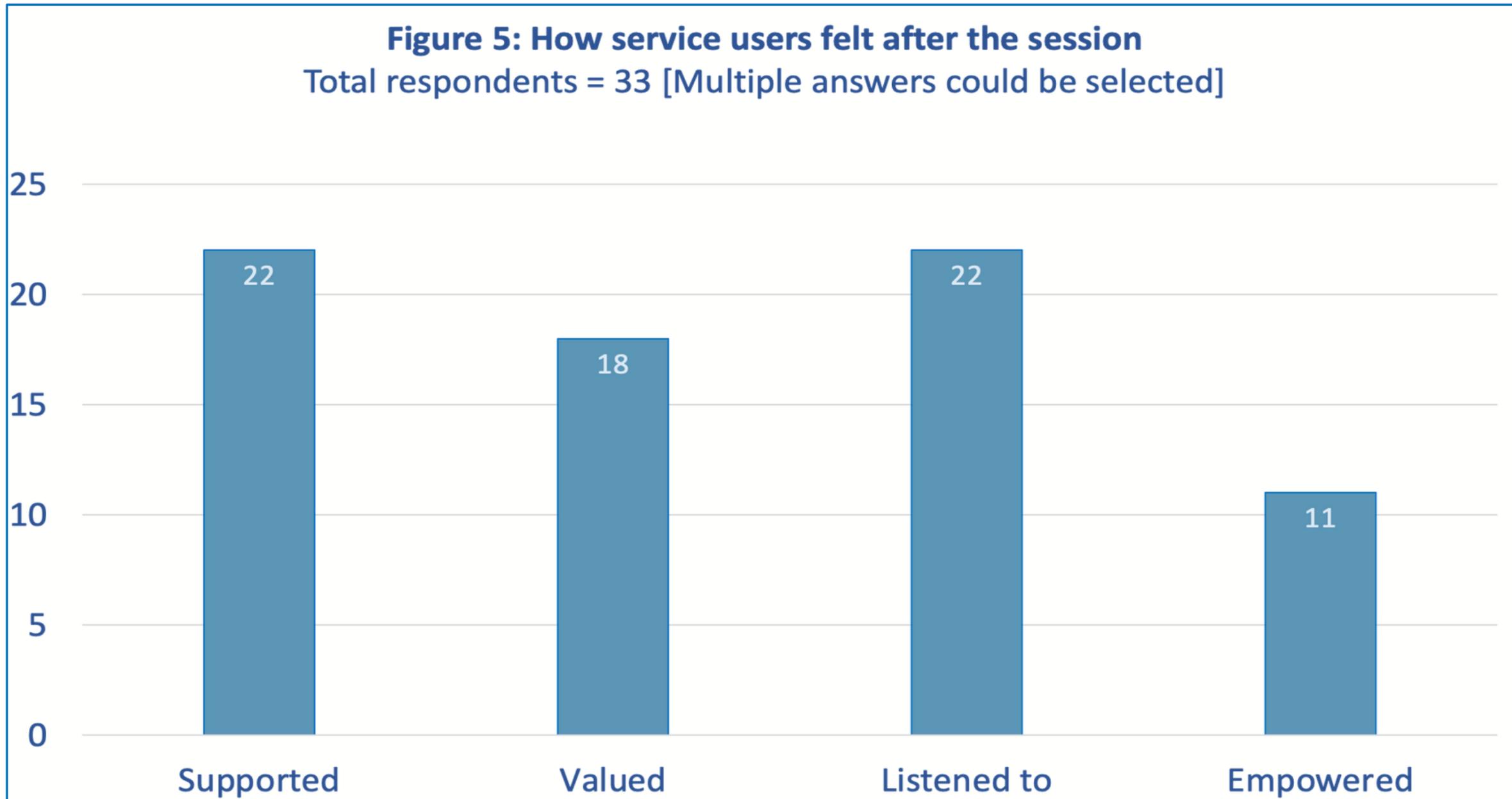


“It was a moment where I could breathe freely and clear all the work-related heavy things on my chest . I felt I was finally being listened to and was able to look at alternative ways to react to a conflict situation. I could define and address the problem and work out a solution with a professional mind by my side. On discussion with the PNA, I understood that I am not alone going through this. I also learnt how to word a conversation to communicate in a difficult situation.

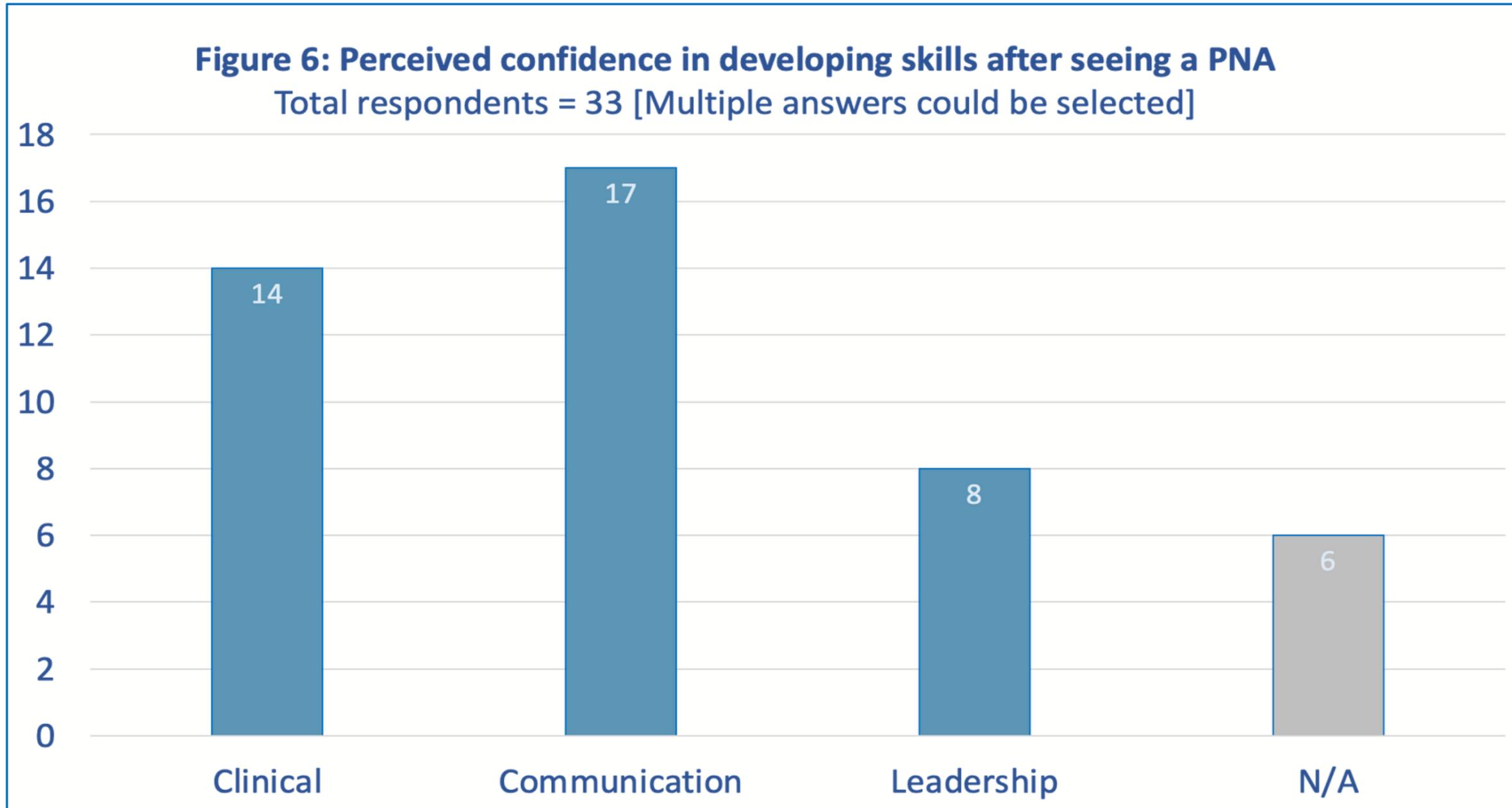
Thanks to the amazing meeting and valuable suggestions of the PNA I am able to continue working in the role I always wanted.”

Band 6 staff nurse (Band 5 at the time of the RCS)

How did they feel?



Did they develop any skills?



Testimonials – 1:1 RCS attendee (2)



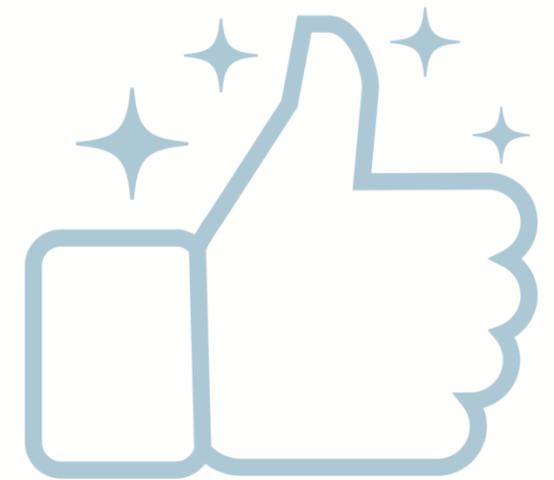
“At first I felt like I was just moaning about my difficult shifts as there were multiple deaths and uncontrolled situations. However, the PNA said she was just there to listen, which was nice. It wasn't until she said to me that 'you know that its okay to be upset by this, because we forget that these are traumatic things to see and we're just expected to continue on as if normal' which felt like my feelings were being validated, and I ended up getting very emotional, but the support given was incredible.

After listening to me for around about an hour, the PNA then walked me through my emotions and how I felt since then as I had continued to have difficult shifts but had adopted more of a senior leadership role without acknowledging it myself.”

Was it any good?

Of the 33 survey respondents:

- When asked if they would see a PNA again, 23 would see a PNA again, and 2 were unsure if they would see a PNA again; 8 respondents did not answer.
- When asked if they would recommend seeing a PNA to a colleague, 20 would strongly recommend seeing a PNA, and 1 would recommend seeing a PNA; 8 respondents did not answer.



Recommendations from RCS attendees

“I did find it helpful to talk through the situation with another nurse.”

“If I face any other problems in the future, I would definitely see a PNA again. I have already recommended 5 people to have a PNA meeting . A PNA meeting is different to psychological counselling or speaking to our team leader. Psychologists will not be aware of our professional roles. Hence PNAs are indispensable and highly needed for nurses”

“I absolutely would go back to see a PNA again, and can't recommend it enough.”



Where are we now?

- Lead PNA has facilitated joint psychology and PNA group reflective practice on team days – extremely well-evaluated
- Continued at 5 hours per week, with PNAs required to work clinically on these days if the service requires it
- Informal bedside conversations and coffee room chats are very valuable
- There has been a culture shift whereby it is more normal to acknowledge the emotional toll of our work



Testimonial - manager



“I have referred a staff member and have had people within my team attend a PNA session. We have then discussed this post attendance and all staff I have encountered have found the service very useful and supportive. For myself as a manager it is an invaluable service as staff and initiatives can change in the hospital around wellbeing and psychology support so it is fantastic to have experts within the department who can assist and point staff in the right direction.

It has also meant that we can try to drive change forward when we have encountered problems with staff and how they communicate to each other.”

Matron/previously Band 7 team leader

What next?

- Continue to provide the service as it is – planned booked sessions and ad-hoc
- Continue to negotiate for more PNA time, as the service is highly evaluated by all users and stakeholders
- In order to provide a 1:20 ratio of PNAs to registered nurses using the current model, 3 WTE nursing posts would be required for back-fill of sessional PNA time

THE FUTURE
IS BRIGHT

Final thoughts from an RCS attendee

“Very helpful and very supportive. Amazing people to speak with. We really need them.”



Questions and discussion

