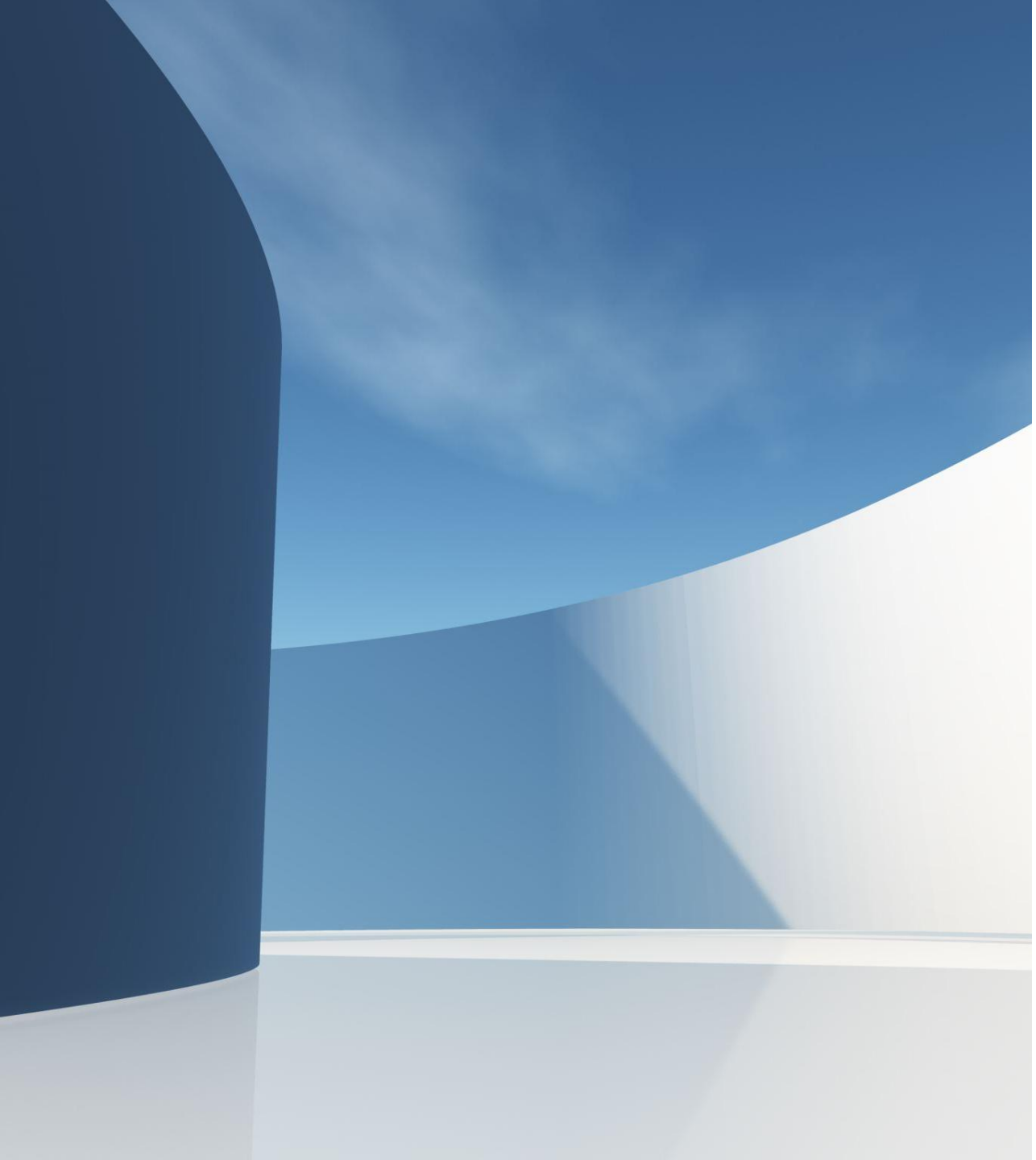


Evaluating the impact of the Professional Nurse Advocate Role in CCOT at Nottingham University Hospitals

Chelsea Hall

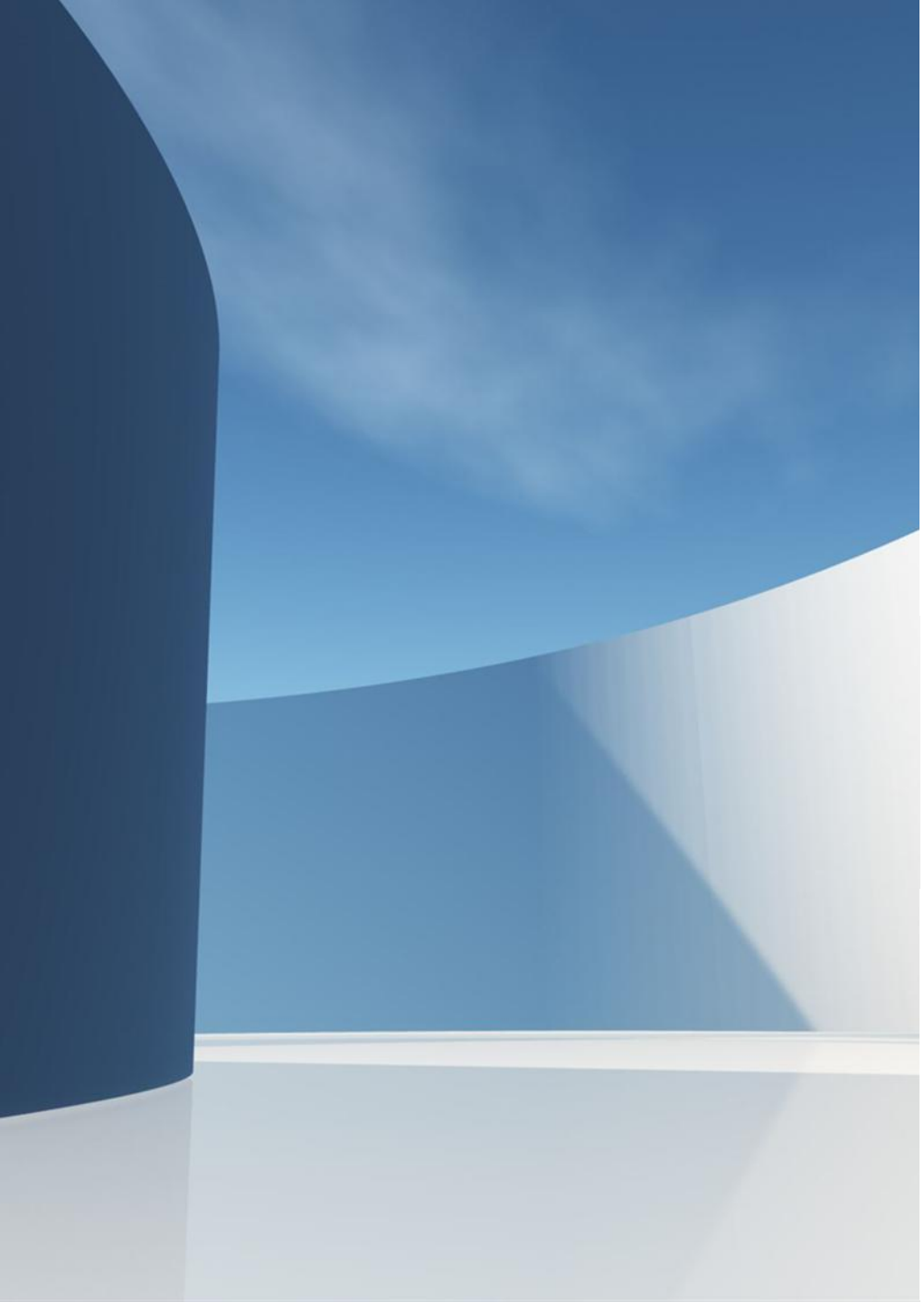
CCOT Sister/PNA

Background of the Critical Care Outreach Team at Nottingham University Hospitals

- The team consists of 37 practitioners (band 6, band 7 and band 3 CCOT assistants)
- Staff come from a variety of backgrounds, and we have nurses and physiotherapists within the team. We work across 2 campuses covering multiple specialities such as; major trauma, HPB, vascular, Gastro, acute medicine, neurosurgery, neurology, spinal, obs and gynae, haematology, oncology, respiratory, cardiology and burns
- 24/7 service
- A lot of change and restructuring throughout the entire trust due to financial pressures and integration of care groups
- CCOT recently integrated into the Critical Care team at NUH
- New matron and lead nurse
- New CCOT lead consultant
- Business cases ongoing to expand to meet current operational demand, and for the roll out of Martha's Law as the next phase of pilot sites
- New education strategy
- Rotation/hybrid role being introduced
- Ongoing digitalization of patient records.

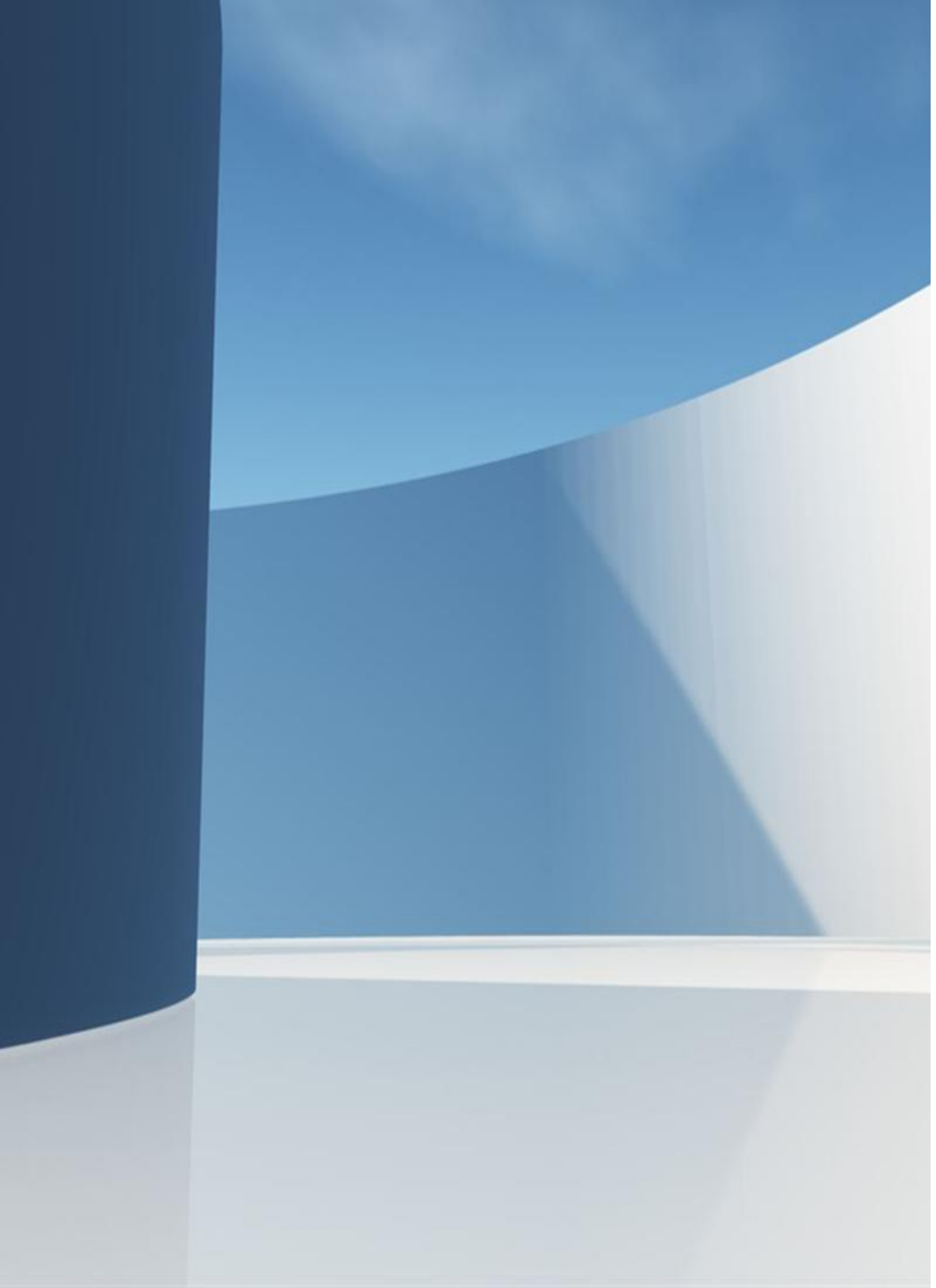
What is a PNA?

- The PNA role was introduced in critical care following the COVID-19 pandemic
- The PNA is a clinical leadership and advocacy role
- Many reviews following high profile cases in the NHS exposed a lack of nursing voice and empowerment when concerns were identified/raised. They also highlighted poor culture in the work environment with low staff morale, poor leadership and dysfunctional work relationships *(Francis 2010, Keogh 2013, Kirkup 2015, Gosport independent panel 2018, Department of Health and Social Care, 2018 Cited by Wade, 2023)*
- PNAs support a culture of belonging and autonomy ensuring all staff feel heard and empowered to contribute towards change (West et al, (2017)
- Studies have demonstrated that practitioners who had regular access to RCS were able to make decisions with more clarity, which led to safer decision making and care (Wallbank and Hatton 2011)



Restorative clinical supervision sessions

- Restorative clinical supervision provides a confidential, psychologically safe space to discuss work related issues impacting individual's wellbeing
- Uses the A-EQUIP model to deliver
- RCS provides a safe, confidential space for reflective discussion
- Empowers staff to raise concerns and creates a positive empathetic working environment, where staff feel able to speak up to improve ways of working and staff/patient experience
- Restores capacity to think and reflect on care experiences, building personal and professional resilience
- Supportive aspects such as professional development, improving stress management and mitigating burnout, increasing retention and job satisfaction

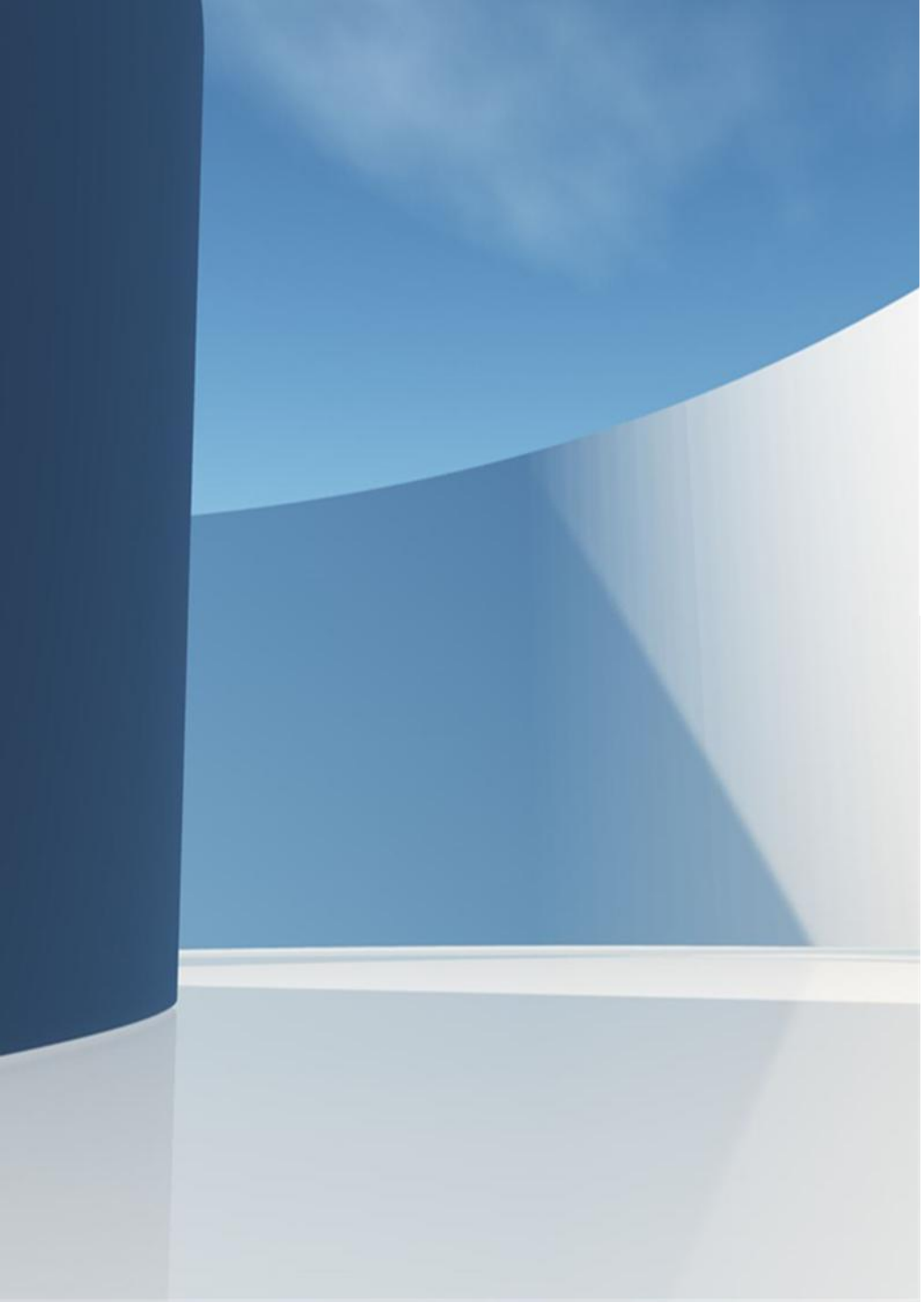


PNA sessions delivered

- 25 Sessions delivered since July 2024
- These sessions consist of 1:1 and group sessions
- 3 RTW discussion and 1 exit interview performed
- 15 post incident check-ins since February 2025
- 2 maternity leave returner check ins

General themes (from RCS sessions and anonymous wellbeing survey)

- Issues with getting protected breaks consistently
- Staff staying late when there was loss of night service with no clear escalation plan
- Anxiety over one campus closing overnight due to sickness leaving one trained RN to hold the bleep for both sites
- Short staffing causing burnout
- More CCOT specific training/accredited courses needed
- More efficiency needed when using our times and resources



Changes implemented

- Implementation of break flow chart with clear escalation plans, ensuring that patient safety is maintained alongside staff safety
- Clear escalation plan put in place for day shift and added to business continuity plans when loss of night service at one campus; ensuring the safety of patients referred at this time
- Phone advice flow chart implemented for trained staff covering both campuses
- Feedback on education needs sent to the CCOT and Critical Care education leads to incorporate into new education strategy
- Supernumerary time for staff returning from maternity leave on top of optional KIT days
- Ongoing scoping work from CCOT lead consultant and senior CCOT team utilizing CCOT audit data

What's next?

- Collating data of 'post incident check ins' across CCOT and all 3 units of Critical Care and using that data to put in a business case with charitable funds for TRIM training and debrief training
- Regular monthly divisional meetings with the PNA team in our care group for peer support and to act as a steering group
- Ongoing work with the Trust wellbeing team to scope out the implementation of new staff support focus groups and review of guidelines in the special leave policy
- PNA team to work in unison to support staff rotating between CCOT and Critical Care

References

- NHS England (2024) Professional Nurse Advocate A-EQUIP model: a model of clinical supervision for nurses [online image] Available at Harvard LJMU Referencing Guide NHS England
- Professional nurse advocate A-EQUIP model: a model of clinical supervision for nursesNHS Horizons (2018) Improving method Olympics- the final! [online image] Available at Improvement Method Olympics – The Final! – NHS Horizons (horizonsnhs.com)
- RCN (2023) NHS England lays bare staff in crisis , says RCN, warning changes can’t wait [online] Available at NHS England survey 'lays bare' staff in crisis, says RCN, warning change can't wait | News | Royal College of Nursing
- Introduction of the professional nurse advocate role using a quality implementation framework Accessed 31/03/2024Tamburello H (2023) Impact of staffing levels on safe and effective patient care a literature review, [online] Available at : 010-665.pdf

Any Questions?