Establishing the PNA role in Critical care Nottingham University Hospitals

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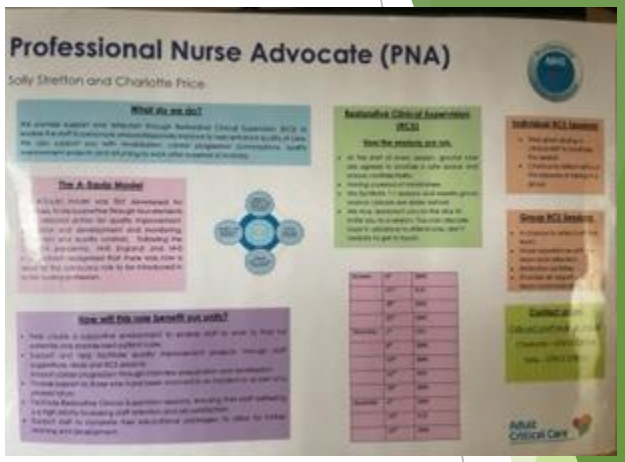
How we got started

- **Supporting around 510 staff over 3 CC units is not an easy task. (1x PNA 30hrs/wk 1x PNA 25hrs/wk)**

To raise awareness we…

- Created an information leaflet
- Put posters up in the clinical areas
- Added a slide on the new starter induction programme
- Informal face to face chats with staff in the clinical area.
- Meet and greet breakfast events
- Created an invitation to RCS sessions
- Twitter account
- Created a shared Email address
- Arranged work mobiles to allow us to be contactable



What next?

- **Once up and running we:**

- **Ran weekly group RCS sessions (1 hour) for 4-6 staff within their clinical shift (mixed bands).**

Recognising high operational demand we knew pulling staff from clinical shifts would be challenging. The senior workforce were engaged with the project and planned patient cover was provided by flexible working, Clinical Nurse Educators, the Governance team and Quality Improvement Leads to keep the clinical areas safe.

- **Facilitated 1:1 RCS sessions at the attendees convenience.**

Staff self-refer or are referred by Team Leaders or managers (usually following appraisals or incidents). From these sessions we can then signpost to a clinical psychologist, therapies, OH or GP where appropriate.

- Continue to work clinically caring for patients as well as alongside staff who are struggling mentally, or maybe on phased return following a period of sickness.

Working in the clinical areas is paramount for staff support and for those becoming overwhelmed and having to extend sick leave.

- Offered assistance with revalidation, career progression and interview preparation.

Supporting career progression (including those leaving critical care but staying within NUH) helping the trust retention strategy.

Feedback

- **Anonymous feedback via a short questionnaire 6-12 months after implementing the role showed:**

- **What worked?**

- 95%+ Positive feedback from sessions

- Many staff stated they would return for multiple sessions if they hadn't already done so.

- Staff also reported they would recommend the service to a colleague.

- Trends & themes from RCS sessions were fed back to clinical leads which has facilitated changes, quality improvement and service improvement projects, with support from the PNA team.

What didn't work?

- Working clinically with staff was not always conducive to open conversation, as this did not provide a safe space for the staff member and /or appropriateness in clinical area

- Mixed band group sessions: junior staff did not feel as comfortable sharing with senior staff present and vice versa.

- Availability of staff cover fluctuated as clinical demands changed but support was still available.

Actions

- Created weekly RCS groups for staff of the same banding away from the clinical area

By creating this safe space for same band groups it led to more honest feedback for service improvements.

- Commenced Exit Interviews

This gave us an opportunity to pull any themes to help staff retention also leading us to launch “are you thinking of leaving” project.

- Joined the Trust PNA and Network PNA forums for networking and support.

This allows us to share our journey support new members of the PNA team throughout the trust and see the bigger picture.

- Discontinued working clinically with staff and increased 1:1 RCS sessions.

Working with staff regularly did not provide a safe space for communication. We do however continue to work clinical shifts on the unit to keep our skills up to date and remain part of the “shop floor team”.

Performance (on average with 2 part-time PNA's)

Monthly

- 25 1:1 RCS sessions
- 5/6 group RCS sessions (reaching around 25-30 staff members inc MDT not just nurses)
- 24 wellbeing chats/catch ups
- Complete exit interviews for all staff leaving critical care to pull themes (if any)
- Feedback themes to the relevant clinical areas (from exit interviews and RCS sessions)
- Support staff through change and service improvement projects
- Support new starters, International nurses, rotation staff.
- Support staff following AVH or Datix incidents
- Peer support for the PNA's in training
- Support the trust as TRiM practitioners (delivering Trauma Risk Management assessments)
- Run a drop in and appt based revalidation clinic

Quarterly

- Create a quarterly feedback poster for all critical care staff, including friends and family feedback, patient feedback, positive comments winners (daisy and Tulip nominations) completed QI projects etc
- Feedback the themes to the band 7 teams as a group including exit interviews RCS sessions both group and 1:1 (maintaining confidentiality)
- Support any events for staff eg international nurses meet and greet session with Matron, International nurses day, support workers day etc
- Look at the staff suggested service improvement projects (in all 3 areas) and help implement changes if needed, working closely with the band 7 team from each area.

Our plans for the future

- Continue to provide weekly 1:1 and group RCS sessions.
- Deliver sessions to levels of experience eg new starters, band 6 teams, international nurses
- Gather feedback to improve our service through exit interviews, service improvement ideas and PPI
- Continue peer support to other PNA's within Critical Care, across NUH and out of Trust.
- Support International Nurse's by creating link teams in each area and easy access to resources
- Continue to run monthly revalidation drop-in sessions for help and advice reducing stress
- Keep up to date with relevant psychological support and wellbeing resources and link in with other PNA teams
- Launching the Team Immediate Meet (TIM) as a hot debrief tool in all CC areas
- Thinking of leaving project. Giving staff the opportunity to speak to the Matron and senior team to provide support and help by discussing the cause of their feelings and hopefully change their minds with development etc, helping with staff satisfaction and retention.

Investment in the role

- Having the support of Michelle Rhodes our trust chief nurse with this initiative our Critical care matron, Jo Thompson was able to re-purpose our band 5 vacancy budget (as we always carry vacancies due to the organisation size) to create 2 substantive full time band 6 PNA posts. This has allowed us to build this service and embed it on our units.
- PNA lead for the trust has just been appointed to help roll out trust wide.
- PNA team has just welcomed a new member of the team who is not yet PNA trained but can support the wellbeing aspects of the role and service improvement projects moving forward while waiting for training.
- Understandably there might not be a need to have a full time PNA in your areas but having the buy in of those senior teams really made the difference.