

Adult Critical  
Care Services

PNA

Restorative  
Clinical  
Supervision  
Tool kit



**Manchester University**  
NHS Foundation Trust

# This tool kit is to support & guide the Professional Nurse Advocates in their role

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- PNA Restorative Clinical Supervision
- PNA Restorative Clinical Supervision Recording Sheet
- Template to lead short group RCS session 15@15
- Letter of Invitation to meet with PNA
- Letter of Invitation to Band 5 Teams meeting with a PNA
- PNA guide to leading RCS Session
- A-EQUIP model
- PNA flyer
- Clinical Supervision Contract
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- Page 16 Links to support
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## Support Staff Wellbeing

- Restorative Clinical Supervision (RCS) provides a safe thinking space.
- PNAs facilitate flexible RCS for individuals or groups; including face to face, telephone or virtual contact.
- RCS supports individuals to physically and mentally slow down, through a process of discussion, reflective conversation, supportive challenge and feedback.
- Restorative Clinical Supervision restores thinking capacity, enabling the staff member to process thoughts, which frees them to contemplate different perspectives and inform decision making.
- It aims to have a positive impact on the wellbeing of staff, help staff to feel 'valued', reduce stress, burnout and improve compassion, working relationships, job satisfaction and retention of staff.
- RCS may be used to discuss any professional or personal issues including clinical incidents, team dynamics, stress, burnout, instances of bullying, career progression and quality initiatives.

## Promote Wellbeing Culture

- All nurses are encouraged to attend at least 1 hour of RCS a year. Staff can direct self refer to PNAs. Senior nurses can refer staff with issues that PNAs may be able to help with. PNAs can also send a **letter of invite to attend session (see Page 6)**
- PNAs encourage access to RCS for any issues. To promote a culture where restorative support can help staff to respond to the daily pressures of work, feeling less stress and less likely to reach burnout.
- PNAs are visible and accessible to all staff. Provide regular walkarounds and RCS drop-ins.

## Communication

- Individuals need to know how they can access the PNA service.
- PNA should ensure contact details and availability are clearly displayed.
- PNAs invite individuals to RCS
- PNA posters & boards promoting role & contact details are available in all areas and kept up to date.
- PNA newsletter distributed to the team with updates in Quarterly Newsletter
- PNA flyers, promoting role, distributed to the team

**15@15 (Template page 5 ) this is an example of a short RCS group session, to use in the work area, e.g., middle of the bay or nurses' station, where patients can still be observed, ensuring their safety, but maintaining some privacy for the group.**

- 15@15 supports reflective discussion using a question to open discussion.
- Provides opportunity to discuss how we feel, our experience of events, situations, or interactions and hopes to identify the causes of stress.
- Encourages us to engage with each other, use each other for support, manages negative emotions and learn from the experience.
- The reflective discussion helps individuals to understand themselves better, helps make different choices in the future and helps us to think differently.
- Reflective discussion moves us from anxiety into positive emotions ready for action and responding differently in the practice situations.



### **Support following traumatic or stressful events**

- PNAs provide opportunity for reflection in order to reduce stress, enable learning, limit compassion fatigue or ongoing trauma and improve confidence.

### **Support for those returning to work or on long term sickness**

- PNAs offer support to those returning to work from any long-term leave e.g., sickness, maternity, shielding from Covid-19.
- PNAs offer individual or group virtual meetings or where appropriate face to face meetings.

### **Supporting change**

- PNAs can offer group or individual RCS sessions that help staff to adjust to change and support service improvement.

### **Support for those involved with internal or external investigations & Human factors**

- PNAs promote psychological safety and situational awareness in own practice and communication. Coaching staff through reflecting on incidents that individuals may have witnessed or been involved with, a focus on processes and systems, rather than individuals, aiming to avoid any sense of a blame culture.

### **Monitoring quality improvement**

- PNAs record themes that arise from RCS.
- PNA lead inform management so that issues can be addressed.
- PNAs support/coach individuals to develop their ideas and actions for quality improvement and service development.
- PNAs use expert knowledge of their work environment to support quality improvement initiatives.
- PNAs support staff to identify and plan their own personal action for quality improvement.

# PNA Restorative Clinical Supervision Recording Sheet



This recording sheet is for a PNA to make notes. Please ensure you keep them in a secure place, with no identifiable information of individuals.

**Please use the information to contribute to the PNA database.** The activity will help provide information required for reporting trust, regional and national statistics to monitor the success of the PNA role and target support to develop the role further where required.

**PNA S-Drive is found through- CMMC Organisation Data (S) Trustwide, Professional Nurse Advocate**

PNA Name:

Date:

Themes that arise from RCS

Support & actions to develop ideas and actions for quality improvement and service development.

Have you helped a colleague with a referral to a service? If you have provided details of a service or signposted people to an app or website, please record below: This will help evaluate the PNA service

		Service, App, Website signposted to:
Smoking		
Alcohol		
Substances		
Healthy Eating		
Physical Activity		
Mental Health		
Menopause		
Healthy Lifestyle/General Information		
Other (Please state):		

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**15@15 is an example of a short RCS group session, to use in the work area, e.g., middle of the bay or nurses' station, where patients can still be observed, ensuring their safety, but maintaining some privacy for the group.**

It supports reflective discussion using a question to open discussion. It provides opportunity to discuss how we feel, experience of events, situations, or interactions. It aims to identify the causes of stress, encourages us to engage with each other, use each other for support, manage negative emotions and learn from the experience. The reflective discussion helps individuals to understand themselves better, helps make different choices in the future and helps us to think differently. It also moves us from anxiety into positive emotions ready for action and responding differently in the practice situations.

**Feedback themes of the discussions & action points into PNA S-Drive PNA S-Drive**

**Find at - CMMC Organisation Data (S) Trust wide, Professional Nurse Advocate**

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## Template to lead 15 at 15 Restorative Clinical Supervision



**Start the group by telling them the purpose of the RCS**

‘We want to find out about your wellbeing & make note of any themes so that we can respond. This will be anonymous & confidential.’

Make sure everyone knows each others name

‘This is an opportunity for you as a group to **STOP, THINK & REFLECT**’

**Set ground rules**

E.g. Turn off phone, contribute to the group, show respect, some discussions raised here may need refer to 1:1 PNA meeting, formal debrief or support from other services. ‘If we have concerns about you we would like to meet with you outside of the session.’

**Moment of mindfulness**

Paying attention to breathing & bodies. To get us into the here and now.

4,7,8 Breathing technique-Breathe in for 4, hold your breath for 7, breath out for 8.

Repeat 4 times. Close your eyes if you want to.

It allows individuals to be in the present moment, gives a sense of peace & calmness away from the over stimulating nature of the work environment.

**Suggested Opening question**

What is your contribution to the team today?

What is going well in our team today?

**Acknowledge & thank individuals for sharing.**

Ask, would anyone like to offer words of support to the individual?

Remind the team, it is okay to ask for help.

**End session with positive reflection or intent & thanking**

What can you take away from this 15 at 15 session to be proud of today?

What is a positive thing we can take away from this today?

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# Letter of Invitation to meet with a Professional Nurse Advocate-PNA



Date

Dear

I am a Professional Nurse Advocate-PNA. My role is to support your wellbeing. I would like to invite you to meet with me for a session of Restorative Clinical Supervision-RCS. It is a meeting which gives you opportunity to discuss any professional issues as well as personal issues. It is also opportunity for reflection to reduce your stress and enable learning.

## What is Restorative Clinical Supervision?

RCS contains elements of psychological support including listening, supporting and challenging to improve our capacity to cope, especially in managing difficult and stressful situations. It can provide time to reflect on physical, emotional mental health. Provide a safe & confidential space to explore the impact of work pressures and give an opportunity to discuss, challenges faced, new ways of working & time out to reflect on work/life balance.

## What to expect from your RCS session

This meeting is **not** an appraisal, counselling or incident review. It is an opportunity to hold reflective discussions. It is to support you to develop personally and professionally.

It will take place at a mutually convenient time, in a private and confidential place where you are feeling comfortable to meet.

## Pre the RCS Session

Before you attend the session please think about and identify any issues for discussion. You can use the sheet to write these down.

## During RCS session

- Identify issues for discussion
- Actively participate in discussions. Be open and share information.
- Be responsible for your learning and active in the pursuit of education and development.
- Give and accept constructive feedback and participate in problem-solving.

## Post RCS session

- Reflect, think and explore options for quality improvement
- Promote the best interests of patients.

I hope this explains it well and look forward to meeting with you soon. Together please can we arrange a mutually convenient time to meet, in a private and confidential place where you feel comfortable.

Kind regards

# Letter of Invitation to Band 5 Teams meeting with a Professional Nurse Advocate-PNA



**Dear All**

As a PNA, I would like to welcome you to meet with us via MS Teams to hear your thoughts and feelings regarding progression and staff development in the Band 5 role.

The meeting is an opportunity for you to share your thoughts on supporting progression in the Band 5 role and if you feel this would be beneficial or you would like to contribute then please do accept this invite to register your attendance.

If we get an overwhelming response wanting to attend, we may split this into several group meetings to ensure there is enough “virtual space” for people to contribute.

We will use the A-EQUIP model of clinical supervision to guide our thought processes/discussion so we can structure our thoughts and hopefully promote some learning and improvement. The model we will be using is detailed in the picture below.



We look forward to meeting with you and sharing our collective expertise together. If you wish to know more, please do not hesitate to get in touch. To access the meeting please use the link below.

**ADD IN YOUR TEAMS LINK**

Kind Regards,



# PNA guide to leading RCS Session



A 2-way discussion should happen during each part of RCS. This guide aims to encourage staff member's thoughts and feelings to be discussed, highlighting themes that arise from RCS, followed by support & actions to develop ideas and actions for quality improvement and service development. **Please use the RCS Recording Sheet and the information to contribute to the PNA database.** The activity will help provide information required for reporting trust, regional and national statistics to monitor the success of the PNA role and target support to develop the role further where required. **PNA S-Drive is found through- CMMC Organisation Data (S) Trustwide, Professional Nurse Advocate**

## **Beginning the meeting. Establish Ground Rules**

Confidentiality, contribute to discussion, turn off phone, all those in the room agree that disclosure of harm/risk to individual or patient, contravention of law, professional code or policy is disclosed. Agree to making effective use of the time, act upon decisions made, be willing to learn and change to receive support and challenges to help professional and personal development and to ensure service provision to agreed standards

## **Establish Purpose of RCS**

What do you want to get out of RCS  
Understanding of RCS  
Outline session  
Understanding of A-EQUIP model

## **During the meeting. Your wellbeing**

How are you feeling?  
Are there outside factors that are impacting upon how you are at work?  
Are there any work factors that are affecting your wellbeing?  
How is your work life balance?

## **Reasons to be proud**

What has gone well for you? It could be a small achievement that has made a difference to you or someone else.

## **Challenges**

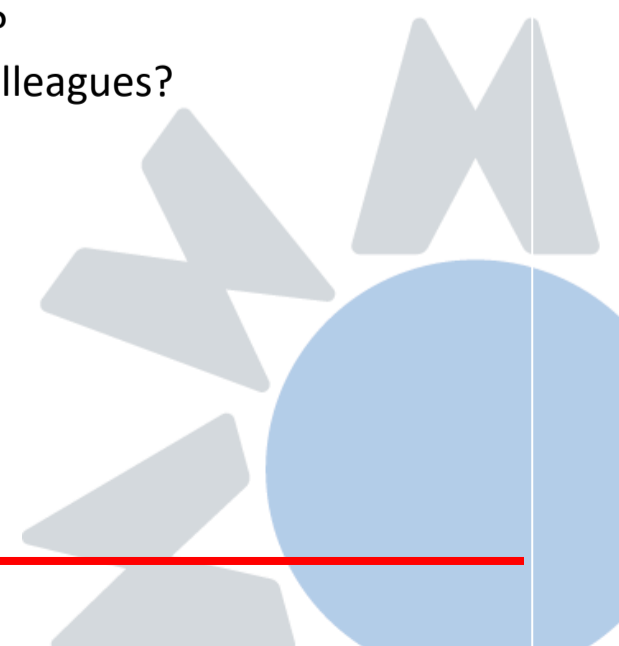
What hurdles have you managed to overcome?  
What have you learnt from challenges you have faced?

## **What ideas do you have for quality improvement and service development?**

Think of something you would like to move forward.  
What do you want to achieve? What long-term result would you get and by when?  
When you get the desired result, what would be the benefit to you, patients, or colleagues?

## **Concluding the meeting**

Do you know if this session has been worthwhile?  
What idea are you going to take forward?  
What is the thing you are going to do?  
What support do you need?  
What are your actions?  
Do you need signposting to further support?





# A-EQUIP model

## The A-EQUIP model benefits nurses, healthcare staff and patients in the following ways

- Advocating for the patient, the nurse and healthcare staff
- Providing clinical supervision using a restorative approach
- Enabling nurses to undertake personal action for quality improvement
- Promoting the education and development of nurses.

## The model supports nurses and their supervisors to reflect on the four functions

- **Clinical supervision (restorative)** Addressing the emotional needs of the workforce and supporting the development of professional clinical leadership
- **Monitoring, evaluation and quality control (normative)** It concentrates on supporting individuals to become increasingly effective in their clinical role through undertaking quality activities to improve patient safety and outcomes.
- **Personal action for quality improvement** This function of the A-EQUIP model addresses the need for nurses to be familiar with and contribute to quality improvement, to help improve patient care. Direct contribution to quality improvement and quality assurance systems as well as ensuring the safety of those receiving nursing care, are fundamental aspects of a nurse's role.
- **Education & Development (formative)** Learning should take place during RCS. It focuses on the development of knowledge and skills through education and can inform appraisals, revalidation and leadership development. Guided reflection can support the exploration of self-leadership through examining a nurse's interactions with others, influence change and improve the delivery and standard of care.




# PNA flyer

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The flyer is an example for you as a PNA to use and share with your team



**YOUR NAME HERE**  
**WHERE YOU WORK**  
**EMAIL ADDRESS**  
**CONTACT NUMBER IF YOU WISH TO ADD**

My role as a PNA is to support your wellbeing, If you would like to discuss any professional or personal issues, please do not hesitate to contact me. It is opportunity for reflection to reduce your stress and enable learning.

Insert a photo of yourself here

# Clinical Supervision Contract-this is optional to use

<b>Clinical Supervision Contract</b>				
<b>Name of Supervisee:</b>				
<b>Name of Supervisor:</b>				
<b>Supervisee Contact Details:</b>				
<b>Supervisor Contact Details:</b>				
<b>Aims of Supervision session:</b>				
<p>Confidentiality will be maintained in accordance with the trust confidentiality policy and professional requirements set out by the NMC Code of Conduct (2018) appropriate professional codes of practice. Supervisors will make notes during the session, and these will be non-identifiable and stored according to GDPR legislator requirements. The supervisor has a duty of care as per (NMC, 2018) professional code of conduct to raise and escalate concerns in event of any unsafe practice.</p>				
<p><b>As a supervisee I agree to:</b></p> <p>Take responsibility for making effective use of the time made available for supervision and for acting upon decisions made within it. Be willing to learn and change to receive support and challenges to help professional and personal development and to ensure service provision to agreed standards</p> <p><b>Signed:</b></p> <p><b>Date:</b></p>				
<p><b>As supervisor I agree to:</b></p> <p>Offer you support, constructive feedback, information, and expert advice to enable you to reflect in depth on issues affecting your practice and to develop professionally and personally</p> <p><b>Signed:</b></p> <p><b>Date:</b></p>				
<b>Frequency of Supervision:</b>				
<p><b>Goals:</b></p> <p>(at the end of the supervision session the supervisor will discuss SMART objectives in readiness for your next session)</p>				
Specific	Measurable	Achievable	Relevant	Timeframe
<b>Supervisor Sign:</b>			<b>Supervisee Sign:</b>	
<b>Date:</b>			<b>Date:</b>	

# Principles of supervision for Critical Care PNAs Page 1



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## Introduction/Background

Pre-Covid data showed that a third of critical care nurses experienced severe burnout, with 86% experiencing one of the three classic symptoms of exhaustion, depersonalisation and reduced personal accomplishment <sup>1</sup>.

Recognising the need to support a healthcare workforce already experiencing stress, mental health issues and burnout, made worse by the unprecedented pressure of the Covid19 pandemic in 2020, a Professional Nurse Advocate (PNA) Programme was launched by the Chief Nursing Officer for England in March 2021.

Initially the aim was to provide training to 400 critical care nurses across England to provide 2 PNAs in every critical care unit. Nurses from all the units across Adult Critical Care Services, Manchester University NHS Foundation Trust (MFT) participated in the first PNA training cohort. Since April 2021, the programme has been rolled out to more than 1,000 nurses from adult acute mental health, community, adult learning disabilities and children and young people. The aim is to have 5000 PNAs, across all specialties in England by April 2022 with the vision that there will be 1 PNA for every 20 registered nurses in England.

## PNA Programme and aims

Deploying the A-EQUIP Model (Advocating and Educating for Quality Improvement), the training provides participants with the skills to facilitate restorative supervision (to enhance health and wellbeing) to colleagues and teams within critical care services and beyond. In addition, the training equips nurses to lead and deliver quality improvement initiatives in response to service demands and changing patient requirements <sup>2</sup>.

PNA services will be delivered through one-to-one and group sessions. Ideally these will be face to face, although it is recognised that virtual sessions may facilitate ease of access to PNAs by staff working a range of shift patterns.

This document should be used in conjunction with the Critical Care Networks-National Nurse Leads (CC3N) document entitled 'Professional Nurse Advocates in Critical Care: Standard Operating Procedure' which provides a guide to support implementation of PNA Programmes in critical care <sup>3</sup>.

Importantly the document includes the factors that must be in place to provide PNAs with their own supervision, support, and development in their PNA role which are covered in the Principles for Supervision of Professional Nurse Advocates across MFT Adult Critical Care Services that follow.

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# Principles of supervision for Critical Care PNAs Page 2



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## Principles for Supervision of Critical Care Professional Nurse Advocates across MFT Adult Critical Care Services

- With oversight from the unit Matron, individual unit PNA pods comprising all PNAs (both in training and already in practice) will provide each other with support, supervision and mentorship
  - The time scheduled for PNA activity will take into account the time needed for PNAs to access peer support through the monthly Critical Care Peer PNA Forum facilitated by the Critical Care Lead PNA (Matron for Wellbeing/PNA Practice). The purpose of the Critical Care Peer PNA Forum is to provide a consistent and confidential space for PNAs to reflect on their role as a PNA, further develop skills and knowledge as a PNA, and feedback about how the PNA function is working in their respective units.
  - Best practice, and the minimum commitment required is that PNAs attend at least one meeting every two months
  - Planning PNA activity time will also consider the need for PNAs to receive support and supervision from the Critical Care Lead PNA through 1:1 sessions every three months whilst recognising the possible need for restorative supervision sessions outside this schedule
  - It has been agreed that support and supervision for the Critical Care Lead PNA will be provided by Employee Health & Wellbeing
  - The PNA job plan will also include opportunities for PNAs to network with each other Trust wide and regionally which will be facilitated by the Critical Care Lead PNA
  - The PNA training programme and function are new and developing. PNAs will be required to keep their skills and knowledge up to date, and the PNA job plan will provide opportunities for PNAs to do this under the direction of the Critical Care Lead PNA.
  - In the same way that PNA activity and themes are reported, the Critical Care Lead PNA will provide the Director of Nursing & Healthcare Professions - CSS with a biannual report on themes arising from Critical Care Peer PNA Forums and 1:1 and restorative supervision sessions between PNAs and the Lead Critical Care PNA. This information will be used to support future planning and strategy.
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# Principles of supervision for Critical Care PNAs Page 3



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## References

1. Moss, M., Good, V.S., Gozal, D., Kleinpell, R., & Sessler, C.N. (2016). An official critical care societies collaborative statement: Burnout syndrome in critical care healthcare professionals: A call for action. *Critical Care Medicine*, 44(7), 1414-1421.
2. NHSEI (2021) 'Professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses', published by NHSEI 2021.
3. CC3N (2022) 'Professional Nurse Advocates in Critical Care: Standard Operating Procedure', published by CC3N 2022.

## 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>

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# Links to resources & support

## Employee Assistance Programme



- o Managerial advice line
- o Retirement
- o Legal Information
- o Housing Concerns
- o Medical Information
- o Financial Information
- o Consumer or civil disputes
- o Family and relationships
- o Tax Information
- o Domestic Abuse
- o Gambling Issues
- o Drug and Alcohol Support
- o Childcare Advice
- o Stress & Anxiety
- o Consumer Issues
- o COVID- 19
- o Bereavement



A 24-hour support service available to **every MFT employee**.  
A limited service is also available to **immediate family members** (spouses, partners and children aged 16-24)

Look out for the new Health Assured app – ‘My Healthy Advantage’ username MFT123  
Tel: **0800 028 2047** (24/7/365 days a year)



<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/stayalive/>

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/cityparents/>  
<https://www.nhs.uk/every-mind-matters/>

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/headspace/>

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/unmind/>

<https://www.samaritans.org/>

<https://giveusashout.org/>

<https://www.frontline19.com/>

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>





# PNA

## Newsletter

### Wythenshawe Critical Care

### February 2022

## Professional Nurse Advocate

The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. It was launched in March 2021, towards the end of the third wave of COVID-19 at the start of a critical point of recovery: for patients, for services and for our workforce.

Starting with 400 critical care nurses across the UK, as the first group to begin training. The plan is to roll this role out to more than 1,000 nurses from adult acute mental health, community, adult learning disabilities and children and young people, with each group ensuring that we have comprehensive PNA support for colleagues in these specialties right across England.

### PNA-Critical Care Wythenshawe

Here at Wythenshawe 6 nurses in Critical Care have either completed the PNA training course or currently training. We join other PNA colleagues at NMGH & ORC.

We know that nurses have faced a challenging time and there is much evidence of its effects on wellbeing. Including burnout, stress, moral distress, and compassion fatigue, which impact on our ability to carry out our work.

PNA's have developed the skills to facilitate restorative supervision to our colleagues and teams.

A version of this programme exists already for maternity colleagues, where the outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes.

As PNA's we hope to listen and understand challenges, the demands and stress they are under, and to lead support and deliver quality improvement initiatives in response. This programme is the first of its kind for nursing not just in England, but across the world, and we are excited & privileged to be one of the first trusts to implement the role.

PNA's eventually across the trust will implement their own improvement projects.



### Chief Nursing Officer for England Ruth May

*"It has been a year like no other for NHS staff, who have shown extraordinary commitment and skill in caring for patients with Covid-19 as well as keeping other routine services going.*

*I am hugely proud of what our professions have delivered during the pandemic but now we must take care of them.*

*With this in mind, I am very pleased to announce the roll-out of a brand-new professional nurse advocate (PNA) programme, to deliver training and restorative supervision for colleagues right across the country. This programme is the first of its kind for our profession in England.*

*Essentially, PNA training will provide those on the programme with skills to facilitate restorative supervision to their colleagues and teams in nursing and beyond. I am hugely proud of what our professions have delivered during the pandemic but now we must take care of them. This new PNA role is a step on the road we must take to thank, repay and restore our people."*

PNAs In Critical Care are implementing improvements which will focus on Restorative Clinical Supervision and support for our colleagues to enable individuals to thrive.

Areas of improvement we are working on are, Team Work and Wellbeing Room.

We know that Critical Care is a big, busy unit. We have a large cohort of staff and a skill mix which includes many new starters. This can make individuals feel stressed, experience burnout and poor wellbeing, which can lead to sickness & absence.

PNAs Lucie Brown & Laura Rourke on CTCCU hope to refresh the team list and simplify things. This hopes to help individuals feel a stronger sense of belonging and improve their experience at work. Small changes hope to enhance compassion & compassionate leadership and help develop good/positive working environments for all.

The PNA course is excellent and fantastic resource for all our teams at MFT and highly recommended. If you would like to know more about it there is information on NHS England, but you can also get in touch with any one of the Critical Care PNA

### First of its kind in the world.

- Supports long term NHS plan.
- Enables recovery & restoration following the Covid-19 pandemic.
- It is the first of its kind for nursing not just in England, but across the world.
- PNA's are trained to facilitate restorative supervision to our colleagues & teams.

### Professional Nurse Advocate

- *Caring for all our staff.*
- *Creating extra conversations*
- *Making our place of work a safe psychological place to work*

### PNA's are trained to listen & understand the challenges & demands.

- PNA's lead support and deliver quality improvement initiatives in response.
- PNA's help to improve staff wellbeing and retention, alongside improved patient outcomes.
- PNA's help to build resilience and reduce compassion fatigue and burnout.

### PNA training information

<https://www.england.nhs.uk/nursing/midwifery/delivering-the-nhs-ftp/professional-nurse-advocate/>

## Critical Care PNA's

Jordan Martin NMGH	Natalie McConnell NMGH	Zoe Boyd AICU	Leanne Johnston ACIU	Janice Streets AICU	Lucie Brown CTCCU
Laura Rourke CTCCU	Sintu ManoJeapen CTCCU	Tom Cywinski ORC	Sanjitha Jose ORC	Elizabeth Thomas ORC	Cath Applewhite ORC
Paul Conway ORC	Maushami Chatterjee ORC	Melissa Rowlatt ORC	Khanyisile Gwitsha ORC	Emily Edwards ORC	

## What we can do for you!

Create opportunity for you to STOP, THINK, REFLECT

Provide a Daily Thinking Space

Create opportunity to discuss, reflect, be open & honest

Help to build resilience-The ability to succeed, live & develop in a positive way.

## PNA Improvement Projects. CTCCU Improving Resilience in a busy Critical Care Unit



PNA's eventually across the trust will implement their own improvement projects. In Critical Care we are implementing an improvement which will focus on restorative clinical supervision and support for our colleagues to enable individuals to thrive.

### What we want to improve and why Re-launch teams

Staff Survey Results demonstrate

- 70% of staff do not know which team they are in.
- 20% of staff said feeling part of a smaller team would make them more likely to speak out.

### What we will do

- Update the team list
- Orientate all staff to the team structure
- Simplify the structure
- Provide staff badges & stickers
- Engage leaders
- Re-evaluate regularly
- Build supervision into our daily routine
- Give individuals protected & allocated time



### Utilise the wellbeing room

- To facilitate Restorative Clinical Supervision
- To set up de-brief sessions & reflective sessions



### The benefits to STOPPING, THINKING & REFLECTING

- Improves staff wellbeing
- Improves resilience
- Reduces staff stress and anxiety
- Improves compassion – improved patient care
- Reduces sickness & attrition
- Improves staff sense of value and worth
- Reflection – NMC revalidation



Lucie Brown



Sintu ManoJeapen



Laura Rouke

# PNA Display Board Ideas & Graphics Page 1

These are ideas for your board & you can also use the information & graphics from within the toolkit. The board should inform your team what & who are PNAs, how to access & update of news/relevant info



All images are taken from Google.  
Make the images bigger or smaller by clicking on the logo and pulling the corners with your mouse.  
Use the words in the image to do further google images searches for more ideas.

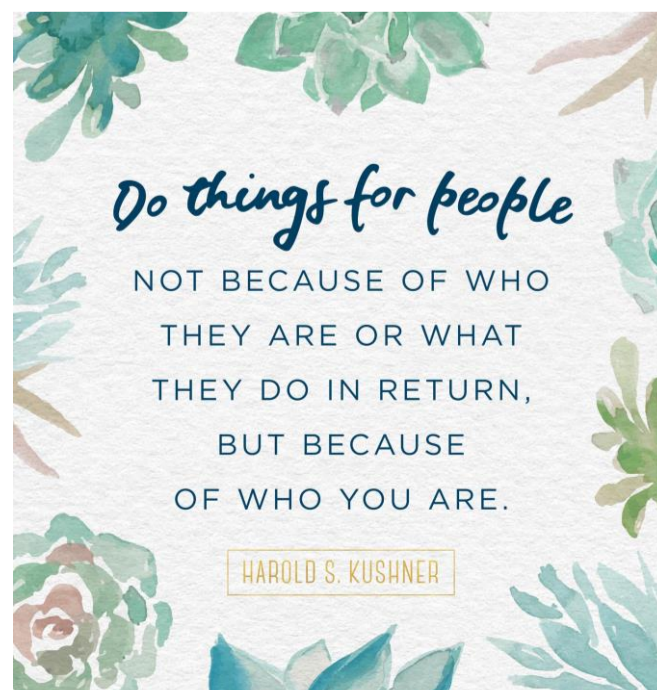
Click on the link for the large PNA letters.  
Edit the colour & font if you want to.



# PNA



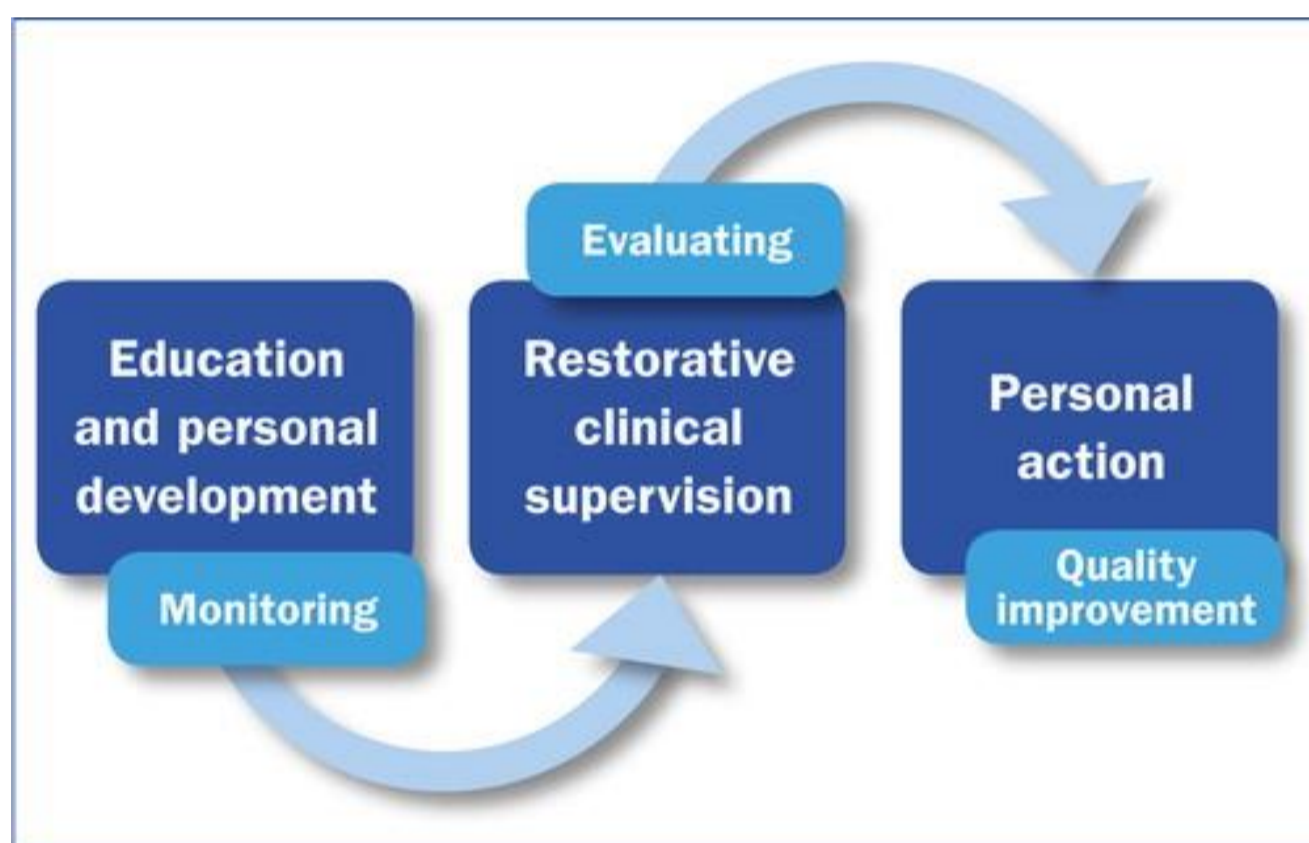
Kindness  
is  
Magic



# PNA Display Board Ideas & Graphics Page 2



Self care  
isn't  
Selfish



## **Q. What is a PNA?**

A. The PNA programme delivers training and restorative supervision for colleagues right across England.

The training equips PNAs to listen and to understand challenges and demands of fellow colleagues, and to lead support and deliver quality improvement initiatives in response.

# PNA Display Board Ideas & Graphics Page 3

The PNA Training Programme focuses on the four functions of the Advocating for Education and Quality and Improvement (A-Equip) Model, but it primarily focuses on restorative clinical supervision.

The four functions of the A-Equip Model are as follows;

1. Clinical Supervision (*Restorative*)
2. Monitoring, Evaluation and Quality Control (*Normative*)
3. Personal Action for Quality Improvement
4. Education and Development (*Formative*)

The PNA role ties in with the supportive work nurses are considering, since the PNA training will provide them with the necessary skills to facilitate restorative supervision to their colleagues and teams within nursing services and beyond.

The PNA Training will also equip those nurses enrolled on the training programme to lead and deliver quality improvement initiatives in response to the service demands and the ongoing changing patient requirements.

# PNA Display Board Ideas & Graphics Page 4



**INCIVILITY**  
THE FACTS

**WHAT HAPPENS WHEN SOMEONE IS RUDE?**

- 80%** of recipients lose time worrying about the rudeness
- 38%** reduce the quality of their work
- 48%** reduce their time at work
- 25%** take it out on service users

**Less effective clinicians provide poorer care**

**WITNESSES**

- 20%** decrease in performance
- 50%** decrease in willingness to help others

**SERVICE USERS**

- 75%** less enthusiasm for the organisation

**Incivility affects more than just the recipient  
IT AFFECTS EVERYONE**

**CIVILITY SAVES LIVES**

The price of incivility. Porath C, Pearson C. Harv Bus Rev. 2013 Jan-Feb;91(1-2):114-23. 146.

**"Thank You"**  
2 words. huge impact.

- ↑ happiness
- ↑ sensitivity/empathy
- ↑ opportunities
- ↑ self esteem and motivation
- ↑ mental strength/resilience
- better sleep

gratitude and great days start with thank you

@orangedis



**Q. What is Restorative Clinical Supervision?**

**A.** Restorative supervision contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations.