journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Professional Nurse Advocate (PNA) Policy

Ref: CLIN-0109-v1

Status: Ratified
Document type: Policy

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1. Introduction

The Professional Nurse Advocate (PNA) programme was introduced in March 2021 by NHS England (NHSE) in order to deliver training and restorative supervision for nurses across England. This strategy provides guidance to healthcare organisations and PNAs who are delivering a PNA service to teams of nurses within their organisations. Professional nurse advocacy is also available for full teams and all grades of staff. It must be considered in the context of any local policies and Standard Operating Procedures (SOPs) in place. Ruth May, Chief Nursing Officer for England described the PNA implementation across England and the future vision for a minimum of 1 PNA for 20 registered nurses in England to be achieved by 2025. NHS England » Professional nurse advocate

Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, the Trust has committed to three goals.

Strategic Goal 1: To co-create a great experience for patients, carers and families –

This policy supports the trust to co-create a great experience for our patients, carers and families by advocating and encouraging nursing teams to lead on quality improvement, which in turn improves patient care.

Strategic Goal 2: To co-create a great experience for our colleagues –

This policy supports the trust to co-create a great experience for our colleagues by delivering restorative clinical supervision which allows individuals to reflect on personal and professional practice in a safe, non-judgemental, confidential setting.

Strategic Goal 3: To be a great partner –

This policy supports the trust to be a great partner by assisting clinical practitioners to understand the needs and the strengths of our communities, service users and carers and the multidisciplinary services available within it that will ensure that we will be better able to meet the needs of all within it.

Having a clear definition for restorative clinical supervision will help to ensure we live our values of respect, compassion and responsibility.

2. Why we need this policy.

This policy responds to the professional nurse advocate (PNA) role which was launched in 2021 by the Chief Nursing Officer Ruth May which states:

“The need for nurses to be equipped to understand the demands of their roles and how colleagues may be feeling, developing skills of leadership, quality improvement and to embed robust restorative clinical supervision (RCS) within healthcare.

2.1 Purpose

The purpose of this policy is to implement the NHSE (PNA) Professional Nurse Advocacy Programme into Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

- This will implement the nationally required PNA Programme.
- It will support the trust to have a standardised and structured PNA Programme.
- It targets help and support to our staff who are most in need.
- It supports Professional Nurse Advocates to deliver restorative clinical supervision sessions to staff across the trust.
- It will empower newly qualified PNA’s to deliver the service in a supportive, adequately resourced, safe, healthy environment.

2.2 Objectives

- Details the requirements and processes by which the organisation provides restorative clinical supervision to staff.
- Supports the trust to deliver the A-Equip model.
- Supports new professional nurse advocates.
- Provides a framework for individuals to:
    - Ensure care standards are embedded and deliver safe and effective care.
    - Clarify individual responsibilities and duties in relation to restorative clinical supervision.
- Keep up to date with developments and align with wider PNA national networks.
- To identify developmental needs and be clear that staff are working within professional boundaries.
- Reinforce the importance of reflective practice in continuously improving the quality of services.

This document will be used in conjunction with NHSEI national PNA guidance document:

https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/#:

3. Scope

3.1 Who this policy applies to

This policy applies to all trust nursing staff that have a clinical role.

3.2 Roles and responsibilities

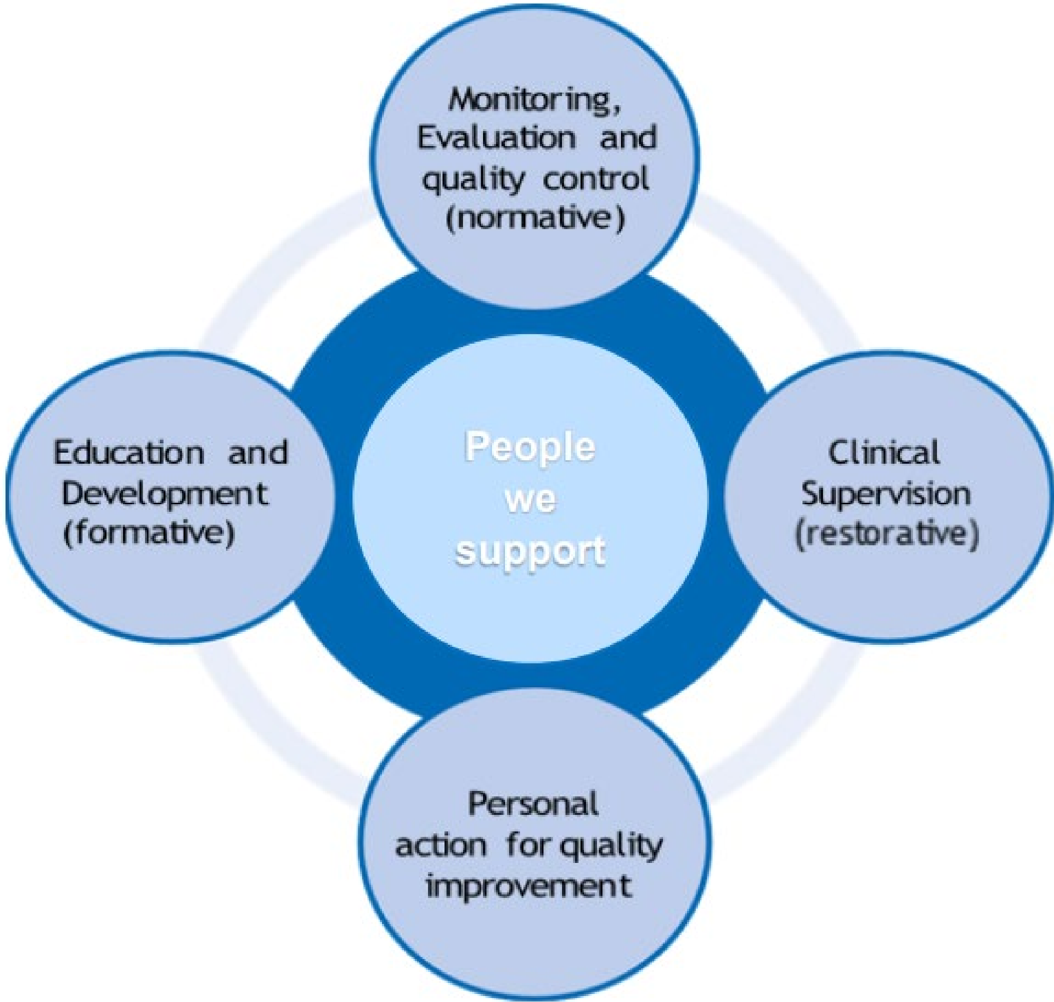
Role	Responsibility
Chief Nurse	To ensure PNA is embedded in the trust.
Professional Nurse Advocate (PNA)	Support the workforce through restorative supervision as per their Professional Nurse Advocate Role. All registered PNAs will have a minimum of 4 hours protected time per month to deliver restorative supervision.
Employee	All staff to attend work on a regular basis and taking responsibility for looking after their own health and wellbeing.
Line Manager	Complying with this framework ensuring all employees understand the Trust expectations and their responsibilities and obligation. Support the Professional Nurse Advocate to undertake restorative supervision as per their contract of agreement. Promoting the health and wellbeing of the workforce and the provision of a safe, healthy working environment to enable employees to attend work routinely.
People and Culture and Human Resources	Supporting Managers with the application of this procedure, including providing appropriate training, advice and guidance.
Occupational Health	Supporting he health and wellbeing of employees.
Professional Nurse Advocate (PNA) Lead.	Monitoring all activity and progress. Co-Ordinating and chairing local regular organisation meetings.

	Gathering data for the Provider workforce Return.

4 Policy

The Professional Nurse Advocate is a practicing nurse, trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative supervision, in response to service demands and changing patient requirements.

4.1 Advocating for Education, Quality and Improvement (A-EQUIP) Model



4.1.1 Clinical Supervision (restorative)

Restorative supervision contains elements of psychological support including listening, and through polite and professional challenge support the supervisee to develop further their ability/ capacity to cope, especially in managing difficult situations. When faced with complex workloads and decision making, professionals need to process feelings of anxiety, fear and stress to liberate their minds, so they can focus on learning and development needs and move towards a more creative, solution-focused approach.

4.1.2 Monitoring, evaluation and quality control (normative)

The normative function “endeavours to develop management strategies for the professional accountability and quality issues in nursing. Themes emerge such as improving the quality of care which leads to changes of how nursing care is delivered to patients” concentrating on supporting individuals to become increasingly effective in their clinical role through undertaking quality activities to improve patient safety and outcomes.

4.1.3 Education and development (formative)

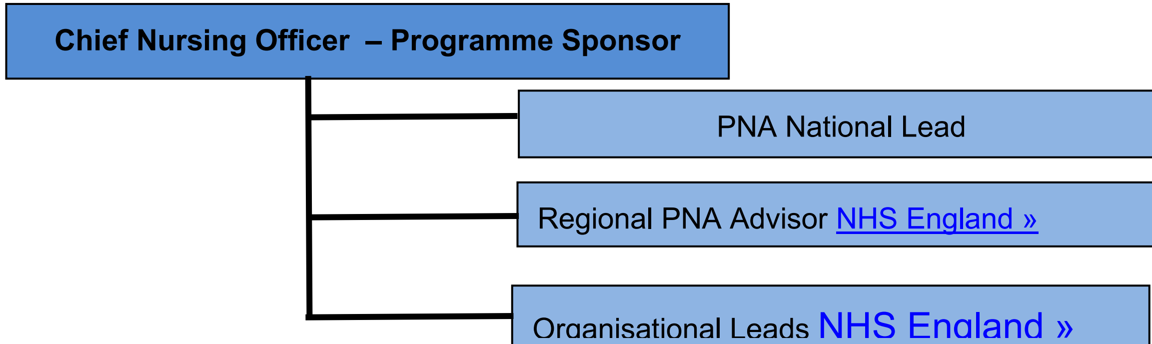
This educational function of the A-EQUIP model “identifies that learning should take place during clinical supervision and focuses on skills and knowledge, experience and competence assisting in informing appraisals, revalidation and development of leadership. Guided reflections can support the exploration of self-leadership through examining a nurse’s interactions with others, influence change and improve the delivery and standard of care.

4.1.4 Personal action for quality improvement

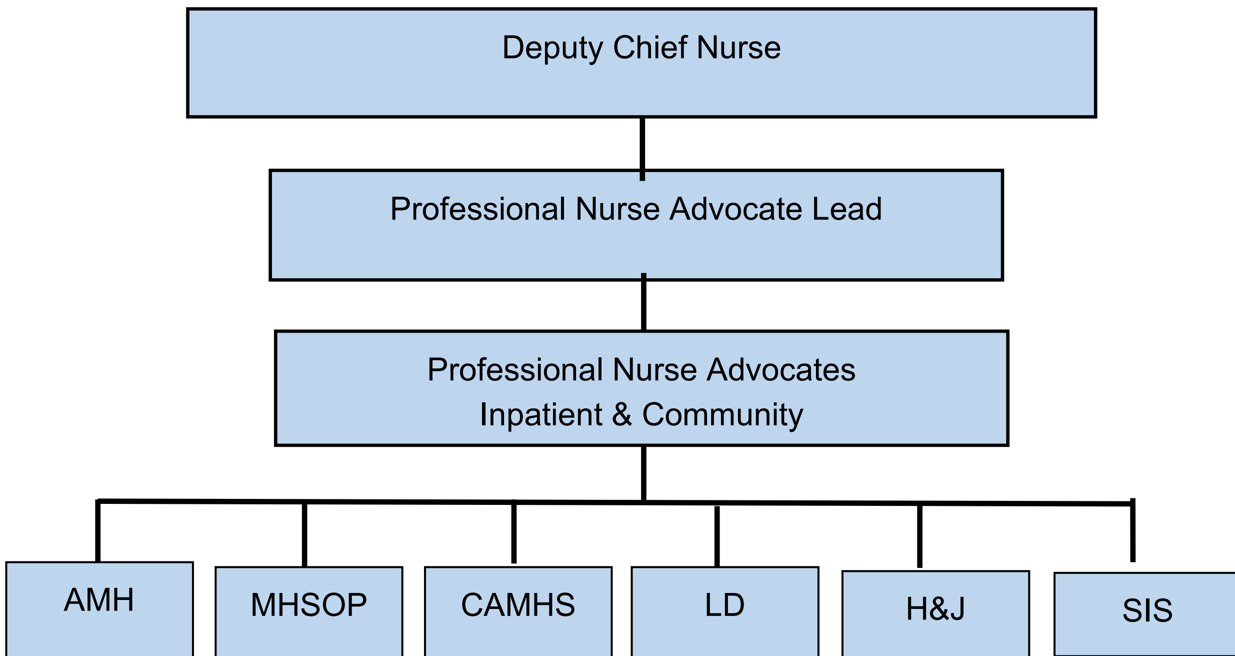
This function of the A-EQUIP model addresses the need for nurses to be familiar with and contribute to quality improvement, to help improve patient care. Direct contribution to quality improvement and quality assurance systems, as well as ensuring the safety of those receiving nursing care, are fundamental aspects of a nurse’s role. This function “ensures that the improvement of quality care becomes part of everyone’s role, every day, across the Trust.

4.2 Structure

4.2.1 National PNA Structure and support available



4.2.2 Trust PNA Structure



4.2.3 Structure for support

The number of supervisees each PNA will be responsible for will depend on their Whole Time Equivalent (WTE) employment and time allocated to the PNA role. Based on a full time PNA post, it is anticipated that the post holder would be responsible for up to approximately 20 Registered Nurses, recognising there will not potentially be enough trained PNAs to cope

with demand initially. Individuals to determine whether the PNA would be identified as someone within their work environment or other.

4.2.4 Trust Lead for PNA

The role is a nationally developed role through the Chief Nursing Office (formally England's Chief Nursing Officer Ruth May NHS Chief Nurse) and will provide the Nursing workforce within care groups and directorates of the Trust a point of contact for Restorative Clinical Supervision and supporting the wellbeing of our Nurses.

The role will develop, implement and monitor the implementation of Professional Nurse Advocates and support the delivery of frontline professional mentorship. The responsibilities of the role include:

- To facilitate staff and team development and ensure effective communication systems operate within the Directorates.
- To lead on the strategic implementation of the Professional Nurse Advocate (PNA) programme for the Trust and support PNA workforce in the audit and monitoring of data and activity of PNAs.
- Responsible for coordinating and chairing the local Professional Nurse Advocacy council, formulation of required reports, gathering the data for the Provider Workforce Return (PWR), monitoring all activity and progress of those in training to ensure reaching Chief Nursing Officer ambition as per section.
- To embed restorative clinical supervision into clinical practice and ensure the delivery of quality supervision practices in line with the Trust Supervision policy.
- The aim is that this continuous improvement process of the PNA model will become an intrinsic part of the Trust and wider Integrated Care Systems (ICS) system.

4.3 PNA Charter / Role descriptor

The Trust will have a single role/person specification for all PNAs.

4.4 PNA Role Guidance

The PNA will be an appropriately experienced Registered Nurse who has successfully completed a recognised University PNA training programme at Masters' Level. Agreed role description with clear parameters of responsibility for delivering a restorative supervision service to a defined group of nurses, thus supporting vicarious liability and Organisation protections to the post-holder. Time will be allocated and specifically agreed in the PNAs shift/work rota for delivery of the service. (See appendix 1 – Regional Charter)

Please see Appendix 4 Manager Role and responsibilities (Professional nurse advocate, role and responsibilities for managers)

4.5 Minimum standards and expectations of supervision

- All restorative supervision must be delivered by a qualified professional nurse advocate who has completed the PNA University course.
- Minimum of 1 hour for formal but ad hoc may be shorter.
- Verbal or written contract should be discussed at the start of the first supervision session.
- Evaluations forms should be completed at the end of each supervision session on the PNA MS forms.
- Follow up sessions will be discussed and booked during the first session between the supervisor and the supervisee.
- Sessions will be delivered by a qualified PNA where possible face-to-face, but virtual appointments can be made available to facilitate ease of access.
- Access to a private room where possible.

4.6 Working collaboratively across organisational boundaries

PNA Lead to attend the regional and local working councils, groups, forums and 'Communities of Practice' to share and support.

PNA Lead to attend the Professional Nurse Advocacy regional lead forum with NHSE.

PNA Lead to attend both regional and local Communities of Practice to share and support with both NHSE and TEWV.

PNA Lead to attend all Integrated Care Boards within TEWV to give regular updates on the implementation of the PNA Programme.

PNA Lead to work closely with all universities that offer the PNA programme.

4.7 Staff experience

Supervisee Evaluation of Restorative Clinical Supervision Sessions

Professional Nurse Advocate (PNA) Evaluation of RCS Session

4.8 Area

This strategy template applies to healthcare organisations within the DTV&F & NY&Y. This document provides a set of principles which will guide regional and local practice.

4.9 Ambition of recruitment Gap Analysis

Identify current staffing situation and implement recruitment strategies to support.

4.10 Service Delivery

The service will be delivered, underpinned by a compassionate leadership approach and a focus on service improvement work as an outcome measure (in line with the A-EQUIP model of the PNA role implementation). Standard Process tailored to the working environment to promote a positive culture and working environment that benefits both staff and patients.

4.11 Support for PNA's

The organisation will provide the PNA with allocated time to access either a PNA for peer support or restorative supervision. Individual PNAs have access to clinical professional supervision as per trust policy. There will be regular organisational meetings to review progress and any barriers to implementation and progression with all PNAs. The trust offers access to staff support services, wellbeing psychology and other staff support

initiatives should they require them. PNAs within the organisation will also be encouraged to attend national forums.

4.12 Supervisee Role

Clear standardised information will be provided to any colleagues wanting to access the service via whichever medium local organisation utilise.

Access a PNA in line with their role and responsibility and discuss with their line manager the timeframe for RCS sessions and implementation of the A-EQUIP model. Think about and identify issues for discussion.

See Appendix 2 – Checklist Access to PNA

4.13 Escalation Processes

The organisation will have a clear escalation process in place through which the PNA/PNA lead can escalate anonymised key issues or urgent concerns.

- If you do not feel comfortable speaking to your manager or a senior manager.
- Unsafe patient care.
- Unsafe working conditions.
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud, corruption or bribery (which can also be reported to our local counter-fraud team)
- A bullying culture (across a team or organisation rather than individual instances of bullying).

Speaking up about any concern you have at work is important and will help us keep improving services for our patient and the working environment for our staff.

https://intranet.tewv.nhs.uk/freedom-to-speak-up

4.14 PNA's Leaving the organisation.

There will be an attrition and replacement strategy of PNAs to enable organisational monitoring. PNA Lead to monitor through regular PNA Meetings. Any PNA leaving the

organisation with have a responsibility to inform the Trust's PNA Lead and contact the NEY Regional Lead (via generic email) to inform of change in organisation and update the regional database.

4.15 Referral and access to become a PNA.

The referral process will be aligned with Policies and Human Resources in line with the A-EQUIP Model (NHSEI 2021). Professional nurse advocates (PNA) | TEWV Intranet

4.16 Access to Professional Nurse Advocacy (PNA) restorative supervision

Access to receive restorative supervision from a Professional Nurse Advocate can be access by visiting the Intranet https://intranet.tewv.nhs.uk/professional-nurse-advocates or by e-mailing TEWV.pna@nhs.net

Guidance via the communication flow chart. (See Appendix 5)

4.17 Impact Measurement

Standardised measurements to include as a minimum: -
- Absence/unavailability
- Retention of nurses
- Staff experience
- Operationally PNA will be monitored on a monthly basis with all sessions offered and quality improvement initiatives agreed

4.18 PNA activity recording

As part of their role, the PNA will maintain PNA activity records. These records would be in line with NHSEI National PNA guidance and consist of date, time, and duration, number of sessions and attendance data. The PNA lead will provide monthly reports to the Organisation (People & Culture), highlighting key themes, barriers and good news stories and summarising the service delivery with relevant data (e.g., total number of; qualified PNA staff, restorative supervision session, career conversations delivered, and improvement projects/programmes supported.

4.19 Training

4.19.1 PNA recruitment and training

Criteria:

- Be a registered nurse with the NMC (hold a current registration)
- Band 5 or above working in a patient-facing clinical role within a healthcare setting providing NHS-commissioned care.
- Have evidence of previous level 6 study (bachelor's degree level).

PNA selection:

- A registered nurse who fulfils the criteria listed above can be selected and nominated by their line manager to apply to undertake the PNA training programme.

Guidance through the standard process:

- PNA Guidance for managers and staff is available on the Intranet Professional nurse advocates (PNA) | TEWV Intranet

PNA training offer:

- Professional development at master's level 7 with a national qualification in leadership and advocacy
- Virtual classes to measure competency using chosen forms of assessment.
- Each student PNA will have access to a supervisor (qualified PNA) provided by their employing organisation.

4.19.2 Continuous Professional Development (CPD) for PNA's

The minimum expectations and requirements are one piece of reflection for revalidation and one piece of good practice is to do with PNA activity. Access to and complete PNA booster session 6 months following successful completion and participate in PNA sessions as supervisee. All PNAs will be encouraged to join local and regional 'Communities of Practice' events. These will include Future NHS collaboration (NHS England), Community of Practice for internationally educated nurses (NHS England) and PNA discussion forum.

4.20 Monitor and Review

4.20.1 Annual Review

A paper will be completed by the Professional Nurse Advocate Lead (PNA) to be reported annually to the Executive Review of Quality Group. This will be shared with regional leads for learning.

A paper will be completed by the Professional Nurse Advocate Lead (PNA) using the evaluation and activity data information collected monthly, seen below in action 4.202, and reported to the Quality Assurance Committee quarterly to share activity, themes and hot spots.

4.20.2 Monitoring Compliance and Effectiveness

The arrangements for monitoring compliance with and effectiveness of the document i.e., audit/review, including the methodology, frequency, standards/key performance indicators, and the responsibilities for this and for ensuring improvements in performance occur. This is a mandatory section for all corporate controlled procedural documents and highly recommended for all clinical procedural documents.

Data is collected and monitored:

- Referrals
- Activity
- Themes
- Hot spots

And will be collated towards quarterly and annual reports.

All RCS sessions will be monitored, and data will be collected and returned via PWR monthly against the following criteria:

- Total number of registered nursing staff (patient facing) with a PNA qualification (headcount)
- Total number of restorative supervision sessions conducted by a PNA (total in month)
- Total number of individuals receiving restorative supervision session in month
- Total number of career conversations delivered by a PNA (total in month)
- Total number of individuals receiving a career conversation in month
- Total number of improvement projects/programmes supported by PNAs (rolling total)

4.21 Governance Processes

As implementation of the PNA role is employer-led, the organisation's leadership team is responsible for the implementation of the PNA role, including ensuring all nurses have access to restorative clinical supervision. All organisations should ensure the PNA role, and its delivery of RCS, is embedded in current clinical governance arrangements, including board oversight.

To ensure there are robust governance and assurance measures in place to monitor the implementation and contribution of the PNA role the suggested actions for the collection of data and reporting for every organisation are: -

- Organisation's chief nurse has identified a senior registered nurse lead for PNA's who is responsible for the oversight and implementation of PNAs in practice within their organisation and to liaise with the NHS England and NHS Improvement regional PNA advisor.
- The organisation will have an escalation process in place to maintain strategic oversight regionally and nationally.
- Select and train nurses to fill the required number of PNA roles for the organisation.
- Register of the PNAs employed in the organisation: this will allow succession planning and maintenance of a 1:5 to 1:20 PNA-to-nurse ratio, dependent on setting.
- Ensure arrangements are in place for all nurses within every service to have access to a PNA.
- Ensure that PNAs have allocated time to deploy their role and that nurses are released to meet their PNA as require.
- PNA council/support network has been established.
- PNA supervision arrangements have been established.
- Identify, collate, analyse, and interpret quantitative and qualitative data to inform reports about the process for, and impact and outcome of, the PNA role.
- Undertake thematic analysis to highlight any concerns across a range of areas e.g., supervision, area or work, role etc.
- Ensure completion of the provider workforce return (PWR) and that qualitative data from PNAs is reported monthly, to enable local, regional, and national oversight and evaluation of the implementation of the PNA role and A-EQUIP model.
- Organisation PNA leads should attend the quarterly regional business meeting and weekly through Fundamental standards.
- Governance reporting monthly via QUAIG Triple A reports.

5 Definitions

Term	Definition
PNA	Professional Nurse Advocate
DTV&F	Durham, Tees Valley & Forensics
NY&Y	North Yorkshire & York
CPD	Continuous Professional Development
Restorative supervision	Restoring/promoting health and wellbeing in a supportive non-judgemental environment
CNO	Chief Nursing Officer

6 Related documents

Clinical Supervision Policy Ref CLIN-0035

Allied Health Professionals Supervision Protocol Ref CLIN-0036

Pharmacy Clinical Supervision Protocol Ref: PHARM-0085

https://intranet.tewv.nhs.uk/supervision

Staff Health, Wellbeing and Attendance Procedure (Maintaining Attendance at Work) Ref HR-0021-001

7 How this policy will be implemented

- This policy will be published on both the staff intranet and externally on the Trust website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Recruitment of internal PNAs from within the Trust	PNAs to be trained to deliver restorative supervision	December 2025	Trust PNA Lead	PNA register and NHS submission of sessions and data set
Training delivery by university providers	100% Staff recruited complete university delivered training	Rolling Programme	University providers	Trust PNA lead to monitor results of staff on PNA courses
PNA professional continuing development to maintain develop skills	100% of all staff on Trust PNA register will provide evidence to Trust PNA lead of completion of CPD	To be done annually.	PNAs	Trust PNA Lead to monitor results of staff on PNA Courses
4 hours protected time per month of delivery of PNA by Trust PNAs	100% of all Trust PNAs to provide assurance of PNA sessions.	December 2024	PNAs	Trust PNA Lead to monitor
Qualified Trust PNAs provide mentorship to PNAs in training	100% of all Trust PNAs will mentor at least one trainee PNA each	September 2024	PNAs	PNA Lead to monitor
PNA Shared Council	PNA shared council to be held monthly	May 2024	PNA Lead	PNA Lead to monitor
PNA Staff experience, evaluation tools	Access to evaluation tools via the T drive.	June 2024	PNA Lead	PNA Lead to monitor

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Staff expressing an interest in becoming a PNA	A-Equip modules within ESR	1 – 2 Hours	Once
Trainee PNA	Initial university course	10 weeks	Once
Qualified PNA	CPD online refresher sessions	Annually	Once
PNA Lead	CPD online refresher sessions	Annually	Once

8 How the implementation of this policy will be monitored

How the implementation of this policy will be monitored, to reflect if any additional monitoring is required to ensure that the PNA approach is embedded (if required), template for completing this section below:

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Recruitment of internal PNAs from within the Trust meets the required ratio of PNAs to staff (year 1 1:40, year 2 1:20)	Monthly. Review of PNA Trust register - PNA Lead	To report to NHS England. Quarterly report to Quality Assurance Committee. Annual report to Executive Review of Quality.
2	Number of candidates PNAs trained by university providers	Monthly. Review of PNA Trust Register - PNA Lead	To report to NHS England. Quarterly report to Quality Assurance Committee. Annual report to Executive Review of Quality.
3	PNA profession continuing development to maintain develop skills	PNA Lead. PNA Trainee & Qualified	To report to NHS England.
4	Delivery of restorative supervision by PNA as per trust PNA contract	PNA Lead. Qualified PNA	Quarterly report to Quality Assurance Committee.
5	Qualified Trust PNAs provide mentorship to PNAs in training	Qualified PNA	Annual report to Executive Review of Quality.
6	PNA Shared council	PNA Lead Qualified PNA	To report to NHS England.
7	Evaluation tool	PNA Lead Qualified PNA	Quarterly report to Quality Assurance Committee.

9 References

NHS England and NHS Improvement (NHSEI) (2021) ‘The professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses’

NHS England » Professional Nurse Advocate checklists

May (2021) ‘Roll out of Professional Nurse Advocate Programme ‘cited in Nursing Times 5th March 2021.

NHS England and NHS Improvement (NHSEI) (2021) ‘The professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses.

Generic Professional Practice Guidelines (The British Psychological Society)
http://www.bps.org.uk/sites/default/files/documents/generic_professional_practice_guidelines.pdf

Skills for Care (2007). Providing effective supervision. A workforce development tool, including a unit of competence and supporting guidance.

Clinical supervision: A panacea for missed care - Markey - 2020 - Journal of Nursing Management - Wiley Online Library

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 November 2024
Next review date	19 November 2027
This document replaces	N/A – New Document
This document was approved by	Executive Clinical Leaders' Sub-group (ECLS)
This document was approved	18 September 2024
This document was ratified by	Management Group
This document was ratified	19 November 2024
An equality analysis was completed on this policy on	28 August 2024
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	19 Nov 2024	New document	Ratified

Appendix 1 - Regional Charter

North East and Yorkshire Region Professional Nurse Advocate Charter

Each PNA will strive to achieve the following:

- ✓ Use their understanding of personal and professional resilience and support others to develop this attribute.
- ✓ Support nursing staff through restorative clinical supervision to examine their role within critical care.
- ✓ Assist nursing staff to develop their professional and career development choices.
- ✓ Support nursing staff to identify their own personal action for quality improvement.
- ✓ Use effective communication strategies and influencing skills to achieve desired outcomes.
- ✓ Use appropriate strategies to support nursing staff to maximise their potential in practice, implementing the principals of restorative clinical supervision.
- ✓ Enable nursing staff to be responsible and accountable for their actions and behaviours by creating a safe space to think, feel and reflect utilising the principals of restorative clinical supervision.
- ✓ Utilise their skills, knowledge, and experience of restorative clinical supervision to facilitate effective reflective discussions with nursing staff.
- ✓ Demonstrate understanding of the role of the PNA within the context of national policy and procedure.

Appendix 2 - Access to PNA

Checklist for staff accessing a PNA restorative clinical supervision session

This professional nurse advocate (PNA) checklist forms part of the NHS England and NHS Improvement national PNA implementation guidance.

It summarises the activities the member of staff participating in RCS needs to undertake pre, during and post their RCS session.

Pre restorative clinical supervision (RCS) session

- Clear standardised information will be provided to any colleagues wanting to access the service via whichever medium local organisation utilises.
- Access a PNA in line with their role and responsibility and discuss with their line manager the timeframe for RCS sessions and implementation of the A-EQUIP model.
- Think about and identify issues for discussion.

During RCS session

- Actively participate in RCS sessions, be open and share information, and be responsible for learning.
- Accept appropriate responsibility for performance and be active in the pursuit of education and development.
- Give and accept constructive feedback and participate in problem-solving.

Post RCS session

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

Appendix 3 - PNA Role and responsibilities

Professional nurse advocate: role and responsibilities checklist

The Professional nurse advocate (PNA) checklist forms part of the NHS England and NHS Improvement national PNA implementation guidance. It summarises the duties a trained PNA should discharge in their role.

Qualified PNA's have the responsibility to notify the current organisation they are leaving and where to and notify any new organisation they are a PNA.

Sessional PNAs will have a minimum of 4 hours protected time per month to deliver RCS.

To support healthcare colleagues

Clinical support:

- advocate for patients, reinforcing that every nurse's role is to support patients and their families.
- in creating care plans collaboratively with patients and/or families in a challenging situation, such as supporting a patient to make safe choices based on the best available evidence, using the restorative function of the A-EQUIP model.
- demonstrate inspirational, motivational and visible leadership in the workplace.
- support change in clinical area(s)
- role model promoting psychological safety and situational awareness in own practice.

Wellbeing support:

- discuss any professional issues, including clinical incidents, team dynamics, stress, burnout, instances of bullying, career progression, interviews, and quality initiatives, as well as personal issues.
- Reasonable Adjustments for staff with a long-term health condition or a disability.
- following a traumatic or stressful event, allow (or create) the opportunity for reflection to reduce stress and enable learning, limit compassion fatigue, and improve confidence.
- portray an understanding of personal and professional resilience, developing this attitude in others.

Learning support:

- to develop a nurse’s ideas and actions for quality improvement and service development
- hold reflective discussions about revalidation and career development, preparation for appraisal.
- coach staff through reflection on incidents they may have experienced, with a focus on the system and processes.

Promoting the PNA role:

- support aspirant PNAs and PNAs in training, including by providing support and supervision.
- collate data on the effectiveness of restorative clinical supervision (RCS) for staff, and the benefit of the PNA role.

Scheduling meetings with healthcare staff:

- arrange any individual meetings at a mutually convenient time.
- identify a private and confidential meeting place.
- mutually agree how long the RCS/meeting will last.
- agree ground rules for the session and document these.
- retain and confidentially store any notes taken at the meeting.

Personal, professional development:

- participate in and lead on quality improvement programmes.
- engage in booster sessions following PNA training.

Appendix 4 - Manager Role and responsibilities

Professional nurse advocate: role and responsibilities for managers

Strategy

- Support organisational Organisation PNA Lead to attain a 1:20 ratio of PNA's to qualified staff by 2025.
- Identify appropriate staff to undertake role.
- Allow time for training.

Time to deliver the role

Ideally the national strategy was that each PNA should be given dedicated time to undertake the role this is yet to be signed off and realised in many areas, therefore the current recommendation is for the PNA to practice on a sessional basis whilst in situ in their substantive role. If a member of staff needs support quickly you may want to deploy your PNA and come to an agreement about the additional hours required. All registered PNAs will have a minimum 4 hours protected time per month to deliver RCS.

For those PNA's working with large teams it is recommend that you have more than 1 PNA to ensure access to the service or whilst more PNA's are being trained you may wish to access other PNA's within the Organisation via the Lead PNA who will support your request. Your PNA should be able to attend relevant educational or supportive events.

Location for Supervision

The PNA and staff member will require a quiet area to meet in order to facilitate supervision, ideally away from the clinical area and you will be asked to support them in this in the interim period.

Contract for Supervision

When your PNA undertakes any form of restorative supervision there is a verbal contract of confidentiality and agreement between the PNA and the staff member.

As part of this contract the PNA will inform the staff member that if any shared information is in breach of professional regulations or misconduct or a safety risk then the PNA will act accordingly. For other supervisory matters outside of professional misconduct the PNA can only share information with the staff member's permission to do so. No notes are taken during the session, but an evaluation will be undertaken anonymously to record headlined themes and trends for the

reasons a PNA was accessed. This will provide an evaluation of the role of the PNA and how it is supporting staff.

Sessions should be a maximum of 1 hour as part of the contract and the number of sessions required is at the discretion of the PNA and staff member. The PNA can support the staff member to develop a personal restorative action plan to guide their progress.

Why would you consider contacting a PNA?

You can ask your PNA/PMA to support you and your staff with any of the following:

- Work related stress.
- Performance issues at work
- Behaviour issues at work
- Personal development/education
- Personal stress affecting work.
- Support for revalidation /PDR
- Report writing
- Attendance at Coroners Court

This list is not exhaustive (Referral form and pathway available)

How to refer and access a PNA?

Referral process

The referral process will be allied with Policies and Human Resources in line with the A-EQUIP Model

(NHSEI 2021).

- Staff will be able to access a PNA and choose a PNA within or out with their clinical area (dependent on need)
- Self-refer.
- Managers referral

The process is aimed to support the referring managers when incidents and concerns are evident.

A referral will be required as it forms part of the measurable provision of the service and all information will be anonymous. Information will be uploaded onto a data base and stored securely.

Information will be captured on type of referral, reason for referral and outcome.

Appendix 5 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	**Scope**
Name of service area/directorate/department	Directorate of Nursing and Governance
Title	Professional Nurse Advocate (PNA) Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	The purpose of this policy is to implement the NHSE (PNA) Professional Nurse Advocacy Programme into TEWV.
Start date of Equality Analysis Screening	March 2024
End date of Equality Analysis Screening	28 August 2024

Section 2	**Impacts**
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All clinical staff
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO**

	• **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	
Describe any positive impacts	The restorative supervision ensured by this policy supports staff in need regardless of protected characteristics.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	This policy is underpinned by national guidance, by the experience of Trust PNAs of supporting staff to date and is also support by a Trust wide all staff consultation.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	-

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	No. please see Training Needs Analysis section
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 6 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	Trust wide consultation
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	Trust clinical and professional supervision policy.
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Have training needs been considered?	y	
	Are training needs included in the document?	y	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	y	Please see implementation strategy also.
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	28 Aug 2024 AH
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the policy been reviewed for harm?	Y	No Harm
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	