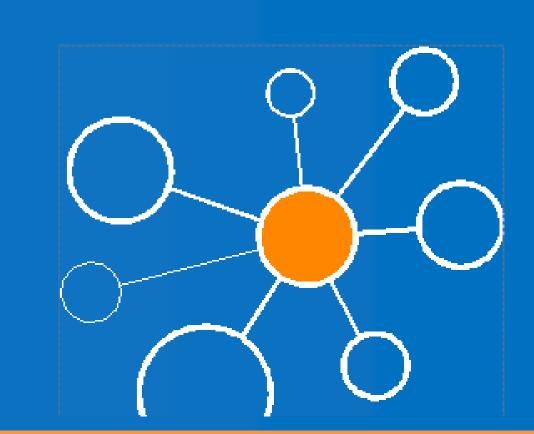
Gloucestershire Hospitals **NHS** Foundation Trust

Introducing the role of the PNA in Critical Care

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Background

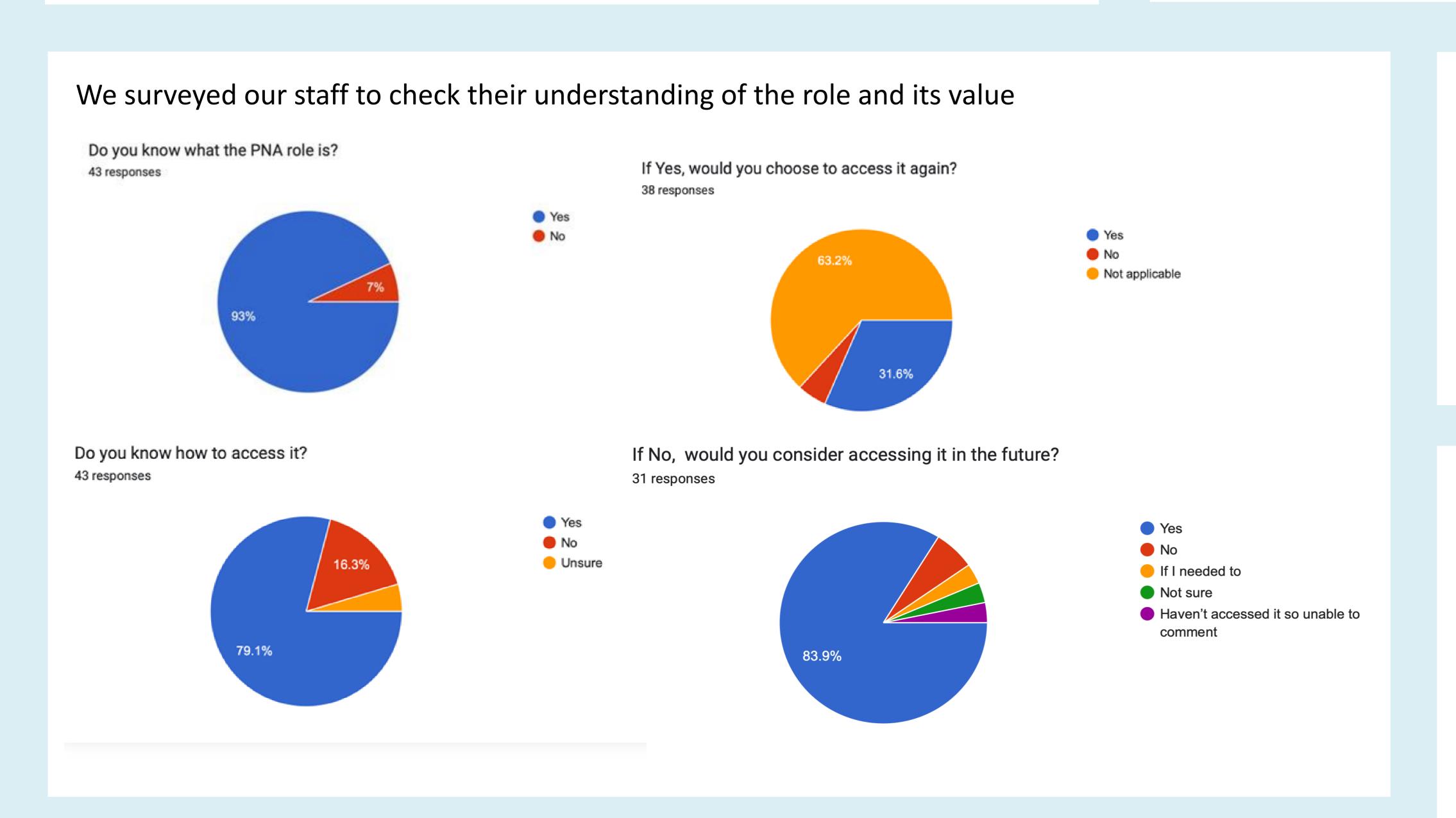
NHS England introduced PNA role in 2021 which is employer lead. Due to pressures faced by nursing workforce and the impact it has on wellbeing.

Restorative Clinical Supervision (RCS can take place 1-1 or group reflective discussion to address a specific issue with the aim to provide thinking space and emotional support (NHS England, 2021).

RCS can have a positive effect on emotional wellbeing, help reduce stress levels, anxiety and depression. It may also prevent burnout, help decrease staff sickness levels, attrition and increase job satisfaction, (Petti and Stephen, 2015).

Aim

- •Over the next 22 months we want to engage 20% of staff in Restorative Clinical Supervision (RCS) in Critical Care to support their psychology wellbeing and improve job satisfaction.
- S- To improve uptake of RCS and to make staff aware of the benefits
- M- 20% of staff to engage
- A- Due to this being a new concept for staff felt 20% would be more realistic
- R- 12 months was not achievable due to staffing changes
- T- Reviewed after 12 months and decided to extend



PDSA Cycles

Cycle 1- Promoting the role of RCS on study days

Cycle 2- Qualified PNA on teaching team

Cycle 3- Being given allocated time to be able to offer the service

Next Steps

Scale Up- 2 further members of staff to commence their PNA master module in February, 2 further staff in the pipeline for the following module.

Look to offer RCS at the end of team meetings-SDMC, Band 6 meetings.
Put in a bid to fund a PNA lead Critical Care for on a 12 month fixed term basis.
Look to expand the role to focus on other aspects of the A-equip model.

