Draft QNI Field Specific SPQ Standards

2023

The Queen's Nursing Institute

Contents

The International Council of Nurses defines an advanced nurse practitioner as a registered nurse with the expert knowledge, complex decision-making skills, and clinical competencies necessary for expanded practice.

Any nurse who has completed a SPQ programme that has been mapped to the QNI field specific standards will reflect the level of advanced practice as noted below.

'Nurses working as a Specialist Practitioner in one of the nine fields of Specialist Practice will work independently and autonomously in situations that are complex and challenging. They will follow an individual's* trajectory in dealing with co-morbidities, co-occurring conditions and medicines management promoting a person-centred approach using advanced clinical decision making skills based on a holistic bio-psychosocial perspective. They will role model leadership values and behaviours within teams of regulated and non-regulated staff and work with senior leaders of organisations to implement policy, working within legislative boundaries in their workplace. They demonstrate an in depth understanding of operational and financial issues within their organisation and acknowledge how this may impact on advanced clinical assessment of individuals*. They are highly skilled in complex risk assessments, risk formulations and risk management and will be comfortable advocating for people in their care and the services they work in and with. They are innovators in practice promoting evidence-based practice, innovation, and creativity to improve the quality of outcomes for the individual* they are caring for. '

- All nurses working at an advanced level of practice will meet the academic standards for a master's level of education and meet the field specific standards of proficiency for community nursing specialist practice qualifications.
- *individual refers to patient, child, resident, client, carer, family

The Queen's Nursing Institute has been working with representatives from key health and social care organisations across the four countries of the UK to develop Field Specific Standards for specialisms in community nursing.

These representatives include key national organisations, academics, managers, clinicians, front line staff, and service users/patients to develop standards across six areas of practice:

Adult Social Care Nursing

Community Children's Nursing

Community Mental Health Nursing

District Nursing

General Practice Nursing

Inclusion Health Nursing

The Standards are now in their final draft and are being sent out for consultation.

Please find included these six QNI Field Specific Standards for Specialist Practitioner Qualifications (SPQ), which have been built on the NMC SPQ standards published in July 2022. These are mapped to the 4 Pillars of Advanced Practice, demonstrating the advanced level of practice at which SPQ nurses are working. There is also a mapping document attached, which lists the NMC SPQ standards mapped to each Field Specific Standard.

We realise there is a considerable amount of text to review, so please do pay particular attention to whichever field of practice you may be commissioning or planning to develop within the HEI sector. For those of you who may be clinicians but not in a commissioning/education role, please do read those standards that relate to your field of practice and complete the survey as appropriate.

The link to the consultation survey is: https://eu.surveymonkey.com/r/WSJ9YX9

The consultation will be open for 4 weeks from 7th February till 7th March 2023.

NMC Standards - Mapped to the 4 Domains of Advanced Practice

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
1.1 practise autonomously, proactively and innovatively, demonstrating self-awareness, emotional intelligence and openness	Domain 1	Domain 1	Domain 1 Domain 2	Domain1		Domain 1
1.2 lead and manage a service, with the ability to effectively admit, discharge and refer people to other professionals, services and agencies as appropriate	Domain 2	Domain 1	Domain 1 Domain 2	Domain 2		Domain 1 Domain 2
1.3 deliver specialist person-centred care in complex, challenging and unpredictable circumstances	Domain 2 Domain 3	Domain 1	Domain 1 Domain 2	Domain 2 Domain 3	Domain 1	Domain 1 Domain 2
1.4 account for their decisions, actions and omissions when working with complexity, risk, unpredictability and when all of the information required might not be available	Domain 1	Domain 4	Domain 1	Domain 1		Domain 1 Domain 2
1.5 critically understand and apply relevant legal, regulatory and governance requirements, policies, and professional and ethical frameworks, differentiating where appropriate between the devolved legislatures of the United Kingdom	Domain 2	Domain 2	Domain 1		Domain 4	Domain 1 Domain 2
1.6 lead and promote care provision that is person-centred, anti-discriminatory, culturally competent and inclusive	Domain 1		Domain 1	Domain 1		Domain 1
1.7 demonstrate critical awareness of stigma and the potential for bias, taking action to resolve any inequity arising from either, and educate others where necessary	Domain 1	Domain 2		Domain 1		Domain 1
1.8 recognise the need for, and lead on action to provide, reasonable adjustments for people, groups and communities, influencing health policy and promoting best practice	Domain 1		Domain 2	Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
1.9 demonstrate the principles of courage, transparency and the professional duty of candour, taking responsibility to address poor practice wherever it is encountered	Domain 3	Domain 1 Domain 2		Domain 3	Domain 3	Domain 1
1.10 critically reflect and recognise when their personal values and beliefs might impact on their behaviour and practice		Domain 2	Domain 1			Domain 1
1.11 assess the opportunities, risk and demands of specialist community nursing practice, and take action to maintain their own mental and physical health and wellbeing	Domain 3	Domain 1 Domain 2		Domain 2		Domain 1
1.12 apply the numeracy, literacy, digital and technological skills required to deliver safe and effective specialist practice that meets the needs of people, their families and carers.	Domain 1		Domain 1 Domain 2 Domain 3	Domain 1 Domain 3		Domain 1
1.13 be an effective ambassador and role model, and a positive influence on the profession	Domain 3	Domain 2	Domain 1	Domain 3		
2.1 apply specialist knowledge of epidemiology, demography and the social determinants of health and illness, taking action to influence policy, service design and deliver	Domain 2	Domain 2	Domain 1	Domain 2		Domain 1
2.2 critically analyse the factors that may lead to inequalities in health outcomes, and their associated ethical dilemmas, to plan care in partnership with people, families and communities to improve them	Domain 1	Domain 1	Domain 1	Domain 1		Domain 1
2.3 recognise health as a fundamental human right and evaluate the effects of social influences, health literacy, individual circumstances, behaviours and choices on people's current and future mental and physical health	Domain 1	Domain 1	Domain 2	Domain 1	Domain 1	Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
2.4 critically assess health needs in partnership with people, families, communities and populations, to support them to take decisions and actions that improve their own mental, physical, and behavioural health and wellbeing	Domain 1	Domain 1	Domain 2	Domain 1	Domain 1	Domain 1
2.5 maximise opportunities for people, families, communities and populations to use their personal strengths and assets to make informed choices about their own health and wellbeing		Domain 1	Domain 2	Domain 1		Domain 1
2.6 conduct, interpret and evaluate health and social care assessments, screening and profiling activity for people and communities, to take appropriate action to improve health outcomes		Domain 2		Domain 2	Domain 2	Domain 1
2.7 apply specialist knowledge of social prescribing to support individual and community health outcomes	Domain 1	Domain 1		Domain 1		Domain 1
2.8 critically analyse and assess the characteristics of communities, their assets and any areas for development in order to build networks and alliances that can enhance health outcomes for people	Domain 1	Domain 1		Domain 1		Domain 1
2.9 promote and support people, communities and populations to connect effectively with local initiatives, support networks, programmes and third sector organisations that support their health and wellbeing	Domain 1	Domain 1	Domain 2	Domain 1		Domain 1
2.10 utilise and evaluate the impact of networks to enhance and support the mental and physical needs of people, families and communities, and identify and address any deficiencies in support	Domain 2	Domain 1		Domain 2		Domain 1
2.11 understand the role and application of genomics and epigenetics in sufficient detail to inform and advise people about the implications for personalised health care	Domain 1 Domain 2	Domain 2	Domain 1	Domain 1		Domain 1
2.12 apply a range of advanced communication skills to develop public health information that is accessible and enables people to make informed decisions about their health and wellbeing	Domain 1	Domain 2		Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
2.13 share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes	Domain 1 Domain 4		Domain 1	Domain 1 Domain 2 Domain 4	Domain 1	Domain 1
2.14 mitigate risks of environmental factors and other pollutants that have the potential to affect the health and wellbeing of people now and in the future	Domain 1	Domain 1	Domain 1		Domain 1	Domain 1
3.1 create and apply a person-centred approach to care, working in partnership to support shared decision making within the assessment and care planning process when working with people, their families or carers, and communities	Domain 1 Domain 2	Domain 1 Domain 2	Domain 1	Domain 1	Domain 1	Domain 1 Domain 3
3.2 use advanced communication strategies and relationship management skills when interacting with people, including families and carers, who may have a range of mental, physical, cognitive, behavioural and social health challenge	Domain 1	Domain 1 Domain 3	Domain 1	Domain 1	Domain 1	Domain 1
3.3 recognise and apply the principle of the presumption of capacity, and the requirement to seek informed consent throughout the assessment and planning process	Domain 1	 Domain 3		Domain 1		Domain 1
3.4 make reasonable adjustments to maximise opportunities for people to understand the outcome of their abilities and needs assessment, and the implications for their treatment and care	Domain 1	Domain 1	 Domain 2	Domain 1		Domain 1
3.5 make best interests decisions within the required legislative framework if, after seeking informed consent and making reasonable adjustments, their professional judgement is that a person lacks capacity to make a decision or give consent at that time	Domain 1			Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
3.6 assess and plan the care of people when they are vulnerable, agreeing on the required level of support needed to ensure maximum levels of independence throughout the continuum of care	Domain 1	Domain 2	Domain 1	Domain 1	Domain 2	Domain 1
3.7 escalate, report, plan and coordinate immediate and continuing care for people in need of safeguarding	Domain 1 Domain 2	Domain 2		Domain 1 Domain 2	Domain 2	Domain 1
3.8 proactively obtain and distil information from formal and informal sources to inform individual assessments, involving others as required	Domain 1	Domain 1	Domain 1 Domain 2	Domain 1	Domain 2	Domain 1
3.9 critically analyse complex assessment information and data, distinguishing between normal and abnormal findings, recognising when prompt action is required, including requesting additional investigations, and involving others when appropriate	Domain 1	Domain 1	Domain 1	Domain 1	Domain 1	Domain 1
3.10 critically apply clinical reasoning to decision making, taking into account differential diagnosis and the potential for diagnostic overshadowing	Domain 1	Domain 1	Domain 1	Domain 1	Domain 1	Domain 1
3.11 maximise the potential use of technology and informatics to assist with assessment and diagnosis	Domain 1	Domain 3	Domain 2	Domain 1 Domain 3		
3.12 apply knowledge and understanding of new and emerging science and technology, including genomics, to inform assessment and treatment options, when agreeing personalised care plans with people and their families, carers or nominated persons	Domain 2	Domain 2		Domain 1 Domain 3		Domain 1
3.13 apply a range of problem solving, influencing and negotiation skills to maximise opportunities for shared decision making when co-producing care plans	Domain 1	Domain 1	Domain 1	Domain 1		

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
3.14 assess individual abilities and needs when co-producing plans of care, agreeing opportunities for supported self-care and treatment interventions	Domain 1	Domain 3		Domain 1		Domain 1
3.15 take into account the impact of people's preferences, their close relationships and support systems, their home environment, and the influence of social, environmental and spiritual factors when agreeing the plan of care	Domain 1		Domain 1	Domain 1		Domain 1
3.16 create and maximise opportunities for people, and where needed their families, carers or nominated person, to remain independent and to facilitate self-care	Domain 1	Domain 1	Domain 1	Domain 1		Domain 1
3.17 effectively communicate the benefits and risks of different care and treatment options, explaining how the person and their family or carers will be supported in the choices they make		Domain 1	Domain 1	Domain 1		Domain 1
3.18 anticipate and explain the impact that unexpected events and changes may have on the plan of care	Domain 1	Domain 1	Domain 1	Domain 1		Domain 1
4.1 autonomously manage and evaluate complex episodes of care from referral to service and admission, to discharge from caseload, or referral to other appropriate services or agencies	Domain 1 Domain 3	Domain 1	Domain 1	Domain 1	Domain 2 Domain 3	Domain 1 Domain 4
4.2 assess and manage transition of people to other services or agencies, proactively collaborating with colleagues of other disciplines and agencies to find solutions to mitigate any risks	Domain 1	Domain 2	Domain 1 Domain 2	Domain 1		Domain 1
4.3 agree and negotiate with the person and where necessary their family, carer or nominated person, the implications of delegation of any aspect of their care to an alternative person	Domain 1	Domain 3	Domain 1	Domain 1		Domain 1
4.4 recognise reduced concordance, changes in motivation or dissatisfaction with the care and treatment plan, and work in partnership with people to influence and negotiate any revisions to the plan	Domain 1	Domain 1	Domain 1	Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
4.5 proactively engage with, and effectively advocate for, people using services provided by other professionals or agencies to identify and find solutions where there is inconsistency, disagreement or conflict	Domain 1		Domain 1 Domain 2	Domain 1		Domain 1
4.6 initiate a range of evidence-based care and treatment, including care, therapeutic interventions and social prescribing, that may be supportive, curative, symptom relieving or palliative	Domain 1 Domain 3 Domain 4	Domain 4	Domain 1	Domain 1 Domain 4		Domain 1
4.7 safely and effectively manage complex medicines administration, optimisation and medicines reconciliation, and continually evaluate to ensure optimum effectiveness	Domain 1	Domain 1	Domain 1	Domain 1		Domain 1
4.8 evaluate and adjust plans to ensure adequate safeguards for people when they are vulnerable		Domain 2	Domain 1 Domain 2	Domain 2		Domain 1
4.9 maintain therapeutic relationships with people, their families and/or carers throughout the episode of care and treatment, and actively address any differing views	Domain 1		Domain 1 Domain 2	Domain 1		Domain 1
4.10 understand and apply a range of techniques to educate people, their families, carers or nominated persons about their condition, treatment and care, to promote independence and confidence in supported self-care and self-management	Domain 1	Domain 1	Domain 1 Domain 2	Domain 1 Domain 3		Domain 1
4.11 work in partnership with people, their families, carers and other members of the team to continuously monitor and evaluate the care and treatment provided	Domain 1	Domain 2	Domain 1	Domain 1		Domain 1
4.12 include people and their families or carers in making decisions about their care and mitigate any risks as a result of changes in a person's mental and physical health, their living environment, or social arrangements	Domain 1			Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
4.13 make autonomous decisions in challenging and unpredictable situations, and be able to take appropriate action to assess and manage risk	Domain 3		Domain 1	Domain 1		Domain 1
4.14 work with people and where appropriate their families, carers or nominated person to agree and provide evidence-based person-centred nursing care for those who are dying or near to the end of life	Domain 1	Domain 1	Domain 1	Domain 1		
4.15 sensitively accommodate the preferences, beliefs, cultural requirements and wishes of the deceased and people who are bereaved	Domain 1			Domain 1		
4.16 clearly explain and accurately record the rationale for decisions, actions taken and resulting outcomes either in writing, or using digital technology, which can be shared with the person, their family, carers, nominated person and interdisciplinary and interagency teams			Domain 1 Domain 3	Domain 3	Domain 1	
5.1 demonstrate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, families and communities	Domain 1		Domain 1	Domain 1		Domain 2 Domain 3
5.2 demonstrate compassionate leadership when managing community nursing, interdisciplinary and interagency teams, to promote equality, diversity and inclusion, support individual professionals' wellbeing, motivate, and encourage team cohesion and productivity	Domain 2	Domain 2	Domain 1	Domain 2		Domain 1 Domain 2
5.3 lead, promote and influence the nursing profession in wider health and social care contexts and know how to influence and improve the care of communities through partnership working			Domain 1 Domain 2	Domain 2		Domain 2 Domain 4
5.4 identify available local community assets and engage with a range of providers, including third sector and faith-based support organisations and networks, to enhance the support and care of people	Domain 2	Domain 1	Domain 2	Domain 2	Domain 2	Domain 1 Domain 2

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
5.5 evaluate a range of indicators to determine the skill mix and appropriate characteristics of the workforce required to meet the needs of specific caseloads	Domain 2 Domain 4	Domain 2	Domain 1 Domain 2	Domain 2	Domain 2	Domain 2
5.6 review, lead and manage the people, financial and other resources required to safely meet caseload requirements, making professional risk based decisions when necessary to resolve resource issues	Domain 2	Domain 2	Domain 2	Domain 2		Domain 2
5.7 construct cogent arguments and effectively communicate complex information to justify decisions about resource allocation	Domain 2	Domain 2	Domain 2	Domain 2		Domain 2 Domain 4
5.8 delegate responsibility for the management of budget, people and other resources to team members, while retaining overall accountability	Domain 2	Domain 2	Domain 2	Domain 2		Domain 2
5.9 critically analyse their personal workload requirements and that of the wider team to lead and prioritise activities in order to manage demand and capacity	Domain 2		Domain 2	Domain 2		Domain 2
5.10 safely and effectively delegate responsibilities to team members based on an assessment of their level of knowledge, skill and confidence	Domain 2	Domain 2	Domain 2	Domain 2		Domain 2
5.11 use digital technology to maximise the use of resources across interdisciplinary and inter-agency teams	Domain 3		Domain 2 Domain 3	Domain 1 Domain 3		Domain 1
5.12 procure equipment and other items in line with relevant procurement policies, value for money considerations and health and safety requirements	Domain 2		Domain 2	Domain 2		

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
5.13 articulate a clear and evidence-based rationale for complex decision making and professional judgment when leading teams in challenging situations	Domain 2		Domain 1 Domain 2	Domain 2		Domain 4
5.14 continually reflect on their own leadership approach and take action to adapt their leadership style to different situations, including but not limited to when working with diverse teams who may be geographically dispersed	Domain 2		Domain 2	Domain 2		
5.15 effectively use systems to measure the impact, quality, productivity and cost efficacy of interdisciplinary and interagency teams to allow effective leadership and performance management	Domain 3 Domain 4		Domain 1 Domain 2	Domain 3 Domain 4	Domain 4	Domain 4
5.16 conduct conversations with team members to provide opportunities for positive reinforcement and challenge, and agree any development plans or remedial actions in line with appraisal processes	Domain 2	Domain 2	Domain 2 Doman 3 Domain 4		Domain 2 Domain 3	Domain 1 Domain 3
5.17 lead the development of a positive learning culture for interdisciplinary and interagency teams	Domain 3	Domain 3	Domain 3	Domain 3		Domain 2 Domain 3
5.18 use a range of approaches and resources available to educate, support and motivate people, manage talent and succession plans	Domain 3	Domain 3	Domain 3	Domain 3	Domain 1 Domain 3	Domain 1 Domain 3
5.19 apply a range of leadership strategies that are effective in supporting positive team development and cohesion across disciplines and agencies	Domain 3		Domain 3	Domain 3		

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
5.20 select, implement and evaluate strategies which are appropriate to the composition of the team, to enable supervision, reflection and peer reviews	Domain 3	Domain 2	Domain 1 Domain 2	Domain 3	Domain 3	
5.21 recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively	Domain 3		Domain 2 Domain 3	Domain 3	Domain 2 Domain 3	Domain 2 Domain 3
6.1 interpret health and safety legislation and regulations in order to develop local policy and guidance to support staff working across the range of home and community environments	Domain 4	Domain 2	Domain 1	Domain 2 Domain 4		Domain 1
6.2 evaluate the outputs and recommendations of internal and external risk reporting to enable prioritisation, decision making and the development of action plans to mitigate risk	Domain 4	Domain 4	Domain 1	Domain 4		Domain 1 Domain 4
6.3 exercise the knowledge, skills and professional judgement required to balance competing risks and priorities, undertaking quality impact assessments that reflect the balance between safety, quality and least restrictive practices	Domain 1	Domain 1	Domain 1	Domain 1	Domain 1	
6.4 co-produce strategies and plans for service design with people, families and communities to improve care outcomes	Domain 4	Domain 2	Domain 3 Domain 4	Domain 2		Domain 1 Domain 2 Domain 4
6.5 use innovative and emerging technology effectively to ensure collection and storage of data to allow analysis and forecasting to inform service improvement and safety plans	Domain 3 Domain 4	Domain 4		Domain 3 Domain 4		Domain 1 Domain 2 Domain 4

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
6.6 devise methods of systematically and effectively capturing and evaluating people's lived experiences of care to lead improvements in the quality of service delivery	Domain 4	Domain 4	Domain 4	Domain 4	Domain 4	Domain 4
6.7 evaluate different research designs and methodologies and their application to develop and address research questions and generate evidence for service improvement	Domain 4	Domain 4	Domain 4	Domain 4	Domain 4	Domain 1 Domain 4
6.8 initiate and lead a continuous quality improvement programme, selecting an appropriate improvement methodology, collating and presenting results and proposing improvement actions	Domain 3 Domain 4		Domain 4	Domain 3 Domain 4	Domain 4	Domain 1 Domain 4
6.9 critically appraise published results of service evaluation, research findings, improvement data and audit, and distil relevant learning that can be applied in practice to bring about service improvement	Domain 3 Domain 4	Domain 4	Domain 4	Domain 4		Domain 4
6.10 present relevant research, quality and audit findings and proposals for care improvement to a range of audiences	Domain 4		Domain 4	Domain 4		Domain 4
7.1 critically analyse political and economic policies and drivers that may have an impact on the health, care and wellbeing of local communities	Domain 2	Domain 2	Domain 2	Domain 2	Domain 4	Domain 4

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
7.2 understand the economic principles that drive health and social care, and their impact on resource allocation in integrated primary and community care services	Domain 2	Domain 2	Domain 1	Domain 2 Domain 3		Domain 4
7.3 synthesise epidemiological, demographic, social, political and economic trends to forecast their impact and influence on current and pro-spective community nursing services	Domain 4		Domain 1	Domain 4		
7.4 build relationships between teams within different systems in health and care, appreciating the value of different approaches, skill sets and expertise	Domain 1		Domain 1 Domain 2	Domain 1		
7.5 maximise effectiveness of different services within the system through collaboration and co-design, ensuring that services work seam-lessly together to meet the needs of people and communities	Domain 1	Domain 2	Domain 2	Domain 1 Domain 2		Domain 2 Domain 4
7.6 apply a range of methodologies to drive con-tinuous service improvement within the variety of different organisations and agencies that deliver services	Domain 2		Domain 4	Domain 2		Domain 2 Domain 4
7.7 proactively lead on the creation and develop-ment of effective system networks that enhance communication and decision making across organisations and agencies	Domain 1		Domain 4			Domain 2 Domain 4
7.8 demonstrate cultural competence and leader-ship when challenging discriminatory, oppressive cultures and behaviours at a system level	Domain 1		Domain 1	Domain 1		Domain 1

NMC Standards of Proficiency (SPQ)	Adult Social Care Nursing	Community Children's Nursing	Community Mental Health Nursing	District Nursing	General Practice Nursing	Homeless & Social Inclusion Nursing
7.9 develop the skills required to influence the health and social care strategies and policies at a local, regional and national level	Domain 2 Domain 4		Domain 4	Domain 2	Domain 2	
7.10 effectively work in partnership with peers at a strategic level to promote and influence change and improve health outcomes for the people and communities served	Domain 4			Domain 4		Domain 2 Domain 4

Adult Social Care Nursing

QNI ADULT SOCIAL CARE NURSING STANDARDS (SPQ) Domain One - Clinical care	NMC Standards
1.1 Recognise the importance of pre-admission assessment and its impact on the ability of the service to meet people's needs and demonstrate a broad range of specialist adult social care nursing professional expertise at an advanced level, supporting high quality person-centred care. This is demonstrated by advanced communication skills, shared decision making, working in partnership with the person to focus on supported self-management strategies, building the persons self-efficacy and confidence in managing their own health and wellbeing and supporting them to achieve their goals in relation to their health, ensuring that 'what matters to you' conversations are central to their care.	1.1 3.14
1.2 Use appropriate physical and advanced professional examination skills to undertake the holistic assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence-based assessment tools and consultation models to enable differential diagnosis and identification of an accurate diagnosis. **1.2.1** Lead, manage and deliver specialist person-centred care in complex, challenging and unpredictable circumstances within the context of adult social care and recognise when unexpected deterioration occurs due to, for example, dehydration, urinary tract infection, and many more, taking prompt action to resolve this.	3.9 3.10 4.14
1.3 Assess the health-related needs of families and other informal carers, using advanced skills to develop therapeutic relationships unique to social care nursing. Discover what matters to the person about their health and wellbeing, using open questions, reflection and active listening that enables shared decision-making conversations. **1.3.1** Explore the risks and benefits of potential treatment options. Identify the health outcomes favoured by the person coproducing person-centred care and support plans to include anticipatory care, funding options and delivery of ongoing care to improve their own mental, physical, behavioural health and wellbeing, using creative problem-solving skills.	2.4 4.9
1.4 Supervise, model, and actively promote, the delivery of anti-discriminatory, culturally inclusive person-centred care plans, to ensure complex, physical health, social, psychological, and medical interventions are integrated by the adult social care nursing team, ensure regular evaluation of care, and develop systems to support staff interventions and care quality outcomes. **1.4.1** Where people may be requiring temporary or permanent care by adult social care nurses ensure that access to the care they receive is equitable, preventing or delaying deterioration in their health and wellbeing.	1.6 3.1 4.11 5.1 7.8
1.4.1 Support, educate and lead, all staff to use tools to identify changes in health status and maximise the skills of the adult social care nurse to support complex person-centred assessment where the individual is showing new symptoms or signs of deteriorating health. **1.4.2** Sensitively accommodate the preferences beliefs and cultures of those individuals at the end of life and demonstrate sensitivity with the bereaved.	3.6 4.15

1.5 Employ a biopsychosocial approach using advanced assessment skills in prevention and early identification to intervention approaches that reduce escalation of risk when assessing individuals and carers who have co-morbidities and complex health care needs. Utilise the advanced skills of the adult social care nursing team to assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.	3.8 4.6 4.12 7.5
1.5.1 Establish clear lines of accountability in respect of roles responsibilities, delegation, supervision, and mechanisms for the assurance of professional governance including antimicrobial stewardship focusing on person-centred approach to care.	2.13 4.4
1.6 Work at an advanced level to develop clear and effective partnership approaches with mental health professionals and GPs to promote the mental health and well-being of those requiring nursing care and their carers. **1.6.1** Identify and assess needs and mental capacity, using recognised assessment and referral pathways and best interest decision making, and provide appropriate emotional support.	2.7 3.3 3.5 4.12
1.7 Apply the principles of risk stratification and case management to enable identification of those at most risk of a potential crisis or of poor health outcomes. Escalate these risks to promote better outcomes.	1.4 2.2 3.6 3.7 3.18
1.7.1 Lead and undertake the case management of people with complex needs, supporting their carers, working with integrated health and social care teams, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered within a social care setting.	3.18 4.1
1.8 Assess, manage, and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff working alone, and people in receipt of care and their carers within a social care environment. Demonstrate awareness of safeguarding legislation and responsibilities.	1.4 3.6
1.8.1 Develop and implement risk management strategies that take account of people's choices and responsibilities, whilst promoting safety and preventing avoidable harm to individuals, carers and staff including environmental factors, and other pollutants which can affect health outcomes.	2.14 4.2 4.4 6.3

1.9 Work in partnership with individuals, formal and informal carers, and multi-professional agencies to promote the concept of person-led care where possible, providing appropriate education and support to maximise people's independence and understanding of their condition(s) empowering them to achieve their health outcomes through co-design and co-delivery of a model of care developed to improve the experience and outcomes of people within the adult social care sector.	2.8 3.4 3.5 3.14 3.15 3.16 4.3 4.10 7.4
1.10 Analyse and use appropriate approaches such as health coaching/MECC and solution focussed techniques to support the individual's health and well-being and promote self-management in addressing their short-or-long term health conditions. Support the team to be skilled in facilitating behaviour change interventions for individuals and measuring the success of supported self-management interventions.	2.9 2.12 7.4 7.7
1.11 Advocate and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the adult social care nursing service.	1.12
1.11.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management. Recognise and monitor health inequalities in digital access and affordability and raise issues with those in authority to ensure equity across the health care system.	3.11 3.13
1.12 Analyse, explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey	2.9 3.18 4.2 4.14
1.13 Demonstrate effective and innovative advanced communication skills engaging and involving individuals and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers, and members of the caring team.	2.12 3.2 4.5
1.14 As an Independent Nurse Prescriber prescribe from within the agreed scope of practice using the appropriate formulary following assessment of individual need and according to legislative frameworks and local policy within your organisation	4.7

1.15 Working at an advanced level to role model a biopsychosocial approach in providing advice, support, and education in a person-centred way for individuals and carers. Promote and facilitate health education and health promotion activities and appropriate health screening, understanding the role and application of genomics and epigenetics to inform and advise individuals about the implications for their personal health	2.3 2.11
1.16 Maximising the advanced skills of the adult social care nurse to demonstrate an understanding of, and an ability to critically reflect upon the potential impact of unconscious bias on clinical interventions and be cognisant of health inequalities experienced by individuals, carers and communities, recognising the need to make reasonable adjustments to improve health outcomes, by using a person centred and a population health approach.	1.7 1.8
Domain Two - Leadership and management (Adult Social Care Nursing Standards)	
2.1 Advocate and contribute to public health initiatives and surveillance, working from an assets-based approach that enables and supports individuals and carers to maximise their health and wellbeing within a social care context, increasing their self-efficacy and contributing to community developments.	2.10 3.12
2.2 As an autonomous practitioner, demonstrate advanced skills and competence around clinical judgement and decision-making and articulate the complexity of professional decision making at this advanced level. **2.2.1** Demonstrate critical thinking, reflection, and evidence-based care, enabling a high level of judgement and complex decision-making including safeguarding concerns and serious incidents.	1.1 3.1
2.3 Analyse social, political and economic policies, and drivers to raise awareness and address how these may impact on adult social care nursing services, resources, and the wider health care community. **2.3.1** Demonstrate a strategic understanding of the adult social care sector and how this impacts on local adult social care nursing and current and future workforce **2.3.2** Where appropriate participate in organisational responses and use this knowledge when advocating for individuals and carers maintaining confidentiality and data protection.	1.5 2.11 5.7 7.1 7.2
2.4 Lead, educate, support, supervise, all team members to provide adult social care nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the adult social care nurse lead, whilst retaining accountability for the caseload and work of the team.	5.16 7.9
2.4.1 Enable other team members to appraise, educate, support, and develop others in the team and develop strategies for addressing poor practice.	5.2

2.5 Manage and lead the adult social care nursing team within regulatory, professional, legal, ethical and policy frameworks where staff feel valued, respected, and able to progress; working with local authorities and other relevant agencies to promote leadership within the adult social care nursing team.	5.2
2.6 Lead and facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of adult social care nursing whilst establishing and maintaining the continuity of caring relationships.	5.5 5.10
2.7 Lead, manage, monitor, and analyse professional caseloads, workload, team capacity and dependency to assure safe staffing levels in care delivery, using effective resource and budgetary management skills.	1.2 5.6 5.8 5.9 5.12 5.13
2.8 Manage and co-ordinate programmes of care, for individuals with acute and long-term conditions, ensuring their journey is seamless between mental, learning disability and physical health care, hospital, and community services and between primary and community care.	1.3
2.9 Work collaboratively and creatively across professional boundaries to evaluate public health principles, priorities and practice and implement these policies in the context of the adult social care nursing service and the needs of the local community.	5.4 7.9
2.10 Lead on improving population and public health by the collation of a community health profile, including indicators of sociodemographic characteristics, health status and quality of life, health risk factors and health resources that are relevant to the local population nurturing networks that support the delivery of locally relevant resources for health and care improvement across the population health system, analysing and adapting practice accordingly.	2.1 2.6 5.3 5.4 7.6
2.11 Network across primary and community care articulating the role and unique contribution of the adult nursing service in population health management meeting health and social care needs of the population in the community and the evidence that supports this in local areas and reduces health inequalities.	2.1
2.12 Ensure all staff can recognise vulnerability of adults within the social care system and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies, and procedures.	3.7
2.13 Effectively demonstrate self-awareness and self-development, by critically reflecting on own actions, recognising the potential impact of behaviours on collaborative working with colleagues and the wider team. **2.13.1** Demonstrate mutual respect by seeking and responding to feedback from peers, co-workers and other professionals working alongside you.	5.14

Domain Three - Facilitation of learning (Adult Social Care Nursing Standards)	
3.1 Promote and model effective team working within the adult social care nursing team and the wider integrated team in primary care. Collaborate with universities to encourage opportunities to teach or facilitate learning in related academic programmes, evaluate and record the impact of any educational interventions.	1.3 5.20
3.1.1 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for individuals and carers in adult social care and the interdependency of integrated service provision.	5.17 5.21
3.2 Apply restorative clinical supervision promoting wellbeing for staff when leading, supporting, and appraising a diverse team in a range of social care settings and develop and facilitate action learning opportunities, encouraging reflection in and on practice, promoting a positive and supportive learning culture, recognising talents and opportunities for career development.	5.18
3.3 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of health and social care services through flexibility, innovation, and strategic leadership.	1.11 1.13 4.13 5.19
3.4 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported, and developed, inspiring a shared purpose to support the delivery of high-quality effective care.	1.9
3.5 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to adult social care nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve care. Share good practice within the sector and across the system.	5.15 6.5 6.8 6.9
3.6 Role model as an autonomous practitioner, non- judgemental and value-based care delivery, demonstrating the values of high quality and compassionate nursing care. Demonstrate an innovative and flexible approach in an evolving and demanding role, ensuring safe and effective high-quality care delivery.	1.12 1.13 4.1
3.7 Support staff to engage with digital technology in monitoring the health and wellbeing of individuals and carers. Promote digital engagement and the use of clinical informatics to ensure the effective use of data and robust clinical record keeping and how to report serious incidents and safeguarding concerns.	4.16 5.11
3.8 Influence staff to participate and develop innovation projects to test and improve service provision at local level disseminating results across community services to inform co- production of care and support and improve consistency and sustainability in the quality-of-care delivery.	6.8

3.9 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within Adult Social Care Nursing. **3.9.1** Support registered nurses in the team through the revalidation process, acting as a confirmer as necessary.	5.18
3.10 Attract the future workforce by demonstrating a pro-active approach encouraging pre and post registration nurses to gain experience working within the adult social care sector. **3.10.1** Work with universities promoting and encouraging a partnership between your organisation and the education providers	
Domain Four - Evidence, research, and development (Adult Social Care Nursing Standards)	
4.1 Critically appraise and synthesise all available research and evidence base within adult social care nursing practice and apply findings within care delivery, fostering professional curiosity within the wider team and evaluate the underpinning evidence of successful approaches. **4.1.1** Lead on research within the organisation and develop creative and innovative approaches to research recognising the importance of involving those who require adult social care services and their families and carers in the design and conduct of research. **4.1.2** Disseminate and share research; for example, at national conferences, webinars, across the organisation, publication	2.13 4.6 6.9
4.1.1 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice including the process for investigations and robust report writing.	4.6 6.9
4.2 Use a pro-active approach to identify trends in the characteristics and demands on the adult social care nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision-making including awareness of serious incident reviews and processes.	5.5 6.5
4.2.1 Produce operational plans, supported objectively by data that identify key risks and future management strategies.	6.2 7.3
4.3 Use a range of change management, practice development, service, and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve care.	5.15 7.10
4.4 Participate in the development and implementation of organisational systems to enable individuals, family, and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.	6.6 6.7 6.8
4.5 Apply the principles of project management to enable local projects to be planned, implemented, and evaluated.	6.8 6.10

4.6 Engage and support staff in undertaking audit and developing quality improvement projects in practice, ensuring experts by experience participate in the development, evaluation, and impact of projects.	6.1 6.10
4.7 Develop robust governance systems by contributing to the development and implementation of evidence-based protocols, documentation processes, standards, policies, and clinical guidelines through interpreting and synthesising information from a variety of sources and promoting their use in practice.	6.4 7.9
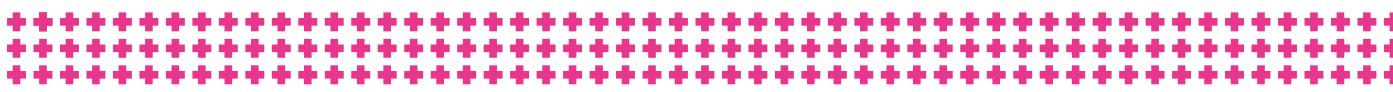
Community Children's Nursing

QNI COMMUNITY CHILDREN'S NURSING STANDARDS Domain One - Clinical care	NMC Standards
1.1 Demonstrate clinical expertise in a breadth of evolving advanced clinical skills required to care for children in various community settings which may be a family home, care home, school, hospice, clinics, respite care. (Examples of clinical skills may be complex bladder and bowel care, management of artificial airways; support for long term ventilation to name a few)	1.1
1.2 Use a range of children's evidence-based assessment tools and consultation methods to enable accurate nursing diagnostic and clinical decision making for children, understanding the differences in findings for children with complex/ neurodiversity/ palliative (life limiting and life-threatening conditions)/ continuing care needs to those presenting with acute illnesses, demonstrating when to make onward referrals if necessary.	3.10
1.3 Work in partnership with children and their families, to holistically assess and collaboratively agree how care needs can be met in various community settings, identifying where care needs may require input from additional specialist community children's nursing services, for example children's continuing care CAMHS, eating disorder and/or special school nursing team to name a few. **1.3.1** Monitor the implementation and evaluation of care, utilising a model of empowerment and maximising independence for families and other siblings, whilst demonstrating where thresholds for discharge from service have been reached.	1.2
1.4 Empower and educate children and their families when delivering care to promote independence and self-care, considering developmental and cognitive ability, when assessing and providing informed choices and enabe children to build healthy relationships within families and navigate any conflict when making decisions about their own health needs.	2.4
1.4.1 Work in partnership with children, their families, carers, education, and social care services, to promote empowerment, independence and understanding of condition (s) providing appropriate and ongoing education and support in line with the child's age and cognitive understanding to maximise health outcomes.	2.8 4.10
1.4.2 Work in partnership with children and families, to assess health needs, share decision-making and co-produce care plans, identifying roles and responsibilities that include anticipatory care, aiming to improve health outcomes, wellbeing and the promotion of self-care and independence where appropriate.	3.1

1.5 Understand principles to manage complex conversations, which may include delivering/receiving bad news, critically analysing the wider impact on child, family, carers, and staff.	1.9
1.5.1 Work across health, education, and social care, critically analyse challenges and influencing factors that negate health inequalities to inform holistic care planning and promote positive health outcomes for children when assessing and delivering personalised care.	2.2
1.5.2 Demonstrate advanced communication skills that engage and involve children with various level of cognitive ability, including augmented communication methods, and their families, fostering therapeutic relationships and enabling confident management of complex interpersonal issues that may arise because of their complex health, education and/or social care needs.	3.2
1.5.3 Work collaboratively with the child and family, incorporating play and psychology professionals where appropriate, in co-producing care plans when undertaking clinical interventions within community settings, to ensure adequate preparation for the child is in place.	3.13
1.5.4 Work collaboratively with children and families, to recognise evolving and changing conditions, being responsive to changing needs within care plans and listening to the child and family throughout to adjust care accordingly.	4.4
1.5.5 Work in partnership with children and families, utilising sensitive and compassionate communication to develop and implement advanced care plans for children with life threatening conditions.	4.14
1.6 Understand ethical decision making when supporting families caring for children with complex health needs and/or disability, including life limiting and degenerative conditions, when considering interventions and treatment of care, considering the rights of the child, ensuring their best interest is central to all decision making.	3.4
1.6.1 Use expertise and decision-making skills during holistic assessment of the child, ensuring parental knowledge and concern and the child's voice is considered throughout the assessment process.	3.8
1.6.2 Critically apply complex assessment, symptom management and shared decision-making, where the child is showing signs of deteriorating health or developing new symptoms, to inform care delivery within various community settings. Ensure adequate exploration of new symptoms is advocated, with reversible causes considered first before attributing new symptoms to health deterioration, including within palliative care. **1.6.3** Understand importance of developing and implementing individualised community care plans, symptom management plans, and/or escalation plans, demonstrating inclusion of children and their families within decision making if escalation of care is required.	3.9

1.7 As an independent nurse prescriber demonstrate evidence of prescribing safely and effectively within scope of clinical practice for Community Children's nursing.	4.7
1.8 Exercise professional judgement to manage the risk and demands of evolving complex caseloads, understanding changing conditions and technologies within community children's nursing whilst being innovative to adapt advanced skills and knowledge, enabling children to access all community settings safely.	1.11
1.8.1 Promote responsive care to children, with holistic assessment and escalation care management in the community setting, supported by community care plans and liaison with multidisciplinary teams, to avoid hospital attendance and remain independent at home, where possible.	3.16
1.8.2 Develop and implement risk management strategies that take account of children and families' views, responsibilities and developmental stage whilst promoting patient, caseload and staff safety and preventing avoidable harm to children, families, carers and staff.	6.3
1.9 Work collaboratively with the child, family and multidisciplinary teams across health, social care, and education, to develop community care plans for use within various community settings, including planned and unexpected care.	3.18
1.9.1 Promote the mental health and well-being of children in conjunction with mental health professionals, paediatricians, GPs and third sector services, considering the relationship between physical and mental health. **1.9.2** Understand the effects of social media and influence of societal pressures within the scope of projected behaviour, mental health, disability, and neurodiversity to support individual health needs for children and their families to personalise care.	2.3
1.10 Lead the case management of children with complex health needs within a variety of community settings to enable care close to or at home, with responsive and proactive care delivery. **1.10.1** Demonstrate the ability to be responsive to changing requirements of complex health needs for children in the community and supporting care transfer between community and acute settings, after assessment, as conditions indicate, in collaboration with CYP, their families/carers and multidisciplinary team. **1.10.2** Recognise the rights of the child at all stages of care within the community, supporting shared decision making and fulfilling an advocacy role where appropriate.	1.3
1.10.3 Contribute to public and child health initiatives and surveillance, working, recognising professional boundaries whilst working from an assets-based approach that enables and supports children to maximise their health and well-being at home, increasing their self of family -efficacy and contributing to community developments.	2.5

1.10.4 Understand the need to support the child holistically alongside relevant agencies to 'support what matters' and enable access to a link worker and a range of other local non-clinical services.	2.7
1.10.5 Assess when additional expertise and collaboration with other specialist services is necessary, including those offered by third sector, and make objective and appropriate referrals, whilst maintaining overall responsibility for case management and co-ordination of care for children in the community.	4.1
1.11 Understand home risk assessments in line with local policy and person-centred health assessment. Identify environmental areas that pose a risk to the individual health needs of child and family, signposting and supporting escalation of community management, understanding direct link to hospital discharge process, and reducing length stays.	2.14
1.11.1 Demonstrate openness, honesty and transparency using sensitive language to discuss benefits and risks of treatment with the child and family, ensuring cognitive ability is assessed and parental guidance is sought for child to be present. Ensure rights of the child is considered, alongside ethics with the child's best interest central to all decision making.	3.17
1.11.2 Recognise and support the needs of agencies involved in the child's care including education settings when an advanced care plan has been agreed for a child. **1.11.3** Demonstrate a comprehensive understanding of policy, procedure and legislation following the death of a child. **1.11.4** Recognise and support the bereavement needs of families, siblings, carers and make referrals to appropriate services including specialist bereavement services for immediate and ongoing support.	4.14
1.12 Critically analyse the impact of caring for children with health needs and disability on other family members' physical and mental health, working with families to ensure adequate signposting for appropriate support is available to them based on their individual needs.	2.9
1.12.1 Demonstrate knowledge and importance of promoting local community support groups, local support social media sites and support websites like Young Minds and Mind, signposting appropriately for the child and family's needs. Utilise action for carers and Special Education Needs and Disability (SEND) support for children and their families, signposting via GP and local authorities.	2.10
1.12.2 Understand availability of local and national support groups, charities, and financial grants for children with health needs including complex, palliative and/or long-term conditions and signpost/refer children and families identified in need.	5.4

Domain Two - Leadership and management (Community Children's Nursing)	
2.1 Manage the community children's nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed within their role.	5.2
2.1.1 Effectively apply principles of delegation within the management of community children's nursing teams, empowering staff to be autonomous, develop leadership and management skills as part of succession planning for the future workforce.	5.8
2.2 Foster positive relationships and facilitate appropriate inclusion, recognising the potential impact of stigma, bias, and assumptions that people may make about children and young people with complex health needs and disability, and how this may impact on the individual child.	1.7
2.2.1 Lead, support, clinically supervise, manage, and appraise a mixed skill/discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the Community Children's Nurse whilst retaining accountability for the caseload and work of the team.	5.16
2.3 Critically reflect on the emotional impact working with children in various community settings and the importance of maintaining professional boundaries, whilst working closely within the family home environment.	1.10
2.3.1 Monitor the implementation and evaluation of care plans by the wider community children's nursing team, ensuring regular evaluation of care is present, care plans are adapted when indicated and maximising independence for families and other siblings.	4.11
2.3.2 Utilise data to demonstrate complexity, dependency and frequency of care required within the community children's nursing caseload, to monitor and safely manage resource allocation.	5.7
2.4 Actively engage with restorative supervision to understand emotional intelligence and reflect on own and others' practice, identifying learning and protecting self from compassion fatigue, whilst enhancing wellbeing of self and others within the team.	1.11
2.4.1 Use a range of supervision methods to support and enhance practice, build resilience through reflective and restorative practice and support staff to explore moral and ethical dilemmas encountered in community children's nursing.	5.20
2.5 Demonstrate the values of high quality, compassionate service delivery which is centred on the voice and needs of the child within community settings. Actively listen to children and their families to influence and advocate within community children's nursing practice.	1.13

2.5.1 Ensure key stakeholders are included in service design which will include family and other key carers, education, and social care colleagues as well as wider health professional colleagues within the multi-disciplinary team.	6.4
2.6 Ensure the requirements for co-production and partnership working with children and families are embedded in practice using age/development appropriate communication tools; easy read; augmented communication strategies; and child and family appropriate feedback processes and forums.	6.4
2.7 Explore and apply the principles of effective collaboration and professional influencing within a multi-agency, multi-professional context, facilitating integration of health, education, and social care services, ensuring person-centred care is anticipated and co-ordinated across the whole of the life course from baby to adulthood.	3.1
2.7.1 Critically analyse different transition points of care, across childhood into adulthood for children with health needs and/or disability, understanding the education, support and preparation required at each stage to ensure a smooth transition for the child and family. **2.7.2** Work collaboratively with key stakeholders to ensure effective preparation of children and their families for transition of care, understanding the evolving complexity and changing prognosis of children's community nursing caseload due to new treatments and technology, the potential gaps in provision and differences in commissioned services, which may prevent/impact/influence a seamless transition.	4.2
2.7.3 Understands the children's continuing care framework and its application locally, considering the commissioning pathway, personal health budgets, and multidisciplinary collaboration from assessment to delivery and sustaining effective care packages within the community setting, to meet the needs of the family. **2.7.4** Critically analyse the local integration of education, health and social care funding and pathways* supporting children with complex health needs accessing education and community settings.	7.2
2.7.5 Manage and co-ordinate programmes of care, for children with acute, complex and long-term conditions and palliative care, ensuring their patient journey is seamless between mental and physical health care, hospital and community services.	7.5
2.8 Lead on identifying vulnerable people, families, communities, and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed.	3.6

2.8.1 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of community children's nursing whilst establishing and maintaining the continuity of caring and therapeutic relationships.	5.5
2.8.2 Lead, manage, monitor, and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.	5.6
2.9 Articulate the complexity of clinical decision making and the roles and unique contribution of the community children's nursing service in meeting changing population health needs in the community and the evidence that supports this in local areas. **2.9.1** Utilise epidemiology and demographics to shape service provision, drive policy and inform decision making to determine the health needs for local populations to promote health, reduce health inequalities and meet target populations health needs for children and their families.	2.1
2.9.2 Participate in the collation of community profiling through engagement with networks and initiatives that support the delivery of relevant local resources for health improvement through analysis and adaptive practice.-	2.6
2.9.3 Deliver health promotion to support genomics and epigenetic data to enable informed choices and ensure positive health outcomes for children.	2.11
2.9.4 Provide an advisory service where appropriate and collaborate with other agencies to evaluate public health principles, priorities and practice, utilising specialist communication to assess and promote healthier choices for children in line with Public Health data and recommendations.	2.12
2.9.5 Demonstrate a critical understanding of complex care conditions and evolving management for children in the community, recognising the responsibility and autonomy to be proactive in developing new advanced knowledge and skills as clinical practice evolves.	3.12
2.10 Demonstrate receptiveness and preparedness to deliver and receive timely and constructive feedback, contributing to a positive learning culture within the community children's nursing workforce.	1.9

2.11 Ensure all staff can recognise and understand vulnerability of children, understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures including supervision. Exercise professional judgement to observe, recognise and respond to signs of abuse and neglect across the life course, recognising that individual safeguarding needs will differ.	3.7
2.11.1 Continually assess and skilfully adapt to different environments and complex situations to identify and advocate for those families most at risk, while at all times safeguarding the welfare of the child and others at risk.	4.8
2.11.2 Ensure clear lines of accountability with respect to delegation, supervision, and mechanisms for the assurance of clinical and care governance.	5.10
2.11.3 Develop an in depth understanding of relevant child and family legislation including health, education and social care to understand how these intersect and apply across various community settings.	6.1
2.11.4 Ensure children's social care and education policies and drivers are understood and can be responded to in practice with issues raised and articulated to the appropriate service leaders to ensure effective collaborative working whilst advocating for the child.	7.1
2.11.5 Use knowledge and awareness of social, legal, political and economic policies and drivers to analyse the strategic imperatives that may impact on community children's nursing services and the integration with social care and education. **2.11.6** Consider the legal implications during transition for children with neuro disability in comparison to children who are neuro typical.	1.5
Domain Three -Facilitation of learning (Community Children's Nursing)	
3.3 Demonstrate knowledge and understanding of children's emotional literacy, cognitive ability, wellbeing, and resilience skills when observing, assessing, and making decisions on the appropriate intervention. **3.3.1** Demonstrate understanding of being language sensitive to the child's developmental/cognitive ability during clinical discussions (including diagnosis, prognosis, or care management), being guided by parental/family whether conversation is appropriate with the child present.	3.2
3.3.2 Incorporate understanding of relationship between neuro-disability and informed consent, working with the child within their cognitive ability, to be involved in decision making of care and treatment, ensuring their voice is heard in accepting and declining interventions, within legislative framework within the community setting. Use specialist evidence-based knowledge of capacity, consent, and confidentiality to safely manage challenges and potential conflicts when applying safeguarding and child protection pathways to children and young people with complex health needs and disability.	3.3

3.3.3 Use a range of children's evidence-based assessment tools and consultation methods to enable accurate nursing diagnostic and clinical decision making for children, understanding the differences in findings for children with complex/ neurodiversity/continuing/palliative/life-limiting care needs to those presenting with acute illnesses, demonstrating when to make onward referrals if necessary.	3.11
3.3.4 Assess children's abilities, balanced with parental/wider family capabilities, within an empowerment model to plan care across various community settings, ensuring the voice of the child is central throughout the plan of care.	3.14
3.3.5 Develop strategies and frameworks to teach, assess and support the maintenance of competencies for families and unregulated staff caring for children with additional needs in a variety of settings. Provide expert advice incorporating relevant research, evidence-based, and shared decision making to evaluate risk and ensure the safety of children in different settings.	4.3
3.4 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for children with health needs in the community and the interdependency of integrated service provision. **3.4.1** Work with universities to provide a learning environment for pre-registration students encouraging and developing the future workforce. **3.4.2** Create a positive learning culture with encouragement of reporting clinical incidents, understanding the importance of a no blame culture, identifying and sharing learning across a wider audience to improve patient care.	5.17
3.5 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within Community Children's Nursing. **3.5.1** Support registered nurses in the team through the revalidation process, acting as a confirmer as necessary.	5.18
Domain Four - Evidence, research, and development (Community Children's Nursing)	
4. Critically appraise and synthesise all available research and evidence base within community children's nursing practice and apply findings within care delivery, fostering professional curiosity within the wider team.	4.6

4.1 Recognise and prioritise the importance of involving children and families in the design and conduct of research.	6.7
4.1.2 Use a range of change management, practice development and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve care.	6.8
4.2 Understand the hierarchy of evidence and how different levels of work can be used to influence practice in different ways to ensure best practice is followed consistently and safely.	6.9
4.3 Identify adverse and other trends that may impact upon service delivery and, where appropriate, produce data-informed business/operational plans to support service development and innovation informing workload and workforce planning and strategic decision making.	6.5
4.3.1 Demonstrate the ability to apply critical analysis effectively and make safe recommendations for practice within community children's nursing, where the evidence base may be weak or small.	6.7
4.4 Recognise that emerging, complex health care treatments and practices for children may expose further evidence/research base gaps which require pragmatic, risk management decision making by the multi-disciplinary team to ensure safety.	1.4
4.4.1 Identify where insufficient information and data is available to inform safe practice within community children's nursing and how this may be addressed to strengthen evidence for best practice.	6.7
4.5 Lead, develop and encourage a pro-active approach to research around community children's nursing demonstrating how creativity and innovation can improve quality improvement in this area.	

4.6 Produce operational and service plans, supported objectively by data that identify key risks and future management strategies. **4.6.1** Develop bespoke risk assessment plans for individual children for use at home, in education and across the community settings ensuring reviews and amendments occur as appropriate to changing needs. **4.6.2** Develop action plans based on internal and external identified risk and learning from local and national ad hoc reports /papers /guidance highlighting incidents, risks and safety alerts.	6.2
4.6.3 Participate in the development and implementation of organisational systems to enable children and families to share their experiences of care confidentially and ethically. Develop processes for systematically improving services in response to their feedback.	6.6

QNI COMMUNITY MENTAL HEALTH NURSING STANDARDS (SPQ) Domain One - Clinical Care	NMC Standards
1.1 Enable and facilitate discussions about moral and ethical dilemmas and the maintenance of therapeutic boundaries in mental health nursing in the community.	1.1 1.3 3.13 4.5 4.9
1.2 Understand the therapeutic use of self; displaying self-awareness and the need for self-reflection in role modelling those behaviours towards others and help others to do this.	1.1 4.9 5.2 5.3 5.20
1.3 Demonstrate the ability to facilitate clinical supervision across professional boundaries and remote working practices, and actively promote restorative supervision.	1.1
1.4 Show an ability to advocate for and provide a full range of physical, psychological, pharmacological, and social nursing interventions and care within a community mental health setting, based on a holistic understanding of the role.	1.13 4.5 4.6
1.5 Negotiate coproduction with patients, but also consider the needs of their families, other carers, agencies, and teams on nursing plans and other facets of care, including in circumstances, where there is uncertainty and complexity.	1.3 4.5 5.5
1.6 Demonstrate a clear understanding of the wider determinants of health and wellbeing, and how they can be socially influenced in ways that increase or mitigate health inequalities.	2.1 2.2 7.2 7.3

1.7 Demonstrate advanced knowledge of the nature, presentation, and complexities of mental illness and disorder across the life span and develop evidence-based interventions and care plans that are developmentally and situationally appropriate.	1.1 1.3 2.11 4.6
1.8 Display and role model advanced therapeutic and professional communication skills, including negotiating and influencing skills that span agencies, systems and environments and are tailored to be specific to the individual need of the client group.	1.1 3.2 3.13 4.9
1.9 Perform a comprehensive history taking, including a mental state examination, the identification of physical health needs and psychosocial needs, and utilise this information to create a meaningful case conceptualisation, and nursing formulation which can be conveyed both verbally and in written form.	3.9
1.10 Demonstrate the ability to use the nursing formulation from a comprehensive, individualised assessment of a person's strengths and circumstances, which may include several professional viewpoints, and from a diagnostic impression to construct a plan of nursing care to be delivered by one or more registrants and/or support staff.	3.8 3.9 3.10 3.15 5.5
1.11 Demonstrate advanced proficiency in the delivery of evidence based therapeutic biopsychosocial interventions, including those related to health promotion and the wider determinants of health within the context of a specific client group or milieu in community mental health care.	1.3 4.6
1.12 Demonstrate critical understanding of the complex interplay between psychological, biological social, spiritual, and cultural factors that affect health, activity, and wellness.	7.2
1.13 Identify and make appropriate referrals for additional specialist opinion, investigation, or intervention to manage a patient's condition or presenting issue.	1.2
1.14 Identify the intersection between physical and mental health and the impact of one upon the other when providing nursing interventions.	4.6

1.15 Understand and demonstrate the application of specific screening tools, methods of engagement and investigations into physical health. Promote and deliver health promotion advice and intervention such as smoking cessation, substance misuse, sexual health, and relationships. Update and adjust care plans (including making referrals and escalating where appropriate), according to patient feedback and outcome measures.	1.3 5.15
1.16 Apply an understanding of advanced psychopharmacology and demonstrate and communicate in an accessible way their up-to-date knowledge in the evidence base for long and short-term medication use, incorporating all available evidence and policy.	1.3 4.7
1.17 Apply an in-depth critical understanding of the potential role for pharmacological interventions, based on NICE Guidance and balanced with an understanding of potential adverse effects and unwanted outcomes.	1.5 4.7
1.18 Demonstrate proficiency in negotiating shared decision making around medication optimisation activities, and supporting medication concordance, including (where appropriate) changing, tapering, and cessation.	4.4
1.19 Proficiently, and in collaboration with patients and trusted others, deliver specific and relevant psychologically informed therapeutic interventions appropriate to their scope of practice and in line with continuing professional development.	4.6
1.20 Collaboratively plan, review and evaluate the benefit of those interventions across biopsychosocial domains.	4.11
1.21 Develop and display advanced key technical knowledge and understanding to autonomously manage and evaluate community mental health nursing care for a specific cohort or patient group within the scope of individual practice (e.g., by diagnosis, such as eating disorders), by presenting nursing need such as the management of self-harm or crisis management, or by client service group as evidenced in NICE Guidance etc.	1.2 1.5 4.1
1.22 Actively collaborate with patients, families, and other members of the care team and agencies to develop plans of care that look to empower the patient and promote independence, autonomy, and quality of life within the context of therapeutic risk mitigation.	3.6 3.16 3.17 4.8 4.9 4.13 5.5

1.23 Work within legislative frameworks to formulate and develop, and where appropriate, lead the implementation of risk management and safety plans in complex multiagency environments whilst retaining collaboration with patients and their families.	1.2 1.5 4.3 6.1 6.2 6.3
1.24 Monitor the risk of a potential crisis for people with a mental health issue both individually and as part of an overall team or service. Initiate and augment interventions; support and collaborate with all agencies to reduce the risk of harm	1.2 1.3 5.5 6.2 6.3
1.25 Escalate, report, plan and coordinate immediate and continuing care for people in need of safeguarding, and in collaboration with safeguarding expertise, evaluate and adjust plans to ensure adequate safeguards for people when they are vulnerable.	1.3 3.6 3.7 4.8 4.1 6.2
1.26 Seek and assess an individual's capacity to give informed consent and make a judgement about nursing care in those who lack capacity to make specific decisions.	3.3 3.5
1.27 Demonstrate a clear understanding of the MHA and MCA and apply their legislative principles within the context of community mental health nursing practice. **1.27.1** Understand the role of the Accountable Clinician and Approved Mental Health Professional and their role in a community setting.	1.5 3.4 3.5 5.1

1.28 Demonstrate a critical understanding of issues of conscious and unconscious bias in the delivery of nursing care to people with mental health issues. As well as being able to challenge any bias in oneself and others.	1.1 1.10 4.5 5.1 5.2 5.13
1.29 Use a range of evidence-based assessment and outcome measurement tools and outcome measures to ensure correct decision-making, evidence of effectiveness, and appropriate referral processes are initiated within the scope of competence.	3.9 5.15
1.30 Develop differential judgements, recognising key biases and common errors, including diagnostic overshadowing and the issues relating to diagnosis in the face of ambiguity and incomplete data.	1.3 1.4 3.10
1.31 Incorporate cultural biases and factors into the formulation of the person.	1.6 1.10 7.8
1.32 Work collaboratively with multi professional agencies, to ensure access to health care meets the individual's health and wellbeing needs across the life span, including sexual health, long term co-morbidities and end of life care.	1.2 4.14
1.33 Advocate for and promote access to individual and community support for wider public health needs, including infection prevention and control of communicable diseases, and reduction of risk to health from other environmental factors.	2.13 2.14 4.5
1.34 Demonstrate an understanding of local and regional care partnerships and systems, and of the national mandate towards improved health and social care and its impact on mental health community care.	1.2 7.4
1.35 Navigate and lead patient care across boundaries and transitions, both across the life course and service provision working with both planned and unexpected changes.	3.18 4.2

1.36 Take a lead role in educating and developing coproduced care with the person their family and the multi-agency network where relevant, to promote self-management and autonomous strategies that lower the risk of relapse.	1.2 3.1 4.10
1.37 Produce detailed and highly technical records which are understandable, accessible and in plain English or an appropriate language/format for effective communication with the person and other agencies outside of statutory health or social care.	1.12 3.2 4.16
Domain Two - Leadership and management (Community Mental Health Nursing Standards)	
2.1 Demonstrate visible and authentic role modelling in the promotion of work/life balance and facilitate opportunities for others to do so too.	1.1
2.2 Actively contribute to creation of psychologically safe environments, where challenging debate and discussion can occur within a multiagency setting.	1.1 1.3 4.5, 4.9 5.14 7.5
2.3 Demonstrate visible leadership in the negotiated deployment of all resources within oneself, the team, or services within scope of practice that addresses the changing needs and priorities of each period of care.	1.2 5.3 5.5 5.6 5.10
2.4 Be a visible lead within the team for the facilitation of patient and carer involvement and coproduction of services.	1.2 5.3

2.5 Recognise the impact of one's own professional behaviours across the wider team and role model leadership qualities that others will aspire to.	1.1
	1.2
	5.3
	5.20
	5.21
2.6 Demonstrate the ability to support, supervise and appraise all team members within a community mental health setting, appreciating individual and professional identities and identifying opportunities for development for all. **2.6.1** Demonstrate confidence in addressing and managing interpersonal and conflict issues within the team	1.1
	1.2
	5.3
	5.16
2.7 Lead, manage, monitor, and qualitatively analyse clinical caseloads, workload, team capacity and dependency to assure safe staffing levels in care delivery, using effective resource and budgetary management and delegation skills.	1.2
	5.3
	5.6
	5.7
	5.8
	5.9
	5.12
2.8 Manage the coordination and transition of people safely and effectively from one place of care to another, or between different professionals and initiate, lead and manage effective collaboration to ensure seamless, risk-free, person-centred continuity of care.	1.2
	4.2
	4.8
	7.5
2.9 As an autonomous practitioner, demonstrate advanced skills and competence around clinical judgement and decision-making and articulate the complexity of clinical decision making at this advanced level. **2.9.1** Demonstrate critical thinking, reflection, and evidence-based care, enabling a high level of judgement and complex decision making.	1.1
	1.3
2.10 Demonstrate an awareness and understanding of the effects of transition - across demographics, across service models and across geography, and act to mitigate against barriers and challenges to provision of nursing care.	7.4

2.11 Exhibit an ability to clearly articulate complex information to a wide group of team members, who may be from outside the nursing profession, or not in a formal health or social care role and enable them to understand the nurse's role and activities to fully collaborate in plans of care.	1.3 3.4 5.4 5.5
2.12 Provide supportive critical challenges to the development and management of plans of care and interventions by teams and agencies, referring to the evidence base and outcomes for patients and their families and communities. **2.12** Act as an advocate for patients and families and always act in their best interests.	1.3 3.9 5.13 5.14 5.15
2.13 Create opportunities for people and communities to maximise their strengths and reduce health inequalities, whether in teams, services or in policy developments.	1.8 2.3 2.4 2.5, 2.9 4.1 5.4 7.1
2.14 Lead care, using a variety of tools, systems and processes to replace, enhance and/or augment care efficacy, including digital and technological methods, meeting the person's needs and preferences. .	1.12 3.11 5.11 7.5
2.15 Lead, manage and supervise others, both in their day-to-day clinical practice. **2.15.1** Appraise the community mental health nursing team and demonstrate a pro-active approach to their, and your own, continuous professional development.	1.2

Domain Three - Facilitation of learning (Community Mental Health Nursing Standards)	
3.1 Co-ordinate and provide specialist education and training to a range of professionals, advocating on the person's behalf, creating social inclusion environments and access for individuals to mainstream services as outlined in current national policy and legislation.	410 7.2
3.2 Use creative problem-solving to develop a positive teaching/learning environment and facilitate group work in health promotion providing guidance for patients and their families.	
3.3 Formulate and lead professional development opportunities for the team including leadership development, showing commitment to learning and excellence in practice.	5.16 5.17 5.19
3.4 Demonstrate courage in applying professional duty of candour and transparency in taking responsibility for addressing poor practice.	
3.5 Show an ability to assess the learning and development needs of all members within a team or service. Differentiate learning and development needs, promoting a culture of continuous improvement.	5.17 5.18 5.21
3.6 Support staff to engage with developments in digital technology in monitoring the health and wellbeing of people with mental health issues, and promote digital engagement and the use of clinical informatics to ensure the effective use of data and robust clinical record keeping in line with IG requirements	1.12, 3.11, 3.12 4.16 5.11 5.18 6.4
3.7 Show an ability to construct learning programmes and delivery methods for teaching and learning, including assessment within an advanced scope of community mental health practice.	
3.8 Work with universities to provide a learning environment for pre-registration students encouraging and developing the future workforce.	5.17

3.9 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within Community Mental Health Nursing. 3.9.1 Support registered nurses in the team through the revalidation process, acting as a confirmer as necessary.	5.18
Domain Four - Evidence, research and development (Community Mental Health Nursing Standards)	
4.1 Create and embed a service and quality improvement approach within the team, generating a culture of innovation and creative thinking. **4.1.1** Promote an enquiring mindset whilst ensuring governance around the team's practice, valuing staff contributions, and demonstrating collective, inclusive, and compassionate leadership.	5.16 6.6 6.8 7.6
4.2 Demonstrate a pro-active approach to research and promote creativity and innovation within your community mental health nursing team. **4.2.1** Lead and contribute to coproduced initiatives and research to improve health and care.	6.4 7.9
4.3 Lead on best practice initiatives and service quality improvement within the organisation. **4.3.1** Critique quality improvement methodology, applying this in real terms of practice.	6.8 6.9 7.6
4.4 Analyse peer reviewed research, published evidence-based guidelines and policies to inform, improve, implement, and disseminate in community mental health nursing practice, evaluating the underpinning evidence of successful approaches. **4.4.1** Present relevant research and findings to a variety of audiences to improve care, eg. national conferences, seminars, webinars, disseminate across the organisation.	6.7 6.10 7.7
4.5 Actively take steps to organise and take part in local, regional and /or national initiatives to promote community mental health nursing practice, reduce stigma, and promote inclusion and wellbeing	1.7 4.5 6.1 7.10
4.6 In line with national guidance, critically appraise and synthesise all available research and evidence-based interventions within community mental health nursing practice and apply findings within care delivery, fostering professional curiosity within the wider team.	4.6

District Nursing

QNI DISTRICT NURSING STANDARDS (SPQ) Domain One - Clinical Care	NMC standards
1.1 Demonstrate a broad range of specialist district nursing clinical expertise at advanced level that supports high quality person-centred care, which is demonstrated by advanced communication skills, shared decision making, working in partnership with the person to focus on supported self-management strategies, building the persons self-efficacy and confidence in managing their own health and wellbeing and supporting them to achieve their goals in relation to their health for the caseload population in a variety of community settings.	3.14
1.2 Use appropriate physical and advanced clinical examination skills to undertake the holistic assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence-based assessment tools and consultation models to enable differential diagnosis and identification of an accurate diagnosis.	3.9 3.10 4.14
1.3 Assess the health-related needs of families and other informal carers, using district nursing skills to develop therapeutic relationships and to discover what matters to the person about their health and wellbeing, using open questions, reflection and active listening that enables shared decision-making conversations exploring all the risks and benefits of potential treatment options. **1.3.1** Identify the health outcomes, the person wants to achieve and how they would like their health to be supported which will enable the development of a person-centred care and support plan to include any anticipatory care plans and how they would like to receive their care delivery eg: Personal health budget or notional budget.	2.4 4.9
1.4 Supervise, and promote, the delivery of anti-discriminatory, culturally inclusive person-centred care plans, to ensure complex, physical health, social, psychological, and medical interventions are integrated by the district nursing team, ensuring regular evaluation of care and develop systems to support staff interventions and care quality.	1.6 3.1 4.11 5.1 7.8
1.4.1 Support and lead all staff to use tools to identify changes in health status and maximise the skills of the District Nurse to support complex person-centred assessment where the individual is showing new symptoms or signs of deteriorating health and sensitively accommodate the preferences beliefs and cultures of those individuals at the end of life and demonstrate sensitivity with the bereaved.	3.6 4.15
1.5 Employ a biopsychosocial approach using advanced assessment skills in prevention and early identification to intervention approaches that reduce escalation of risk when assessing patients and carers who have co-morbidities and complex health care needs. Utilising the advanced skills of the District Nurse to assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.	3.8 4.6 4.12 7.5

1.5.1 Establish clear lines of accountability in respect of roles responsibilities, delegation, supervision, and mechanisms for the assurance of clinical and care governance including antimicrobial stewardship.	2.13
	4.4
1.6 Working at an advanced level to develop clear and effective partnership approaches with mental health professionals and GPs to promote the mental health and well-being of those requiring nursing care and their carers, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making, and providing appropriate emotional support.	2.7
	3.3
	3.5
	4.12
1.7 Apply the principles of risk stratification and case management to enable identification of those at most risk of a potential crisis or of poor health outcomes.	1.4
	2.2
	3.6
	3.7
	3.18
1.7.1 Lead and undertake the case management of people with complex needs, supporting their carers, working with integrated health and social care teams, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.	3.18
	4.1
1.8 Assess, manage, and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff working alone, and people in receipt of care and their carers within their home environments. Demonstrate awareness of safeguarding legislation and responsibilities.	1.4
	3.6
1.8.1 Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff including environmental factors, and other pollutants which can affect health outcomes.	2.14
	4.2
	4.4
	6.3
1.9 Work in partnership with individuals, formal and informal carers, and multi-professional agencies to promote the concept of person-centred and supported self-management at every opportunity providing appropriate education and utilising health coaching skills which enable the person to focus on what they would like to maximise In relation to their independence and utilising 'ask tell ask' techniques, chunking and reflection to check for the person's understanding of their condition(s), utilising goal setting techniques to empower them to achieve their health outcomes.	2.8
	3.4
	3.5
	3.15
	3.16
	4.3
	4.10
	7.4

1.10 Analyse and use appropriate approaches such as health coaching/MECC and solution focused techniques to support the individual's health and well-being and promote self-management in addressing their short- or long-term health conditions. Support the team to be skilled in facilitating behaviour change interventions for individuals and measure the success of supported self-management interventions.	2.5 3.13 3.16 3.17
1.11 Advocate and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the district nursing service.	1.12 3.11 5.11
1.11.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management. Recognise and monitor health inequalities in digital access and raise issues with those in authority to ensure equity across the health care system.	3.11 3.13
1.12 Analyse, explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey.	2.9, 3.18, 4.2, 4.14
1.13 Demonstrate effective and innovative advanced communication skills engaging and involving patients and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers, and members of the caring team.	2.12 3.2 4.5
1.14 As an independent nurse prescriber prescribe from within the agreed scope of practice using the appropriate formulary following assessment of patient need and according to legislative frameworks and local policy.	4.7
1.15 Working at an advanced level to role model a biopsychosocial approach in providing advice, support, and education in a person-centred way for patients and carers. Promote and facilitate health education and health promotion activities and appropriate health screening, understanding the role and application of genomics and epigenetics to inform and advise individuals about the implications for their personal health.	2.3 2.11 3.12
1.16 Maximising the advanced skills of the District Nurse to demonstrate an understanding of, and an ability to critically reflect upon the potential impact of unconscious bias on clinical interventions and be cognisant of health inequalities experienced by patients, carers and communities, recognising the need to make reasonable adjustments to improve health outcomes, by using a person centred and a population health approach.	1.7 1.8

1.17 As an autonomous practitioner, demonstrate advanced skills and competence around clinical judgement and decision-making and articulate the complexity of clinical decision making at this advanced level. Demonstrate critical thinking, reflection and evidence-based care, enabling a high level of judgement and complex decision making including safeguarding concerns.	1.1 3.1 4.13
Domain Two - Leadership and management (District Nursing Standards SPQ)	
2.1 Advocate and contribute to public health initiatives and surveillance, working from an assets-based approach that enables and supports patients and carers to maximise their health and well-being at home, increasing their self-efficacy and contributing to community developments.	2.13 2.10
2.2 Analyse social, political and economic policies, and drivers to raise awareness and address how these may impact on district nursing services, resources and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for patients and carers maintaining confidentiality and data protection.	1.5 5.7 7.1 7.2
2.3 Lead, support, supervise, and appraise all team members to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team.	5.16 7.9
2.3.1 Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor practice.	5.2
2.4 Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks where staff feel valued, respected and able to progress.	1.11 5.2
2.5 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships.	5.5 5.10
2.6 Lead, manage, monitor and analyse clinical caseloads, workload, team capacity and dependency to assure safe staffing levels in care delivery, using effective resource and budgetary management skills.	1.2 5.6 5.8 5.9 5.12 5.13 6.1

2.7 Manage and co-ordinate programmes of care, for individuals with acute and long-term conditions, ensuring their patient journey is seamless between mental, learning disability and physical health care, hospital and community services and between primary and community care.	1.3
2.8 Work collaboratively and creatively across professional boundaries to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community.	5.4 7.5 7.9
2.9 Lead on improving population and public health by the collation of a community health profile, including indicators of sociodemographic characteristics, health status and quality of life, health risk factors and health resources that are relevant to the local population nurturing networks that support the delivery of locally relevant resources for health improvement across the population health system, analysing and adapting practice accordingly.	2.1 2.6 5.3 5.4 7.6
2.10 Articulate the role and unique contribution of the district nursing service in population health management meeting health care needs of the population in the community and the evidence that supports this in local areas and reduces health inequalities.	2.1 6.4
2.11 Ensure all staff can recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.	3.7 4.8
2.12 Effectively demonstrate self-awareness and self-development, by critically reflecting on own actions, recognising the potential impact of behaviours on collaborative working with colleagues and the wider team.	5.14
Domain Three - Facilitation of learning - (District Nursing Standards SPQ)	
3.1 Promote and model effective team working within the district nursing team and the wider integrated team in primary care. Collaborate with universities to encourage opportunities to teach or facilitate learning in related academic programmes, evaluate and record the impact of any educational interventions.	5.17 5.20
3.1.1 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for individuals and their carers in the community and the interdependency of integrated service provision.	5.17 5.21
3.2 Apply restorative clinical supervision when leading, supporting, and appraising a diverse district nursing team and develop and facilitate action learning opportunities, encouraging reflection in and on practice, promoting a positive and supportive learning culture, recognising talents and opportunities for career development.	5.18

3.3 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation, and strategic leadership.	1.13 5.19
3.4 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported, and developed, inspiring a shared purpose to support the delivery of high-quality effective care.	1.9
3.5 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care.	5.15 6.5 6.8
3.6 Role model as an autonomous practitioner, non- judgemental and value-based care delivery, demonstrating the values of high quality and compassionate nursing care. Demonstrate an innovative and flexible approach in an evolving and demanding role, ensuring safe and effective high-quality care delivery.	1.3 1.12 1.13 4.1
3.7 Support staff to engage with digital technology in monitoring the health and wellbeing of patients and carers. Promote digital engagement and the use of clinical informatics to ensure the effective use of data and robust clinical record keeping and how to report serious incidents and safeguarding concerns	4.16 5.11
3.8 Influence staff to participate and develop innovation projects to test and improve service provision at local level disseminating results across community services to inform co- production of care and support and improve consistency and sustainability in the quality-of-care delivery.	6.5 6.8
3.9 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within Adult Social Care Nursing. **3.9.1** Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary	5.18
Domain Four - Evidence, research and development (District Nursing Standards SPQ)	
4.1 Analyse peer reviewed, published evidence-based outcomes and engage in research development to inform and implement in practice, evaluating the underpinning evidence of successful approaches.	2.13 4.6 6.9

4.1.1 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice including the process for investigations and robust report writing.	4.6 6.9
4.2 Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision-making including awareness of serious incident reviews and processes.	6.5
4.2.1 Produce operational plans, supported objectively by data that identify key risks and future management strategies.	6.2 7.3
4.3 Use a range of change management, practice development, service, and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.	5.15 7.10
4.4 Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.	6.6 6.7 6.8
4.5 Lead, develop and encourage a pro-active approach to research around district nursing demonstrating how creativity and innovation can improve quality improvement in this field of practice.	6.8 6.10
4.6 Engage and support staff in undertaking audit and developing Quality Improvement projects in practice, ensuring experts by experience participate in the development, evaluation, and impact of projects. **4.6.1** Apply the principles of project management to enable local projects to be planned, implemented, and evaluated.	6.1 6.10
4.7 Develop robust governance systems by contributing to the development and implementation of evidence-based protocols, documentation processes, standards, policies, and clinical guidelines through interpreting and synthesising information from a variety of sources and promoting their use in practice.	6.5 6.10

General Practice Nursing

QNI GENERAL PRACTICE NURSING FIELD SPECIFIC STANDARDS Domain One - Clinical care	NMC Standards
1. Demonstrate a broad range of evidence informed general practice nursing (GPN) clinical expertise that supports high-quality, person-centred care for individuals across the life course of the practice population. **1.1** Critically apply public health knowledge and expertise of health screening, health promotion, health protection, communicable disease surveillance. Critically evaluate escalation procedures for sharing information of reported communicable disease outbreaks. **1.1.2** Evaluate therapeutic and other care management strategies, ensuring effectiveness and patient concordance.	2.4 2.13 3.9
1.2. As an autonomous practitioner, use advanced assessment skills, critical analysis in interpretation of results and decision-making when assessing individuals with complex health care needs and associated multi-morbidity. **1.2.1** Critically apply and evaluate the range of evidence-based assessment tools used in General Practice and prescribing to diagnose and enable accurate decision making, identifying variation in individuals with a diagnosis. **1.2.2** Ensuring correct referral, prescribing and management pathways are followed across a range of interventions within the scope of practitioner competence.	1.3 3.9 3.10
1.3 Employ a biopsychosocial approach to identify and assess physical and mental health needs. Critically develop and apply strategies to provide effective emotional support, mental health promotion and well-being with patients and their carers. **1.3.1** Collaborate with mental health professionals, learning disability nurses, social care leads and general practitioners (GPs) when identifying individual needs and mental capacity, using recognised assessment and referral pathways and best interest decision making. **1.3.2** Employ a biopsychosocial approach in management of annual reviews in general practice to ensure and promote better health outcomes and decrease mortality.	2.3
1.4 Engage in effective multidisciplinary and multiagency team working whilst recognising professional accountability, to ensure optimal and ethical patient care that supports transitions across health care and other agency boundaries that are smooth and meaningful to patients.	4.2
1.5 Apply advanced communication skills and develop effective therapeutic relationships to ensure patients have been listened to with respect and compassion. **1.5.1** Foster creative communication with problem solving, communicating uncertainty, and supporting health/wellbeing action planning. Negotiate and influence shared decision making when developing care and management plans and anticipatory care.	3.2

1.6 Demonstrate personalised care and partnership approaches when undertaking consultations, fostering a culture of patient-centred practice. Promote self-care and the concept of self-management where possible and provide appropriate health promotion, education, and support.	3.1
1.7 Facilitate behaviour change using extended brief interventions, assets-based approaches, and motivational interviewing skills where appropriate. **1.7.1** Support the general practice nursing team to incorporate and evaluate behaviour change interventions in their consultations, including social prescribing.	
1.8 Exercise digital literacy and employ the use of group consultations, remote access methods and digital technologies across all care episodes to promote and support self-management and self-care. **1.8.1** Initiate and lead evaluation of the efficiency and effectiveness of contemporary technologies for self-management in the General Practice setting and promote follow up and reporting strategies with patients to maintain consistency in self-care.	4.16
1.9 Demonstrate an innovative approach in practice and develop at least one area of specialist nursing practice interest, in accordance with the health care needs of the local practice population. Lead on implementation programmes to encourage self-care/self-management, for example group consultations.	5.18
1.10 Exercise professional judgement and manage competing priorities and risks to ensure quality of care is maintained. Articulate identified risks to patients and staff, escalating where necessary, and evaluate care using a range of tools.	6.3
Domain Two - Leadership and management (General Practice Nursing Field Specific Standards)	
2. As a contemporary practice supervisor and assessor in practice, demonstrate professional leadership of the general practice nursing team and clinically supervise, support, assess and appraise the team in their delivery of nursing interventions in the practice strategically. **2.1.1** Use advanced communication skills to enable confident management of complex interpersonal issues and conflict management and formal appraisals of others. **2.1.2** Support and enable colleagues and peers to induct, appraise, support, and develop members of the team. **2.1.3** Engage with, implement, and lead a variety of clinical supervision processes and opportunities for colleagues and peers.	5.16 5.21

2.2 Promote and model effective teamwork ensuring staff feel valued; and identify opportunities for development to enhance resilience and implement strategies when performance needs to be addressed. **2.2.1** In negotiation with practice leads, lead and manage the general practice nursing team within regulatory, professional, legal, ethical and policy frameworks.	5.5
2.3 Analyse and manage the clinical caseload for the GPN team within the GP Practice, ensuring a safe and effective distribution of workload using delegation, empowerment, education skills and effective resource management. Where appropriate, contribute to workforce succession planning and services within the local PCN and Integrated Care System/Board., local and regional levels.	
2.4 Articulate a working knowledge of social, political, and economic policies and drivers that impact on the wider community and influence the national agenda. Analyse how these may impact on the design and delivery of general practice nursing services to meet the needs of the practice population.	2.6
2.5 Effectively identify, lead and assist initiatives in the implementation of national and local public health strategies; identifying how these are aligned to and build on community assets to support the health and wellbeing of the practice population.	7.9 5.4
2.6 Embrace integrated care and work in collaboration with the wider health and social care team, including third sector partners and others. Engage in initiatives which build on community assets within the locality to enhance health and wellbeing.	
2.7 Lead and manage development of every member of the GPN team in understanding their responsibilities in recognising risk of abuse/harm in adults, infants, children and young people, escalating and recording identified issues appropriately in line with safeguarding legislation, policies and procedures.	3.6 3.7 3.8
2.8 Confidently articulate the unique contribution and value of the general practice nursing team to both the business objectives of the practice, at strategic levels. **2.8.1** Promote the value of GPNs by the provision of evidence that aligns GPNs outcomes with improved health outcomes for patients, whilst maintaining a strategic system wide perspective.	
2.9 Initiate a range of change management strategies to drive quality and lead change for service improvement and respond flexibly and innovatively to changing contexts of care and the need for amended service provision.	
2.10 Undertake population profiling and analyse the practice population cradle to grave, to ensure all patients with long term conditions are identified, undertaking risk stratification, where appropriate, **2.10.1** Ensure evidence-based pathways of care are followed and there is effective case management of patients with complex needs across the new models of primary care that adhere to quality standards.	4.1

2.11 Undertake regular review of the Public Health elements of the GPN Role to ensure effective management of the immunisation programmes and national screening programmes, including cervical cytology at the practice, follow national guidelines and protocols. **2.11.1** Undertake and lead regular audits to monitor clinical practice outcomes.	
Domain Three - Facilitation of learning (General Practice Nursing Field Specific Standards)	
3.1 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within General Practice for nurses and other health care professionals including student nurses.	5.18
3.2 Create and manage positive teaching and learning environments in the general practice setting and in conjunction with HEIs and training providers ensure education/practice audit is undertaken and disparities addressed. **3.2.1** Apply the national induction template for general practice for all nurses new to general practice and lead implementation of agreed preceptorship for all nurses new to general practice. **3.2.2** Evaluate the impact of educational interventions in practice for students, staff and patients.	5.20 5.21
3.3 Develop systems to assess the learning and development needs of the wider team and negotiate strategies with the practice and wider team to meet these needs.	
3.4 Lead and manage practice assessment of nurses undertaking the GPN "Foundation/Fundamental/GPN Fellowship" or NMC approved "specialist practice" general practice nursing courses and ensure excellent liaison and collaboration with approved education institutions.	5.21
3.5 Role model non-judgemental and value-based care in practice creating a culture of openness and recognition of the duty of candour, promoting these values in other members of the GPN team.	1.9
3.6 Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary. **3.6.1** Develop action plans and support strategies/ opportunities to manage the development of nurses requiring additional support with their learning or practice issues.	5.16

Domain Four - Evidence, research, and development (General Practice Nursing Field Specific Standards)	
4.1 Analyse peer reviewed, published evidence-based outcomes and develop/engage with the development of evidence based guidelines for the practice or new models of primary care. **4.2** Apply a range of change management strategies to encourage and support peers/staff to engage in enquiry-based practice and ensure all care is evidence informed and based on best practice.	6.7
4.2.1 Lead the development, collation, monitoring and evaluation of data relating to GPN service provision, development, quality assurance and service improvement. **4.2.2** Analyse the data to inform benchmarking of GPN services, within the practice and wider PCN. Identify trends that may impact on the GPN service and, where appropriate, produce data-informed business/operational plans to support service development and innovation.	6.8 7.1
4.3 Lead and contribute to the development of systems, including face-to-face or remote consultations via telephone or video. Engage in valuing considered, honest and reflective patient feedback that enables patients to share their experiences of care confidentially. Develop processes for the systematic improvement of service in response to patient feedback.	5.15 6.6
4.4 Inform and lead development of communication methods to ensure governance systems are in place for GPN staff that ensures patient follow up, referrals, correspondence and safety alerts are actioned.	1.5
4.5 Support staff in undertaking audit and developing Quality Improvement projects in practice, ensuring experts by experience participate in the development, evaluation, and impact of projects.	

Inclusion Health Nursing

QNI INCLUSION HEALTH NURSING STANDARDS Domain One - Clinical care	NMC Standards
1.1 Demonstrate a broad range of evidence informed, effective and innovative inclusion health clinical expertise that supports high-quality, person-centred care for individuals across the age range in the practice population and for young people, where appropriate, by ensuring individual/relatable approaches to communication to promote understanding and ability for the person to make an informed choice about their care	1.1 1.3 2.7 3.2 3.3 3.18
1.2 Demonstrate advanced therapeutic and other care management strategies, aiming to always ensure maximum effectiveness and patient adherence and evaluate the impact this has had on inclusion health groups.	2.5 2.9 3.15 3.17
1.3 Demonstrate a heightened cultural awareness and sensitivity to all people, with consideration of and attending to equality and diversity, when meeting the population health needs and leading on the promotion of health equalities.	1.5 1.9 2.3 3.6 7.8
1.4 Demonstrate an understanding of, and an ability to critically reflect upon the potential impact of unconscious bias on clinical interventions and be cognisant of health inequalities experienced by people within homeless and inclusion health.	1.5 1.6 1.7 1.10

1.5 Work autonomously and use advanced assessment skills to assess individuals with complex health care needs and associated multi-morbidity, using a range of evidence-based assessment tools to enable accurate decision making, identifying variation in individuals with a diagnosis, and ensuring correct referral and management pathways are followed. **1.5.1** Assess when additional expertise is necessary and make timely, objective, and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care across the inclusion health nursing team.	3.7 3.8 3.9 3.10 4.1 4.5
1.6 Employ a biopsychosocial approach using advanced assessment skills in prevention and early identification to intervention approaches that reduce escalation of risk when assessing people who have complex and co-morbidity health care needs within inclusion health groups.	4.6 4.9 4.10 4.11
1.7 As an independent nurse prescriber assess and diagnose conditions and prescribe if this is relevant to the role, and within the nurse's scope of competence.	4.4 4.6 4.7
1.8 Understand the connection between physical health, learning disability, mental health, and addiction issues and actively identify patients with a learning disability or mental health issues and addictions. **1.8.1** Undertake first line assessments in mental health and addictions, and deliver mental health promotion, mental health crisis advice and addictions harm reduction advice as necessary. Refer patients to support services with consent.	3.5 4.2
1.9 Understand the impact of adverse childhood events and complex trauma on individuals and use psychologically informed approaches to care. **1.9.1** Understand the potential causes of challenging behaviour, and actively utilise strategies that help to reduce conflict and manage such behaviour.	1.5 1.7 1.10 2.2
1.10 Undertake the case management of people with complex needs, with the support of the multidisciplinary team, to improve care, self-management, facilitate timely discharges and reduce avoidable hospital admission to enable care to be delivered closer to, or at a place of residence.	1.2 3.4 3.10 3.16 4.1

1.11 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes which may be due to environment, language, cultural issues alongside the medical health risks they may have.	1.4 2.6 2.10 3.1
1.12 Safeguard individuals always. Undertake mental capacity assessments as necessary and contribute to best interest decision making as part of a multidisciplinary team. **1.12.1** Promote the mental health and wellbeing of individuals, in conjunction with mental health professionals, addiction services and their keyworkers, identifying needs and ensuring identifiable safeguarding issues are actioned and processes implemented.	3.5 3.6 4.8
1.13 Be cognisant of the processes of incident reporting, incident reviews and learning from deaths (eg. Safeguarding Adult Reviews (SAR's) to inform own and the wider team's practice evaluation to ensure evidence-based practice is applied consistently.	1.5 4.8
1.14 Engage in effective multidisciplinary and multiagency team working whilst recognising professional accountability, to ensure optimal patient care that supports transitions across health care and other agency boundaries that are smooth and meaningful to patients.	2.4 2.8 3.1
1.15 Demonstrate partnership approaches when undertaking consultations, fostering a culture of patient-centred practice, promoting the concept of self-care and patient led care where possible, and providing appropriate health promotion, education and support.	1.2 1.6
1.16 Demonstrate advanced patient engagement and relevant communication skills and foster therapeutic relationships with patients, enabling patients to know they have been listened to with respect and compassion. Anticipate, assess, and overcome common communication and therapeutic relationship boundaries with individuals, eg, literacy, language, embarrassment.	1.1 1.6
1.17 Take a rights-based approach and actively facilitate maximal access to health and social care	4.4
1.18 Use creative problem solving, influencing and negotiation skills to enable shared decision making when developing care and management plans and anticipatory care. Ensure that significant others (including pets) are considered as and when required.	4.4

1.19 Facilitate individual contact with family, carers and support workers as necessary.	4.4
1.20 Take a public health approach, aiming to prevent disease and promote health. **1.20.1** Facilitate behaviour change interventions for patients using motivational interviewing techniques and brief interventions where appropriate.	4.6
1.21 Understand the social determinants of health, and actively facilitate access to housing, welfare, volunteering, and employment where possible.	5.2
1.22 Engage and use digital technologies to support patient self-care when and if this is appropriate.	1.12 5.11
1.23 Demonstrate an innovative approach in practice and develop at least one area of specialist nursing practice interest, in accordance with the health care needs of the local practice population.	2.1 6.8
1.24 Understand the high risks related to inclusion health practice. Assess, evaluate, and articulate risks to both patients and staff using a range of tools, professional judgement and advanced professional and clinical experience. **1.24.1** Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm.	1.4 1.8 1.11 2.12 2.14
Domain Two - Leadership and management (Inclusion Health Nursing Standards)	
2.1 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation, and strategic leadership.	1.2 5.1
2.2 Demonstrate professional and clinical leadership within the multidisciplinary team and induct, clinically supervise, support, and appraise junior team members as required. **2.2.1** Use advanced communication skills to enable confident management of complex interpersonal issues and conflict management. Support the development of management and leadership skills in other staff.	5.2 5.17 5.21
2.3 Manage the multidisciplinary nursing team within regulatory, professional, legal, ethical and policy frameworks and implement strategies when performance needs to be addressed. **2.3.1** Model effective teamwork, ensuring staff feel valued and have opportunities for development promoting resilience within their professional practice. **2.3.2** Promote creativity and innovation encouraging members of the nursing team to take calculated risks within the safety of governance guidelines.	5.6 5.8 5.10

2.4 Analyse the clinical caseload for the team and service, ensuring a safe and effective distribution of workload using triage, prioritisation, delegation, empowerment, education skills and effective resource management. Where appropriate, contribute to workforce planning at service, and locality level.	5.5 5.7 5.9
2.5 Manage and co-ordinate programmes of care for individuals with multimorbidity, ensuring their patient journey is as seamless as possible between physical health, learning disability, mental health and addictions, hospital and primary care services and with statutory and voluntary sector agencies.	1.3 5.4
2.6 Demonstrate knowledge of social, political and economic policies and drivers that play a part in the inclusion health agenda and analyse how these may impact on the design and delivery of services to meet the needs of the population.	1.5 5.3
2.7 Understand national and local public health strategies, and how these are aligned to support the health of the population. Collaborate effectively with other disciplines and agencies to identify how the team can lead and assist in the implementation of these strategies.	1.5
2.8 Working with the wider health and social care team, third sector partners and others, actively engage in the planning and delivery of multiagency initiatives which better facilitate recovery in individuals and build on community assets within the population to enhance health and wellbeing	6.4 7.5 7.7 7.10
2.9 Ensure every member of the team is able to recognise vulnerability in adults and young people and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures	1.4
2.10 Confidently articulate the unique contribution and value of the team to both the business objectives of the commissioning body, and to improved health outcomes for patients, whilst maintaining a strategic system wide perspective	5.7
2.11 Apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care and the need for amended service provision across inclusion health groups.	7.6
2.12 Analyse the population to ensure all patients with long term conditions are identified, to ensure evidence-based pathways of care are followed and there is effective case management of patients with complex needs across the new models of primary care.	5.5
2.13 Ensure governance systems are in place that ensure patient follow up, referrals, correspondence and safety alerts are actioned.	6.5

Domain Three - Facilitation of learning (Inclusion Health Nursing Standards)	
3.1 Support and facilitate the development of effective placements for nurses and other health care professionals within inclusion health to encourage and develop the future workforce and take responsibility alongside the Practice Teacher to supervise and assess student nurses, ensuring excellent liaison with approved education institutions.	5.17 5.18 5.21
3.2 Create positive teaching and learning environments and assessment and supervision strategies that enhance the development of nursing students, nursing staff and others learning about inclusion health. Work with Practice Teachers to support students experiencing a placement with the Inclusion Health Nursing team. **3.2.1** Evaluate the impact of educational interventions for students, staff, and patients.	5.17
3.3 Develop systems to assess the continuing professional development needs of oneself and the multidisciplinary team and negotiate strategies with service management to meet these needs.	5.18
3.4 Demonstrate knowledge and understanding of the emotional, literacy, cognitive ability, wellbeing and resilience skills for inclusion health groups and individuals when observing, assessing, and making decisions on the appropriate intervention.	3.2 5.18
3.5 Role model non-judgemental and value-based care in practice creating a culture of openness and recognition of the duty of candour, promoting these values in other members of the inclusion health nursing team.	5.16
3.6 Complete a Community Practice Teaching level 7 or HEI equivalent award/programme (if a previous NMC approved mentorship programme or equivalent not achieved), to prepare for the role of supporting, facilitating and assessing the development of placements within Inclusion Health Nursing. **3.6.1** Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary.	5.18
3.7 Utilise all opportunities to challenge stigma faced by individuals. Teach other staff within health and partnership organisations about health rights, access to health care and inclusion health, and deliver group teaching as the role allows.	5.1 5.16

Domain Four - Evidence, research, and development (Inclusion Health Nursing Standards)	
4.1 Critically appraise and synthesise all available research and evidence base within inclusion health nursing practice and apply findings within care delivery, fostering professional curiosity within the wider team. **4.1.1** Support staff to ensure all care is evidence informed and based on best practice.	4.6 5.13 6.9 6.10 7.1 7.2
4.2 Contribute to the development, collation, monitoring and evaluation of data relating to service provision and development, quality assurance and improvement. Analyse this information for benchmarking of inclusion health services, where appropriate. **4.2.1** Source and discern between different forms of evidence, engaging with the development of evidence-based guidelines for the inclusion health service.	5.7 5.15 6.6 7.7 7.6
4.3 Identify adverse and other trends that may impact service delivery and, where appropriate, produce data-informed business/operational plans to support service development and innovation informing workload and workforce planning and strategic decision making.	5.7 6.5 7.1 7.2
4.4 Participate in the development of appropriate systems to ensure that considered, honest and reflective patient feedback is obtained and action taken where necessary. **4.4.1** Develop processes for the systematic improvement of service in response to patient feedback.	6.2 6.6 6.7 6.8
4.5 Collaborate with other services and agencies in the development of the evidence base for inclusion health.	5.3 6.4 7.5 7.7 7.10

4.6 Apply the principles of project management to enable local projects to be planned, implemented and evaluated.	6.4
4.7 Recognise that emerging, complex health care treatments and practices for inclusion health may expose further evidence/research base gaps which require pragmatic, risk management decision making by the multidisciplinary team to ensure practice is safe.	1.4
4.8 Lead, develop and encourage a pro-active approach to research around Inclusion Health, demonstrating how creativity and innovation can improve quality outcomes in the field of practice.	