

## **DRAFT INCLUSION HEALTH NURSE STANDARDS FOR EDUCATION AND PRACTICE – March 2019**

### **Domain 1 – Clinical Care**

1.1 Demonstrate a broad range of evidence informed inclusion health clinical expertise that supports high quality, person centred care for individuals across the age range in the practice population young people where appropriate.

1.2 Evaluate therapeutic and other care management strategies, aiming to ensure maximal effectiveness and patient concordance at all times.

1.3 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. Assess when additional expertise is necessary and make timely, objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.

1.4 Diagnose conditions and prescribe if this is relevant to the role, and within the nurse's scope of competence.

1.5 Understand the connection between physical health, mental health, and addiction issues and actively identify patients with mental health issues and addictions. Deliver first lines 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.

1.6 Understand the impact of adverse childhood events and complex trauma on individuals, and use psychologically informed approaches to care. Understand the potential causes of challenging behaviour, and actively utilise strategies that help to reduce conflict and manage such behaviour.

1.7 Where appropriate, 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 admissions to enable care to be delivered closer to, or at home.

1.8 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes.

1.9 Safeguard individuals at all times. Undertake mental capacity assessments as necessary and contribute to best interest decision making as part of a multidisciplinary team.

1.10 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.

1.11 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.

1.12 Demonstrate advanced patient engagement and communication skills and be able to 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 e.g. literacy, language, embarrassment.

1.13 Take a rights-based approach and actively facilitate maximal access to health and social care.

1.14 Use creative problem solving, influencing and negotiation to enable shared decision making when developing care and management plans and anticipatory care. Ensure that significant others (including pets) are taken into account as and when required.

1.15 Facilitate individual contact with family, carers and support workers as necessary.

1.16 Take a public health approach, aiming to prevent disease and promote health. Facilitate behaviour change interventions for patients using motivational interviewing techniques and brief interventions where appropriate.

1.17 Understand the social determinants of health, and actively facilitate access to housing, welfare, volunteering and employment where possible.

1.18 Engage and use digital technologies to support patient self-care if this is appropriate.

1.19 Develop at least one area of specialist nursing practice interest, in accordance with the needs of the population.

1.20 Understand the high risks related to this area of practice. Assess, evaluate and articulate risks to both patients and staff using a range of tools, professional judgment and experience. 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.

## **Domain 2 – Leadership and management**

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.

2.2 Demonstrate professional and clinical leadership within the multi-disciplinary team (if the nurse is not a lone worker) and induct, clinically supervise, support and appraise junior team members as required. 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.

2.3 Manage the multidisciplinary nursing team within regulatory, professional, legal, ethical and policy frameworks. Promote and model effective team work ensuring staff feel valued and have opportunities for development and to enhance resilience but also create and implement strategies when performance needs to be addressed.

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.

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, mental health and addictions, hospital and primary services and to statutory and voluntary sector agencies.

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.

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.

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.

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.

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.

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.

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.

2.13 Ensure governance systems are in place that ensure patient follow up, referrals, correspondence and safety alerts are actioned.

### **Domain 3 – Facilitation of learning**

3.1 Complete an NMC approved mentorship award/programme (if not previously achieved), supporting and facilitating the development of placements for nurses and other health care professionals within inclusion health.

3.2 Create positive teaching and learning environments and mentorship and preceptorship schemes that enhance the development of nursing students, nursing staff and other professions learning about inclusion health. Evaluate the impact of educational interventions for students, staff and patients.

3.3 Develop systems to assess the continuing professional development needs oneself and the multidisciplinary team and negotiate strategies with service management to meet these needs.

3.4 Take responsibility for the practice assessment of student nurses and ensure excellent liaison with approved education institutions.

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 team.

3.6 Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary.

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.

### **Domain 4 – Evidence, Research and Development**

4.1 Source and discern between different forms of evidence, engaging with the development of evidence-based guidelines for the service. Support staff to ensure all care is evidence informed and based on best practice.

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.

4.3 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.

4.4 Participate in the development of appropriate systems that ensure that considered, honest and reflective patient feedback is obtained, and enable such feedback to be obtained. Develop processes for the systematic improvement of service in response to patient feedback.

4.5 Collaborate with other services and agencies in the development of the evidence base for inclusion health.

4.6 Apply the principles of project management to enable local projects to be planned, implemented and evaluated.