**Title**: Best practice competencies and capabilities for pre-registration mental health nurses in England: The Chief Nursing Officer's review of mental health nursing

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**Description**: This document identifies the competencies and capabilities, including knowledge and performance criteria, essential for mental health nurses at the point of registration

**Cross ref**: Chief Nursing Officer's Review of Mental Health Nursing: A Consultation
Chief Nursing Officer’s Review of Mental Health Nursing: Summary of Responses
From Values to Action: The Chief Nursing Officer’s review of mental health nursing

**Circulation list**

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Introduction

These guidelines complement the Chief Nursing Officer’s (CNO’s) review of mental health nursing (www.dh.gov.uk/CNO).

This document identifies the core competencies and capabilities, including knowledge and performance criteria, essential for mental health nurses (MHNs) at the point of registration in England. Further competencies and capabilities are likely to be identified at local level when developing educational programmes.

It emphasises the need to build these competencies through programmes of professional development, enabling the student of mental health nursing to develop and promote positive attitudes towards people with mental health problems; engage with service users, carers and families through the therapeutic use of self; and understand the central role of interpersonal relationships and empathy in mental health nursing.

Critical feedback from service users about the behaviour and attitudes of nurses and the effects of these on the experience of those accessing mental health services has been an important driver in this review. MHNs need to be able to integrate a person-centred value base with the competent performance of professional tasks to ensure they are able to effectively engage with those they care for.

Background

Drawing on expert advice and feedback from the review consultation (DH, 2005), this document constitutes good practice guidelines for education providers and education commissioners.

The essential competencies and capabilities reflect the main areas of the CNO’s review of mental health nursing (www.dh.gov.uk/CNO).

Definitions

Competence is what ‘individuals know or are able to do in terms of knowledge, skills and attitudes’ (Fraser and Greenhalgh, 2001).

Capability is the ‘extent to which an individual can apply, adapt and synthesise new knowledge from experience and so continue to improve their performance’ (Fraser and Greenhalgh, 2001).
Key sources

A number of frameworks have been referred to in the development of this document. These frameworks shape and inform the outcomes of mental health education and training.

These include:

- The Ten Essential Shared Capabilities (ESC) for Mental Health Practice
- The Standards of proficiency for pre-registration nursing education: First level nurses – nursing standards of education to achieve the NMC standards of proficiency (Standard 7) (NMC)
- National Occupational Standards and National Workforce Competencies
- The Knowledge and Skills Framework (KSF)

**TEN ESSENTIAL SHARED CAPABILITIES (ESC)**

The purpose of the ESC is to set out the minimum requirements or capabilities that all staff working in mental health services across all sectors should possess. The ESC were produced specifically for mental health services across both health and social care as part of helping staff development.

The aim of the ESC is to set out the shared or common capabilities that all staff working in mental health services should achieve as a minimum as a result of their pre-qualifying training. Thus the ESC would form part of the basic building blocks for all mental health staff whether they are professionally qualified or not and whether they work in the NHS or social care field or the statutory and private and voluntary sector (Appendix 1).

**STANDARDS OF PROFICIENCY FOR PRE-REGISTRATION NURSING EDUCATION (NMC)**

The Standards set out the minimum mandatory requirements for entry to the programme, the nature and assessment of learning, and the outcomes and competencies to be achieved in order to demonstrate proficiency necessary to enter the register. Standard 7 sets out the outcomes to be achieved for entry to the branch programme and the proficiencies that must be demonstrated by the end of the branch programme. The proficiencies are generic but must be achieved within the context of the respective branch (Appendix 2).
NATIONAL OCCUPATIONAL STANDARDS AND NATIONAL WORKFORCE COMPETENCIES

The National Occupational Standards and National Workforce Competencies listed by Skills for Health (SfH) are designed to provide a measurement of performance by providing detailed descriptions of the competencies required in providing services. They describe performance criteria in terms of the knowledge, understanding and skills required to perform a task, or to provide an intervention. Various groups of national occupational standards and workforce competencies contribute to the essential competencies for pre-registration MHNs at the point of registration. These include frameworks for Mental Health, Allied Health Professions, Clinical Health Skills, Managing Work Related Violence, General Health Care, Healthcare Science, Health and Social Care, Older People, Public Health Practice and the Drug and Alcohol National Occupational Standards (DANOS).

The Skills for Health workforce tools enable users to map competencies within a role profile or job description against the NHS Knowledge and Skills Framework. Skills for Health National Occupational Standards included here in the best practice competencies and capabilities for pre-registration mental health nurses are mapped against the Knowledge and Skills Framework (Appendix 3).

THE KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

The KSF is another form of competency framework and a human resources tool. It was developed as part of the NHS Agenda for Change initiative. It applies specifically to career progression and remuneration for NHS staff, and maps against pay bands in order to establish pay levels and salary increments. The KSF sets the context for a particular function, e.g. assessment of people’s health and well-being; the evidence that this function is being carried out effectively comes from the National Occupational Standards. The National Occupational Standards will provide the detail that a particular component of the KSF is being undertaken successfully.

National Occupational Standards set out the key roles for the delivery of mental health services; the standards to be achieved by way of performance criteria; the knowledge and understanding required to deliver the key roles; to help to raise standards as part of an annual appraisal system; and to provide specific evidence in support of the KSF skills escalator as required (Appendix 3).
Using the guidance

This document provides a tool for the review of outcomes of programmes of pre-registration preparation of MHNs in higher education institutions. Education providers and commissioners are key to such reviews taking place, together with representatives from students, mentors, service providers, service users and carers (see Summary table).

These best practice competencies and capabilities for mental health nursing complement but do not take the place of the NMC proficiencies set out in the Standards of proficiency for pre-registration nursing education (NMC, 2004). The NMC’s Standards are mandatory and will continue to form the baseline requirements for all pre-registration nursing programmes and branches. The regular review of programmes undertaken by programme providers in higher education provides an opportunity for higher education to incorporate the essential competencies and capabilities into pre-registration programmes for MHNs thereby setting out clear expectations of what a mental health nurse must know and be able to do at the point of registration.

The competencies and capabilities in this good practice guide draw on the Skills for Health and Mental Health National Occupational Standards, and have been mapped through these to the NHS KSF, the NMC proficiencies and the ESC. The reference codes for these standards are included where appropriate and identified in the Appendices to this report. Other competency frameworks for specialist areas of practice, for example the core capabilities for acute inpatient care (Clarke, 2004), have been helpful in the development of these competencies and complement the overarching and essential competencies for MHNs at the point of registration.

The competencies and capabilities identified in this document only constitute the core requirements for all mental health nurses. Further competencies and capabilities are likely to be identified at local level when developing educational programmes.

NB Although competencies and associated criteria in this document have been mapped and referenced against other competency frameworks, the wording in this document may differ from the original. For example, the NMC proficiencies have been mapped to the competencies but providers will still need to ensure that requirements set out within the NMC Standards of proficiency for pre-registration nursing education (NMC, 2004) are fully complied with. The term ‘service user’ is used most frequently, and the term ‘patient’ or ‘client’ is used where it appears in the context of its original source.

Each area of competency includes broad categories of knowledge and performance criteria associated with the area of competence. Knowledge and performance criteria are numbered within the appropriate area of competency.
# Good practice guidance - best practice competencies and capabilities for pre-registration MHNs in England

## SUMMARY OF COMPETENCIES

<table>
<thead>
<tr>
<th>Best practice competencies and capabilities for pre-registration MHNs in England</th>
<th>The CNO’s review of mental health nursing</th>
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<tbody>
<tr>
<td><strong>1. Putting values into practice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td>Promote a culture that values and respects the diversity of individuals, and enables their recovery.</td>
</tr>
<tr>
<td><strong>2. Improving outcomes for service users</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Use a range of communication skills to establish, maintain and manage relationships with individuals who have mental health problems, their carers and key people involved in their care.</td>
</tr>
<tr>
<td><strong>Physical care</strong></td>
<td>Promote physical health and well-being for people with mental health problems.</td>
</tr>
<tr>
<td><strong>Psychosocial care</strong></td>
<td>Promote mental health and well-being, enabling people to recover from debilitating mental health experiences and/or achieve their full potential, supporting them to develop and maintain social networks and relationships.</td>
</tr>
<tr>
<td><strong>Risk and risk management</strong></td>
<td>Work with individuals with mental health needs in order to maintain health, safety and well-being.</td>
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<tr>
<td><strong>3. A positive, modern profession</strong></td>
<td></td>
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<tr>
<td><strong>Multidisciplinary and multi-agency working</strong></td>
<td>Work collaboratively with other disciplines and agencies to support individuals to develop and maintain social networks and relationships.</td>
</tr>
<tr>
<td><strong>Personal and professional development</strong></td>
<td>Demonstrate a commitment to the need for continuing professional development and personal supervision activities, in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.</td>
</tr>
</tbody>
</table>
The knowledge and performance criteria of the competencies and capabilities reflect the service user centred values of the modern profession of mental health nursing.
## 1. Putting values into practice

### 1.1 Values

<table>
<thead>
<tr>
<th>Competency</th>
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<th>Performance criteria</th>
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<tr>
<td><strong>Promote a culture that values and respects the diversity of individuals, and enables their recovery</strong></td>
<td>A working knowledge of:</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.1.K</strong></td>
<td>the importance of self-awareness in monitoring your own practice (NOS HSC3119 amended)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.2.K</strong></td>
<td>engagement processes, designed to optimise user, carer and representative involvement in care and treatment (E)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.3.K</strong></td>
<td>factors that promote mental health and well-being with the broad context of public health</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.4.K</strong></td>
<td>the core functions of the nurse in health promotion and recovery (E) (ESC 5)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
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<tr>
<td><strong>1.5.K</strong></td>
<td>factors that make the process of recovery unique to each individual, recognising the role of hope, valuing and respecting the diversity, expertise and experiences of individuals, families, groups and communities (ESC 2) (ESC 5) (NMC C3) (NOS HSC3119 amended)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
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<tr>
<td><strong>1.6.K</strong></td>
<td>the role that families and carers play in the service users’ support network (ESC 1)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.7.K</strong></td>
<td>practice and service standards relevant to your work setting that relate to valuing and respecting individuals that promote a culture that values and respects the diversity of individuals (ESC 2) (NMC I) (NOS HSC3116, K11)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.8.K</strong></td>
<td>how you can access, review and evaluate information about valuing and respecting people including government reports, the National Institute for Mental Health in England Values Framework and research and relevant inquiries (NMC I1) (NOS HSC3116, K13)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
</tr>
<tr>
<td><strong>1.9.K</strong></td>
<td>how culture, race, gender and lifestyle, including substance misuse or alcohol and drug use, impacts upon the needs of users and carers (C) (NMC C4) (DANOS AA1)</td>
<td>1.1.1P</td>
<td>C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</td>
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</tbody>
</table>

1.1.1P Work with individuals and colleagues to create an environment with an inclusive culture for everyone through transparent decision making and drawing on evidence of critical reflection, research, professional experience and local knowledge (NMC I1) (NOS HSC3116) | 1.1.2P Demonstrate ability to work effectively with a range of stakeholders to promote and increase capacity for the social inclusion of people with mental health problems, contributing to necessary changes (E) |

1.1.1P Contribute to a culture of mental health and wellness that fosters self-determination and resilience (NOS MH_94) | 1.1.2P Demonstrate ability to work effectively with a range of stakeholders to promote and increase capacity for the social inclusion of people with mental health problems, contributing to necessary changes (E) |

1.1.2P Support and encourage a culture that respects and values the dignity of others (NMC C3) (NOS HSC3116 amended) | 1.1.2P Demonstrate ability to work effectively with a range of stakeholders to promote and increase capacity for the social inclusion of people with mental health problems, contributing to necessary changes (E) |

1.1.3P Engage actively with service users, carers and their representatives to enable their full involvement in the care/treatment process, on the basis of informed choice (E) (ESC 7) (DANOS AA6) | 1.1.3P Engage actively with service users, carers and their representatives to enable their full involvement in the care/treatment process, on the basis of informed choice (E) (ESC 7) (DANOS AA6) |

1.1.4P The ability to engage with families and carers as partners in care (ESC1) | 1.1.4P The ability to engage with families and carers as partners in care (ESC1) |

1.1.5P Present positive views of people who experience mental health distress, valuing their life stories and life experiences (NMC C2) (NOS HSC3116 amended) | 1.1.5P Present positive views of people who experience mental health distress, valuing their life stories and life experiences (NMC C2) (NOS HSC3116 amended) |

1.1.6P Demonstrate respect for all individuals including the most vulnerable – children, older people, people with learning disability and/or substance misuse problems – providing care that maintains their personal dignity at all times (E) (DANOS AA6) | 1.1.6P Demonstrate respect for all individuals including the most vulnerable – children, older people, people with learning disability and/or substance misuse problems – providing care that maintains their personal dignity at all times (E) (DANOS AA6)|
1.1.10k) the forms which discrimination may take, the behaviours which may be expressions of these and how they may differ between different groups and settings (NMC C1–4) (NOS MH_43)

1.1.11k) the assumptions and oppressions which surround different groups (eg ageism, racism, sexism, heterosexism, disability, people who misuse drugs and alcohol) and the problems of stigmatisation including factors within the environment which adversely affect the promotion of diversity (ESC 2) (ESC 4) (NMC C1–4, H) (NOS MH_43 amended) (NOS HSC3116 amended)

1.1.12k) the ways in which professional boundaries and relationships between service providers and service users can become eroded, related risks and the ways in which individuals may seek to challenge the relationship (ESC 1) (NOS HSC3119)

1.1.13k) how to challenge discrimination and oppressive behaviour (ESC 4) (NOS MH_43)

1.1.9p) Promote advocacy, dignity and respect for individual service users (E)

1.1.10p) Identify and challenge poor practice by yourself and others (NMC K4, P1 P3 P4) (NOS HSC3119 amended)

1.1.11p) Challenge any practice and behaviour that discriminates against any individual and does not respect their culture, experiences and beliefs (ESC 4) (NMC C3) (NOS HSC3116)

1.1.12p) Resolve under supervision and support any conflicts and tensions that might arise generally and when dealing with specific situations (NMC P3) (NOS HSC3119 amended)

1.1.13p) Work within agreed organisational and professional frameworks (NMC K4, P1, P3, P4) (NOS HSC3119 amended)

## 2. Improving outcomes for service users

### 2.1 Communication

<table>
<thead>
<tr>
<th>Competency</th>
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</table>
| Use a range of communication skills to establish, maintain and manage relationships with individuals who have mental health problems, their carers and key people involved in their care | A working knowledge of:  
2.1.1K) the role of communication in establishing and maintaining relationships (NMC D1, D2) (NOS MH_1)  
2.1.2K) the different forms and range of effective communication, including verbal and non-verbal communication, touch, symbols and images (NOS MH_1 amended)  
2.1.3K) how the use of ordinary, everyday or common talk promotes therapeutic alliance (E)  
2.1.4K) the importance of common courtesy and politeness in engaging with others (E)  
2.1.5K) the value of regularly acknowledging the presence of others (E)  
2.1.6K) the importance of giving constructive, positive feedback to others (E)  
2.1.7K) factors that can affect the communication skills, abilities and development of individuals (NMC D1) (NOS HSC369 amended)  
2.1.8K) the effect of culture on communication, such as when physical contact is appropriate and when it is not, how to address people, including issues arising from the gender of the practitioner (NOS MH_1 amended)  
2.1.9K) how spoken and written language can empower or disempower individuals (E) (NOS HSC31 amended)  
2.1.10K) resources to enable effective communication (NMC D1) (NOS MH_1 amended) | 2.1.1P) Be approachable, spend time with individuals to explore, understand and support their interests, needs and concerns (NMC D2) (NOS MH_1)  
2.1.2P) Demonstrate the safe and effective use of interpersonal and basic counselling skills (C) (NMC D1)  
2.1.3P) Maximise brief, positive greetings or acknowledgment of others (E)  
2.1.4P) Use ordinary, everyday conversation that avoids professional jargon (E)  
2.1.5P) Give feedback to others that is constructive and facilitates positive change and receiving and giving appropriate consideration to feedback from clients, carers and colleagues (E)  
2.1.6P) Provide non-judgemental, empathic, inclusive, non-stigmatising behaviours and socially aware communication that is collaborative in nature and optimistic in outlook (C) (ESC 5)  
2.1.7P) Use non-verbal communication and active listening to encourage individuals to communicate (NMC D1) (NOS MH_1)  
2.1.8P) Demonstrate an awareness of environmental factors on communication and effect appropriate changes to enhance communication (NOS HSC31) (NMC D1)  
2.1.9P) Identify and articulate your own emotional and psychological responses to situations with colleagues or with clients in a professional manner (C) | B. Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality  
D. Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills  
E. Create and utilise opportunities to promote the health and well-being of patients, clients and groups  
G. Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent  
I. Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences  
J. Evaluate and document the outcomes of nursing and other interventions  
K. Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts  
O. Demonstrate key skills
2.1.10P) Identify and overcome barriers to communication (NMC D1, D2) (NOS HSC369 amended) (NOS HSC31 amended)

2.1.11P) Demonstrate clear, concise communication with all mental health stakeholders (E) (NMC D1)

2.1.12P) Communicate effectively with family and carers as collaborators in care (E)

2.1.13P) Communicate with individuals in a manner, and at a level and pace that gives consideration to their abilities, preferred form of communication, manner of expression, personal beliefs and preferences and is consistent with anti-discriminatory practice (NMC D1) (NOS MH_1)

2.1.14P) Enable people to access sources of information required to help them make informed choices (NOS MH_45) (NMC E2)

2.1.15P) Support individuals to deal with the content of and their reactions to any communication and take appropriate action when their reactions may result in risk or harm to the individual, others and yourself (NMC D1, D2, K4) (NOS HSC31)

2.1.16P) Negotiate mutually acceptable boundaries with individuals in relation to your own and their behaviour (NMC D2) (NOS MH_1)

2.1.17P) Provide evidence based clinical interventions that optimise health, well-being and quality of life for people with learning disabilities who also have sensory impairments (E)

2.1.18P) Consider legal and ethical implications of all forms of communication (E) (ESC 3) (NMC B1, J4)

2.1.19P) Ensure all records are kept in line with local policy and procedures and stored according to the legal and regulatory requirements of confidentiality and data protection (NMC B1, B2, O3)
2.1.20P) Maintain factual, accurate, complete, comprehensive and up-to-date records of actions taken, supported by appropriate evidence, in accordance with legal, professional and organisational standards and requirements (NMC D2, I1, K4, J1, J2, P2) (HSC 3119) (NOS HSC31) (cross reference with 3.2)

2.1.21P) Write clear and structured communications that reflect the nursing needs and presentation of individuals, as assessed and observed, together with any care and treatment administered (E) (NMC G, J1, J2)

## 2. Improving outcomes for service users

### 2.2 Physical care

<table>
<thead>
<tr>
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<th>Performance criteria</th>
<th>NMC Standards of proficiency for nursing</th>
</tr>
</thead>
</table>
| **Promote physical health and well-being for people with mental health problems** | A working knowledge of:  
2.2.1K) anatomy, physiology, pathophysiology and the biological systems that maintain stability (C)  
2.2.2K) factors that influence physical health and promote health and well-being (C)  
2.2.3K) the relationship between mental health and physical health, and vice versa (C)  
2.2.4K) physical illness and conditions commonly seen within the population of mental health service users, including those related to alcohol and drug use (C) (E)  
2.2.5K) barriers to detection and reporting of physical health problems (C) (E)  
2.2.6K) promotion of sexual health (E)  
2.2.7K) normal range of physiological measurements (E) (NMC F2, F3)  
2.2.8K) psychosocial concepts of pain and its management (E)  
2.2.9K) basic infection prevention and control (NOS GEN1–K6)  
2.2.10K) the principles of managing physical emergencies and the interventions required in mental health settings (C)  
2.2.11K) how to access specialist advice for management of clinical conditions (C) |  
2.2.1P) Identify and assess the physical health needs of individuals accounting for different lifestyles, including those who use alcohol and/or drugs (NMC F1) (NOS MH_18) (NOS HSC364 amended)  
2.2.2P) Assess individuals’ capacity to maintain activities of living and support them in their implementation (NMC E1, E3) (NOS HSC27)  
2.2.3P) Communicate with individuals, groups and communities about promoting their health and well-being (NOS PH02.01)  
2.2.4P) Monitor and ensure adequate nutritional and fluid intake to maintain health accounting for sensory and cognitive variations among, for example, older people, people with learning disabilities, people with dementia (C)  
2.2.5P) Where necessary, assist individuals to attend to activities of living to maintain their physical health (NMC E1, E3) (NOS HSC27)  
2.2.6P) Promote the benefits of activity to improve physical health and well-being (NOS MH_28) (NMC E1)  
2.2.7P) Provide information, advice and guidance on health promotion activities in a way that is relevant to the individual, to encourage and raise awareness of risks to health and well-being (ESC 9) (NMC E1, E2)  
2.2.8P) Promote sexual health in a way that is relevant to the individual (E)  
2.2.9P) Undertake physiological measurements (NMC F1) (NOS CHS19) | E. Create and utilise opportunities to promote the health and well-being of patients, clients and groups  
F. Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities  
G. Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent  
L. Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies |
2.2.10P) Measure, interpret and appropriately respond to physiological measures of temperature, pulse, blood pressure, respirations, body/mass index, blood gasses, blood sugar levels and relate these to common physical symptoms (NMC F3)

2.2.11P) Obtain and test specimens from individuals as appropriate (NOS CHS7)

2.2.12P) Ability to assess pain using appropriate evidence based tools and able to manage that pain in collaboration with other members of the multi disciplinary team (E) (NMC F1)

2.2.13P) Demonstrate effective hand washing techniques as a means of reducing infection (NOS GEN2–K12)

2.2.14P) Apply standard precautions for infection control and other appropriate health and safety measures (ESC 9) (NOS GEN2–P1)

2.2.15P) Undertake treatments and dressings related to care of lesions and wounds, using aseptic techniques using evidence based wound care formularies (NMC L1) (NOS CHS12) (E)

2.2.16P) Undertake agreed pressure area care (NMC F3) (NOS CHS5)

2.2.17P) Support individuals to manage continence and understand the common causes of incontinence (NOS HSC219 amended)

2.2.18P) Identify individuals with allergies and plan their care to promote safety (NMC F1)

2.2.19P) Provide first aid including basic life support to an individual needing emergency assistance including maintaining an airway, stemming bleeding, establishing the recovery position, the response to anaphylactic shock, anaphylaxis intervention (NOS CHS35 amended) (NOS CHS36)

2.2.20P) Manage seizures safely (E) (NOS MH_28)

2.2.21P) Demonstrate the safe administration of medication to individuals including the safe use and storage of controlled drugs (E) (NOS CHS3 amended)
2.2.22P) Accurately calculate medication dosage according to individual service user's prescribed medication regime (E)

2.2.23P) Demonstrate effective assessment and monitoring of medication including safety, symptoms and side effects, and service user satisfaction (E) (ESC 9)

2.2.24P) Support individuals to administer their own medication wherever appropriate, with attention to the special and exceptional needs of individuals who have, for example, dementia and/or a learning disability (NOS MH_36 amended)

2.2.25P) Demonstrate effective communication with service users and carers about medication and provide accurate evidence based information on the use of medication as a treatment intervention (E) (ESC 7) (NOS CHS3)
2. Improving outcomes for service users

2.3 Psychosocial care

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge criteria</th>
<th>Performance criteria</th>
<th>NMC Standards of proficiency for nursing</th>
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<tbody>
<tr>
<td>A working knowledge of:</td>
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<tr>
<td>2.3.1K</td>
<td>factors that promote social inclusion (E) (ESC 5)</td>
<td>Contribute to the social inclusion of service users through:</td>
<td>D. Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills</td>
</tr>
<tr>
<td>2.3.2K</td>
<td>the importance of assessing, planning, implementing and evaluating care within a comprehensive care plan (NMC F) (NOS MH_45)</td>
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<tr>
<td>2.3.3K</td>
<td>the psychological and psychosocial theories and models that inform practice (E)</td>
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<td>2.3.4K</td>
<td>the principles of research and their application to the evidence base for practice (E)</td>
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<tr>
<td>2.3.5K</td>
<td>epidemiological studies, the incidence of mental health problems within defined populations, resource implications (E)</td>
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<tr>
<td>2.3.6K</td>
<td>the role of evidence based interpersonal and counselling skills in the therapeutic relationship and associated factors linked to positive user outcomes (E) (ESC 8)</td>
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<tr>
<td>2.3.7K</td>
<td>evidence based psychosocial interventions such as cognitive behavioural therapy, behavioural activation, relapse prevention, and psychosocial interventions that enable people to recover from mental distress (C) (ESC 8) (NMC H1, H3, H4, H11, K1) (NOS MH_94)</td>
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<tr>
<td>2.3.8K</td>
<td>interventions that facilitate an understanding of behaviour change such as motivation and insight (DANOS AA1)</td>
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<td>2.3.9K</td>
<td>psychosocial assessment and use of evidence based assessment tools (ESC 8) (NMC 11)</td>
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<tr>
<td>Promote mental health and well-being, enabling people to recover from debilitating mental health experiences and/or achieve their full potential, supporting them to develop and maintain social networks and relationships</td>
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</table>
2.3.11K) evidence based interventions that optimise the health, safety, well-being and quality of life of people with learning disability (E) (NMC I1)

2.3.12K) the principles and process of motivational interviewing (E)

2.3.13K) the nature, mode of use and effects of commonly misused substances including alcohol (E)

2.3.14K) the range of different indications of substance misuse; physical, behavioural and information provided by the individual or from other sources

2.3.15K) the inter-relationship between mental health and alcohol and/or drug use (E) (NOS AA1)

2.3.16K) the potential impact of substance misuse, alcohol and other drug use on social networks and relationships (E) (NOS AA1)

2.3.17K) factors and reasons why people may use substances (E) (NOS AA1)

2.3.18K) the agencies available to help people with comorbid mental health and substance misuse problems (dual diagnosis) (E) (DANOS AF1)

2.3.19K) spiritual diversity and individual (sometimes communal, through faith communities) search for meaning in life (ESC 2)

2.3.20K) how to provide care that is sensitive to the spiritual needs of the individual (E)

2.3.21K) how to support individuals, carers and families through the process of dying (NOS HSC385)

2.3.12P) Under supervision, contribute to evidence based interventions that will enable people to recover from mental distress (C) (E) (NMC H1, H3, H4, I1, K2, K3) (NOS MH_94)

2.3.13P) Identify and facilitate use of effective and positive coping strategies to help service users recover from mental distress (NMC G5) (NOS MH_45 and MH_94)

2.3.14P) Helping users solve problems using evidence based approaches (C) (NMC H4)

2.3.15P) Encourage active choices and participation in care and treatment (ESC3) (NMC D1) (DANOS AA6)

2.3.16P) Create and maintain mental well-being through guided self-management approaches (NOS MH_45)

2.3.17P) Contribute to the delivery of effective evidence based health and social care interventions that optimise the status, health, well-being and quality of life of people with learning disability (E) (NMC I1)

2.3.18P) Use motivational interviewing techniques (E)

2.3.19P) Routinely screen for substance use as an integral part of a comprehensive mental health assessment (E) (DANOS AF1)

2.3.20P) Recognise indications of substance misuse and support individuals to access and use services and facilities (DANOS AA1)

2.3.21P) Refer individuals to substance misuse and/or services (DANOS AF1)

2.3.22P) Recognise, respect and support the spiritual well-being of individuals (NOS MH_37)

2.3.23P) Facilitate adjustment to the environment that enhances opportunities to meet spiritual needs (E)

2.3.24P) Practise in a way that demonstrates a respect for diverse spirituality and search for individual meaning in life (C) (E)

K. Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts

L. Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies

O. Demonstrate key skills

### 2.4 Risk and risk management

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<tr>
<th>Competency</th>
<th>Knowledge criteria</th>
<th>Performance criteria</th>
<th>NMC Standards of proficiency for nursing</th>
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<tbody>
<tr>
<td>Work with individuals with mental health needs in order to maintain health, safety and well-being</td>
<td>A working knowledge of:</td>
<td>2.4.1P) Demonstrate application of appropriate legal and ethical frameworks to support practice (ESC 3) (NMC K4)</td>
<td>A. Manage oneself, one’s practice, and that of others in accordance with the NMC code of professional conduct: Standards for conduct, performance and ethics, recognising one’s own abilities and limitations</td>
</tr>
<tr>
<td>2.4.1K) national and local policies and procedures for minimising risk and managing harm to self and others (ESC 9) (NMC L4)</td>
<td>2.4.2P) Support the health and safety of yourself and individuals (NOS HSC22)</td>
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<tr>
<td>2.4.2K) relevant practice guidelines from the National Institute for Health and Clinical Excellence and other evidence based practice reports (NMC I1)</td>
<td>2.4.3P) Demonstrate the ability to work in partnership with service users and carers to promote privacy and dignity, health, safety and well-being (ESC 9) (NMC K4)</td>
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<td>2.4.3K) the care programme approach and its role particularly for those who are a risk to self or others (ESC 9)</td>
<td>2.4.4P) Work in partnership with individuals to enable them to communicate their fears and knowledge of potential and actual danger, harm and abuse, particularly if their autonomy or learning ability is impaired (ESC 1) (NOS HSC395–P6)</td>
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<tr>
<td>2.4.4K) the Mental Health Act including legal and ethical practice to protect service users from danger, harm and abuse (ESC 3) (NMC B1, B3, K4) (NOS HSC335 amended)</td>
<td>2.4.5P) Promote, monitor and maintain health, safety and security in the working environment, where the environment includes, for example, the service user’s home, and the inpatient unit (NOS MH_31 amended) (NMC B5)</td>
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<tr>
<td>2.4.5K) the Children Act including legal and ethical practice to protect children and young people from danger, harm and abuse (ESC 3) (NMC B1, B3, K4)</td>
<td>2.4.6P) Demonstrate an understanding of the benefits and limitations of the use of levels of observation to maximise therapeutic effect on inpatient units (E)</td>
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<tr>
<td>2.4.6K) the Misuse of Drugs Act</td>
<td>2.4.7P) Identify the appropriate therapeutic use of interventions to reduce absconding from inpatient units (E)</td>
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<tr>
<td>2.4.7K) the needs of vulnerable people and the systems and processes that protect them from danger, harm and abuse (ESC 3) (NMC B1, B3, K4)</td>
<td>2.4.8P) Contribute to and apply effective evidence based interventions that minimise risk of harm to self or others through violence, self-neglect, substance misuse, self-harm or suicide (ESC 9) (NMC I1)</td>
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<td>2.4.8K) evidence based interventions with the expressed goal of managing a person’s risk behaviours in the long term to promote health, safety and well-being, eg through use of medication, anger management, supportive counselling, substitute prescribing, needle exchange programmes, substance misuse harm minimisation strategies, etc (ESC 9) (NMC I1, L5) (DANOS AA1) (NOS ENTO_W6)</td>
<td>2.4.9P) Assess and act upon immediate risk of danger due to substance use (DANOS AB5)</td>
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<tr>
<td>2.4.9K) factors that result in harm, abuse or failure to protect (C) (E) (NMC K4) (NOS MH_17–K32) (NOS MH_49) (NOS K25)</td>
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</table>
2.4.10K) the nature and prevalence of behaviour that is harmful to others (E) (NMC K4)
2.4.11K) effective procedures for carrying out an evidence based risk assessment (ESC 8) (NMC I1, L2) (NOS MH.94) (NOS HSC3117)
2.4.12K) the reasons for violence, aggression and abuse of an emotional, sexual and physical nature in child and adulthood within mental health services (E)
2.4.13K) measures for the recognition, prevention and reduction of violence, aggression and abuse of an emotional, sexual and physical nature (E) (NOS ENTO_W3)
2.4.14K) the principles of conflict resolution (E)
2.4.15K) the physiological risks associated with the use of physical restraint and rapid tranquillisation (E) (ESC 9)
2.4.16K) the local policy context and the involvement of other agencies (E)
2.4.17K) lessons learned from both serious failure of service and practice (NOS MH.20–K22)
2.4.18K) environmental risks to health, safety and well-being (ESC 9) (NOS GEN3–K7) (NOS GEN3–K7)
2.4.19K) safe methods for using, storing and disposing of harmful materials (NMC L3) (NOS GEN3–K19)

L. Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies
Q. Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching

2.4.10P) Ensure all records are kept in line with local policy and procedures and stored according to the legal and regulatory requirements of data protection (NMC K4)
2.4.11P) Educate users and carers about the role, function and limitations of mental health services in relation to promoting safety and managing risk of harm (ESC 9) (NMC H4, K4)
2.4.12P) Discuss implications and contraindications of all procedures with service users and their carers (E)
2.4.13P) Obtain valid informed consent for all procedures, with attention to the special and exceptional needs of individuals with, for example, dementia and/or learning disabilities (E)
2.4.14P) Identify risk factors and people at risk of harm and abuse and take immediate and appropriate action to safeguard these people (NMC A5, K4)
2.4.15P) Assess the immediate risk of danger to individuals who have used substances, act accordingly and review the individual's care (NMC K4) (DANOS AA1)
2.4.16P) Recognition of signs and circumstances associated with aggression and violence (E)
2.4.17P) Demonstrate an awareness of prevention and risk reduction strategies for aggression and violence (E) (NOS ENTO_W3)
2.4.18P) Assess the level of risk and consider how the risks can be controlled to minimise harm (NMC K4) (NOS HSC3117–P13)
2.4.19P) Contribute to the prevention and management of abusive and aggressive behaviour (NOS HSC336)
2.4.20P) Use, under supervision, methods from the National Institute for Health and Clinical Excellence guidelines on effective methods of working with people whose behaviour is harmful to self or others (C) (NMC I1, K4) (NOS MH.49)
2.4.21P) Contribute, as a member of the therapeutic team, to the safe and effective assessment, management and reduction of any identified risks (ESC 9) (NMC I1, K4, L4)

2.4.22P) The ability to work as a member of the therapeutic team in making a safe and effective contribution to the de-escalation and management of anger and violence (ESC 3)

2.4.23P) Take immediate action to reduce risk when there is a danger to an individual’s health, safety and well-being (ESC 9) (NMC K4, L2)

2.4.24P) Demonstrate under supervision the safe, correct, effective and appropriate use of physical intervention techniques in the presence of challenging behaviour (E)

2.4.25P) Provide frameworks to help individuals to manage challenging behaviour (NOS HSC337)

2.4.26P) Act in accordance with relevant practice guidelines from the National Institute for Health and Clinical Excellence to reduce risks to an individual’s health, safety or well-being (ESC 9) (NMC L4)

2.4.27P) Assess older people’s risk of falls and implement evidence based interventions (NMC F1, H1) (NOS OP_F1)

2.4.28P) Develop and agree individualised care plans with older people at risk of falls (NMC F2, F3) (NOS OP_F3)

2.4.29P) Maintain a safe, clean and welcoming environment (NOS HSC 246)

2.4.30P) Follow universal precautions for infection control (E)

2.4.31P) Take immediate action where you find aspects of the environment are unsafe, unclean and unwelcoming (NOS HSC 246)
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<tr>
<td><strong>2.4.32P</strong></td>
<td>Observe and monitor the general cleanliness of the environment and report to the appropriate person when there is concern over the level of cleanliness (NOS GEN3–P13)</td>
</tr>
<tr>
<td><strong>2.4.33P</strong></td>
<td>Check equipment is fully operational and free from defect prior to use (NOS HCS_E2, Pd)</td>
</tr>
<tr>
<td><strong>2.4.34P</strong></td>
<td>Demonstrate safe use of equipment in emergency situations, eg automatic defibrillators, pulsoximeter (E)</td>
</tr>
<tr>
<td><strong>2.4.35P</strong></td>
<td>Use of correct personal protective clothing for your role and the procedure you are undertaking in line with organisational policy (NOS GEN2–P4)</td>
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<tr>
<td><strong>2.4.36P</strong></td>
<td>Take correct precautions for safe handling of blood, body fluids, specimens and toxic or corrosive substances in line with Control of Substances Hazardous to Health risk assessments (NMC L3) (NOS GEN2–P12)</td>
</tr>
<tr>
<td><strong>2.4.37P</strong></td>
<td>Identify hazards which could result in serious harm to people at work or other person (NMC K4, L3) (NOS HSC3117, P6)</td>
</tr>
<tr>
<td><strong>2.4.38P</strong></td>
<td>Take relevant and timely corrective action to manage incidents or risks to health, safety and security (NMC K4) (ESC 9) (NOS HCS_E2, Pf)</td>
</tr>
<tr>
<td><strong>2.4.39P</strong></td>
<td>Respond appropriately to environmental emergencies (NOS GEN3–P18)</td>
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3. A positive, modern profession

3.1 Multidisciplinary and multi-agency working

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<th>Competency</th>
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| Work collaboratively with other disciplines and agencies to support individuals to develop and maintain social networks and relationships | A working knowledge of:  
3.1.1K) other professions and agencies, including the statutory and voluntary sector, in effective care delivery including managing the complexities of care (NMC M1, Q3) (NOS MH_25)  
3.1.2K) how effective leadership contributes to effective care delivery (E)  
3.1.3K) the evidence of how professional groups work effectively (NMC M1)  
3.1.4K) the historical development of mental health services (E)  
3.1.5K) social policy in relation to mental health care (E) |  
3.1.1P) Work effectively and assertively in a team, contributing to the decision-making process and taking responsibility for delegated action associated with the assessment, planning implementation and evaluation of care (E) (NMC M1, M2, N1, N2)  
3.1.2P) Clarify and confirm your role in the overall care programme and single assessment process with those concerned (NOS MH_25 amended)  
3.1.3P) Co-ordinate the integration of care for individual service users working with team members and other agencies who impact, directly or indirectly, on the health and social care of the individual (E)  
3.1.4P) Ensure your contribution to the care programme approach and single assessment process enables effective interventions to take place with an efficient use of resources (NOS MH_25)  
3.1.5P) Modify your contribution to individualised programmes of care according to the agreements reached by the team (NMC N3) (NOS MH_25)  
3.1.6P) Encourage service users to engage with agencies involved in their care, communicating the benefits for this and taking account of any legal restrictions (NOS HSC331) |  
| | | M. Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team  
N. Delegate duties to others, as appropriate, ensuring that they are supervised and monitored  
Q. Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching |

3. A positive, modern profession

3.2 Personal and professional development

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<th>Competency</th>
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<tr>
<td>Demonstrate a commitment to the need for continuing professional development and personal supervision activities, in order to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice*</td>
<td>A working knowledge of:</td>
<td>3.2.1P) Using the supervision and support systems available to you within and outside your organisation (ESC10) (NMC P1, P2, P3) (NOS HSC33)</td>
<td>K. Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</td>
</tr>
<tr>
<td>3.2.1K) principles underpinning personal and professional development and reflective practice (NOS HSC43)</td>
<td>3.2.2P) Take responsibility for your own personal and professional development, seeking and accessing development opportunities to meet your needs (ESC 6) (NMC P2) (NOS HSC43)</td>
<td>N. Delegate duties to others, as appropriate, ensuring that they are supervised and monitored</td>
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<tr>
<td>3.2.2K) the impact of stress and conflict on organisational, individual and team performance (NOS HSC43)</td>
<td>3.2.3P) Use reflective practice, supervision and support to facilitate ongoing insight into your emotional state and the impact of this on work with service users, colleagues and clients (P)</td>
<td>P. Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice</td>
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<tr>
<td>3.2.3K) the importance of self-awareness when monitoring your own practice and the extent to which you recognise and work within personal, professional and organisational values and principles (ESC 10) (NOS HSC3119)</td>
<td>3.2.4P) Set professional goals that are realistic and achievable (ESC 10) (NMC P2) (NOS HSC325)</td>
<td>Q. Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching</td>
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<tr>
<td>3.2.4K) how your own development and experience impact on your practice (NOS HSC352)</td>
<td>3.2.5P) Clarify the expected learning outcomes to be achieved when teaching others and how success is to be measured (NOS AHP22)</td>
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<tr>
<td>3.2.5K) networks and systems of supervision which are available, the nature of the support they give and how to access them (NOS HSC3119)</td>
<td>3.2.6P) Give constructive and timely feedback to others on ideas and options being explored (NMC Q) (NOS AHP22)</td>
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<tr>
<td>3.2.6K) how the mental and physical health of the mental health nurse can affect the requirements that a person has for support (NOS HSC352)</td>
<td>3.2.7P) Demonstrate key skills including literacy, numeracy and information technology (NMC P1, P5)</td>
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<tr>
<td>3.2.7K) one’s own and others’ needs and personal strengths (ESC 6)</td>
<td>3.2.8P) A working knowledge of support needs of others (ESC 6) (NOS MH_49–K19)</td>
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<tr>
<td>3.2.8K) the evidence base about emotional intelligence/literacy and how this relates to mental health nursing work (E)</td>
<td>3.2.9P) Enable other workers to reflect on their own values, priorities, interests and effectiveness (NMC Q1) (NOS PH03.03.1)</td>
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<td>3.2.9K) how to give feedback in a constructive manner and in a way that ensures that working relationships are maintained (NOS AHP22)</td>
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<tr>
<td>3.2.10K) how people learn and the implications of this for planning learning activities (NOS AHP22)</td>
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<tr>
<td><strong>3.2.11K</strong></td>
<td>The underpinning professional issues (NMC Code of Conduct) and responsibilities associated with the delegation of care (E) (NMC K4, N1, N2)</td>
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<tr>
<td><strong>3.2.12K</strong></td>
<td>The importance of supervision and reflective practice in everyday practice (ESC 10)</td>
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<tr>
<td><strong>3.2.10P</strong></td>
<td>Delegate nursing care or associated tasks safely and appropriately (E) (NMC N1, N2, Q3)</td>
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<tr>
<td><strong>3.2.11P</strong></td>
<td>Engage actively in peer supervision (E)</td>
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*Source: All Wales Document for Pre-Registration Nurse Education (2005) Clinical Assessment Document, Assessment of Clinical Practice

References


The Ten Essential Shared Capabilities for Mental Health Practice

1. **Working in partnership.** Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

2. **Respecting diversity.** Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity, including age, race, culture, disability, gender, spirituality and sexuality.

3. **Practising ethically.** Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

4. **Challenging inequality.** Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

5. **Promoting recovery.** Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

6. **Identifying people’s needs and strengths.** Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users, their families, carers and friends.

7. **Providing service user-centred care.** Negotiating achievable and meaningful goals, primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

8. **Making a difference.** Facilitating access to and delivering the best quality evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

9. **Promoting safety and positive risk taking.** Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members and the wider public.

10. **Personal development and learning.** Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one’s self and colleagues through supervision, appraisal and reflective practice.
Appendix 2

NURSING and MIDWIFERY COUNCIL
Standards of proficiency for pre-registration nursing education

Standard 7: First level nurses - nursing standards of education to achieve the NMC standards of proficiency

Standard of proficiency for entry to the register: professional and ethical practice

A. Manage oneself, one’s practice, and that of others, in accordance with The NMC code of professional conduct: standards for conduct, performance and ethics, recognising one’s own abilities and limitations.

Professional and ethical practice
1. Practise in accordance with The NMC code of professional conduct: standards for conduct, performance and ethics.

2. Use professional standards of practice to self-assess performance.

3. Consult with a registered nurse when nursing care requires expertise beyond one’s own current scope of competence.

4. Consult other healthcare professionals when individual or group needs fall outside the scope of nursing practice.

5. Identify unsafe practice and respond appropriately to ensure a safe outcome.

6. Manage the delivery of care services within the sphere of one’s own accountability.

B. Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality.

1. Demonstrate knowledge of legislation and health and social policy relevant to nursing practice.

2. Ensure the confidentiality and security of written and verbal information acquired in a professional capacity.

3. Demonstrate knowledge of contemporary ethical issues and their impact on nursing and healthcare.

4. Manage the complexities arising from ethical and legal dilemmas.

5. Act appropriately when seeking access to caring for patients and clients in their own homes.

C. Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups.

Professional and ethical practice
1. Maintain, support and acknowledge the rights of individuals or groups in the healthcare setting.

2. Act to ensure that the rights of individuals and groups are not compromised.

3. Respect the values, customs and beliefs of individuals and groups.

4. Provide care which demonstrates sensitivity to the diversity of patients and clients.
Standard of proficiency for entry to the register: care delivery

D. Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills.

Care delivery
1. Utilise a range of effective and appropriate communication and engagement skills.
2. Maintain and, where appropriate, disengage from professional caring relationships that focus on meeting the patient’s or client’s needs within professional therapeutic boundaries.

Standard of proficiency for entry to the register: care delivery

E. Create and utilise opportunities to promote the health and well-being of patients, clients and groups.

Care delivery
1. Consult with patients, clients and groups to identify their need and desire for health promotion advice.
2. Provide relevant and current health information to patients, clients and groups in a form which facilitates their understanding and acknowledges choice/individual preference.
3. Provide support and education in the development and/or maintenance of independent living skills.
4. Seek specialist/expert advice as appropriate.

Standard of proficiency for entry to the register: care delivery

F. Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities.

Care delivery
1. Select valid and reliable assessment tools for the required purpose.
2. Systematically collect data regarding the health and functional status of individuals, clients and communities through appropriate interaction, observation and measurement.
3. Analyse and interpret data accurately to inform nursing care and take appropriate action.

Standard of proficiency for entry to the register: care delivery

G. Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent.

Care delivery
1. Establish priorities for care based on individual or group needs.
2. Develop and document a care plan to achieve optimal health, habilitation and rehabilitation based on assessment and current nursing knowledge.
3. Identify expected outcomes, including a timeframe for achievement and/or review in consultation with patients, clients, their carers and family and friends and with members of the health and social care team.
Standard of proficiency for entry to the register: care delivery

H. Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice.

Care delivery
1. Ensure that current research findings and other evidence are incorporated in practice.
2. Identify relevant changes in practice or new information and disseminate it to colleagues.
3. Contribute to the application of a range of interventions which support and optimise the health and well-being of patients and clients.
4. Demonstrate the safe application of the skills required to meet the needs of patients and clients within the current sphere of practice.
5. Identify and respond to patients’ and clients’ continuing learning and care needs.
6. Engage with, and evaluate, the evidence base that underpins safe nursing practice.

Standard of proficiency for entry to the register: care delivery

I. Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences.

Care delivery
1. Identify, collect and evaluate information to justify the effective utilisation of resources to achieve planned outcomes of nursing care.

Standard of proficiency for entry to the register: care delivery

J. Evaluate and document the outcomes of nursing and other interventions.

Care delivery
1. Collaborate with patients and clients and, when appropriate, additional carers to review and monitor the progress of individuals or groups towards planned outcomes.
2. Analyse and revise expected outcomes, nursing interventions and priorities in accordance with changes in the individual’s condition, needs or circumstances.

Standard of proficiency for entry to the register: care delivery

K. Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts.

Care delivery
1. Use evidence-based knowledge from nursing and related disciplines to select and individualise nursing interventions.
2. Demonstrate the ability to transfer skills and knowledge to a variety of circumstances and settings.
3. Recognise the need for adaptation and adapt nursing practice to meet varying and unpredictable circumstances.
4. Ensure that practice does not compromise the nurse’s duty of care to individuals or the safety of the public.
Standard of proficiency for entry to the register: care management
L. Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies.

Care management
1. Apply relevant principles to ensure the safe administration of therapeutic substances.
2. Use appropriate risk assessment tools to identify actual and potential risks.
3. Identify environmental hazards and eliminate and/or prevent where possible.
4. Communicate safety concerns to a relevant authority.
5. Manage risk to provide care which best meets the needs and interests of patients, clients and the public.

Standard of proficiency for entry to the register: care management
M. Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team.

Care management
1. Establish and maintain collaborative working relationships with members of the health and social care team and others.
2. Participate with members of the health and social care team in decision-making concerning patients and clients.
3. Review and evaluate care with members of the health and social care team and others.

Standard of proficiency for entry to the register: care management
N. Delegate duties to others, as appropriate, ensuring that they are supervised and monitored.

Care management
1. Take into account the role and competence of staff when delegating work.
2. Maintain one’s own accountability and responsibility when delegating aspects of care to others.
3. Demonstrate the ability to co-ordinate the delivery of nursing and health care.

Standard of proficiency for entry to the register: care management
O. Demonstrate key skills.

Care management
1. Literacy – interpret and present information in a comprehensible manner.
3. Information technology and management – interpret and utilise data and technology, taking account of legal, ethical and safety considerations, in the delivery and enhancement of care.
4. Problem-solving – demonstrate sound clinical decision-making which can be justified even when made on the basis of limited information.
Standard of proficiency for entry to the register: personal and professional development

**P.** Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.

**Personal and professional development**

1. Identify one’s own professional development needs by engaging in activities such as reflection in, and on, practice and lifelong learning.

2. Develop a personal development plan which takes into account personal, professional and organisational needs.

3. Share experiences with colleagues and patients and clients in order to identify the additional knowledge and skills needed to manage unfamiliar or professionally challenging situations.

4. Take action to meet any identified knowledge and skills deficit likely to affect the delivery of care within the current sphere of practice.

Standard of proficiency for entry to the register: personal and professional development

**Q.** Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching.

**Personal and professional development**

1. Contribute to creating a climate conducive to learning.

2. Contribute to the learning experiences and development of others by facilitating the mutual sharing of knowledge and experience.

3. Demonstrate effective leadership in the establishment and maintenance of safe nursing practice.
<table>
<thead>
<tr>
<th>National Occupational Standards</th>
<th>Knowledge and Skills Framework</th>
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</table>
| DANOS AA1 Recognise indications of substance misuse and refer individuals to specialists | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 1: Assist in the assessment of people’s health and well-being needs |
| DANOS AA6 Promote choice, well-being and the protection of all individuals | Core 6: Equality and diversity  
Level 3: Promote equality and value diversity |
| DANOS A85 Assess and act upon immediate risk of danger to substance users | Health and well-being HWB3: Protection of health and well-being  
Level 2: Contribute to protecting people at risk |
| DANOS AF1 Carry out screening and referral assessment | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 2: Contribute to assessing health and well-being needs and planning how to meet those needs |
| AHP22 Contribute to the planning and evaluation of learning activities | General G1: Learning and development  
Level 2: Enable people to learn and develop |
| CHS3 Administer medication to individuals | Health and well-being HWB5: Provision of care to meet health and well-being needs  
Level 3: Plan, deliver and evaluate care to meet people’s health and well-being needs |
| CHS5 Undertake agreed pressure area care | Health and well-being HWB5: Provision of care to meet health and well-being needs  
Level 2: Undertake care activities to meet health and well-being needs of individuals with a greater degree of dependency |
| CHS7 Obtain and test specimens from individuals | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 2: Contribute to assessing health and well-being needs and planning how to meet those needs |
| CHS12 Undertake treatments and dressings related to the care of lesions and wounds | Health and well-being HWB5: Provision of care to meet health and well-being needs  
Level 2: Undertake care activities to meet health and well-being needs of individuals with a greater degree of dependency |

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| CHS19 Undertake physiological measurements | Health and well-being HWB6: Assessment and treatment planning  
Level 1: Undertake tasks related to the assessment of physiological and psychological functioning |
| CHS35 Provide first aid to an individual needing emergency assistance | Health and well-being HWB7: Interventions and treatments  
Level 2: Contribute to planning, delivering and monitoring interventions and/or treatments |
| CHS36 Provide basic life support | Health and well-being HWB7: Interventions and treatments  
Level 3: Plan, deliver and evaluate interventions and/or treatments |
| ENTO_W3 Implement policy and procedures to reduce the risk of violence at work | Core 3: Health, safety and security  
Level 4: Maintain and develop an environment and culture that improves health, safety and security |
| ENTO_W6 Ensure your actions contribute to a positive and safe working environment | Core 3: Health, safety and security  
Level 3: Promote, monitor and maintain best practice in health, safety and security |
| GEN2 Prepare and dress for work in clinical/therapeutic areas | Core 3: Health, safety and security  
Level 1: Assist in maintaining own and other’s health, safety and security |
| GEN3 Maintain health and safety in a clinical/therapeutic environment | Core 3: Health, safety and security  
Level 2: Monitor and maintain health, safety and security of self and others |
| GEN4 Prepare individuals for clinical/therapeutic activities | Health and well-being HWB7: Interventions and treatments  
Level 1: Assist in providing interventions and/or treatments |
| GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness | Core 2: Personal and people development  
Level 2: Develop own skills and knowledge and provide information to others to help their development |
| HCS_E2 Develop and maintain health, safety and security practices in the workplace | Core 3: Health, safety and security  
Level 2: Monitor and maintain health, safety and security of self and others |
| HSC22 Support the health and safety of yourself and individuals | Core 3: Health, safety and security  
Level 1: Assist in maintaining own and other's health, safety and security |
| HSC27 Support individuals in their daily living | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 2: Enable people to meet ongoing health and well-being needs |
| HSC31 Promote effective communication for and about individuals | Core 1: Communication  
Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations |

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| HSC32 Promote, monitor and maintain health, safety and security in the working environment | Core 3: Health, safety and security  
Level 2: Monitor and maintain health, safety and security of self and others |
| HSC33 Reflect on and develop your practice | Core 2: Personal and people development  
Level 1: Contribute to own personal development |
| HSC43 Take responsibility for the continuing professional development of self and others | Core 2: Personal and people development  
Level 3: Develop oneself and contribute to the development of others |
| HSC219 Support individuals to manage continence | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 2: Enable people to meet ongoing health and well-being needs |
| HSC238 Obtain and test specimens from individuals | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 2: Contribute to assessing health and well-being needs and planning how to meet those needs |
| HSC246 Maintain a safe and clean environment | Estates and facilities EF2: Environments and buildings  
Level 1: Assist with the maintenance and monitoring of environments, buildings and/or items |
| HSC325 Contribute to protecting children and young people from danger, harm and abuse | Health and well-being HWB3: Protection of health and well-being  
Level 2: Contribute to protecting people at risk |
| HSC331 Support individuals to develop and maintain social networks and relationships | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| HSC335 Contribute to the protection of individuals from harm and abuse | Health and well-being HWB3: Protection of health and well-being  
Level 2: Contribute to protecting people at risk |
| HSC336 Contribute to the prevention and management of abusive and aggressive behaviour | Health and well-being HWB3: Protection of health and well-being  
Level 2: Contribute to protecting people at risk |
| HSC337 Provide frameworks to help individuals manage challenging behaviour | Health and well-being HWB3: Protection of health and well-being  
Level 2: Contribute to protecting people at risk |
| HSC352 Support individuals to continue therapies | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| HSC364 Identify the physical health needs of individuals with mental health needs | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 2: Contribute to assessing health and well-being needs and planning how to meet those needs |

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<td>HSC369 Support individuals with specific communication needs</td>
<td>Health and well-being HWB4: Enablement to address health and well-being needs Level 3: Enable people to address specific needs in relation to health and well-being</td>
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<td>HSC385 Support individuals through the process of dying</td>
<td>Health and well-being HWB4: Enablement to address health and well-being needs Level 3: Enable people to address specific needs in relation to health and well-being</td>
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<tr>
<td>HSC395 Contribute to assessing and act upon the risk of danger, harm and abuse</td>
<td>Health and well-being HWB3: Protection of health and well-being Level 2: Contribute to protecting people at risk</td>
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<td>HSC3116 Contribute to promoting a culture that values and respects the diversity of individuals</td>
<td>Health and well-being HWB1: Promotion of health and well-being and prevention of adverse effects to health and well-being Level 2: Plan, develop and implement approaches to promote health and well-being and prevent adverse effects on health and well-being</td>
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<tr>
<td>HSC3117 Conduct an assessment of risks in the workplace</td>
<td>Core 3: Health, safety and security Level 3: Promote, monitor and maintain best practice in health, safety and security</td>
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<tr>
<td>HSC3119 Promote the values and principles underpinning best practice</td>
<td>Core 5: Quality Level 3: Contribute to improving quality</td>
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<td>MH_1 Promote effective communication and relationships with people who are troubled or distressed</td>
<td>Core 1: Communication Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations</td>
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<td>MH_17 Assess the need for intervention and present assessments of individuals’ needs and related risks</td>
<td>Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs Level 4: Assess complex health and well-being needs and develop, monitor and review care plans to meet those needs</td>
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<td>MH_18 Identify the physical health needs of individuals with mental health needs</td>
<td>Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs Level 2: Contribute to assessing health and well-being needs and planning how to meet those needs</td>
</tr>
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<td>MH_20 Work with individuals with mental health needs to negotiate and agree plans for addressing those needs</td>
<td>Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs Level 3: Assess health and well-being needs and develop, monitor and review care plans to meet specific needs</td>
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<tr>
<td>MH_23 Plan and review the effectiveness of therapeutic interventions with individuals with mental health needs</td>
<td>Health and well-being HWB7: Interventions and treatments Level 2: Contribute to planning, delivering and monitoring interventions and/or treatments</td>
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| MH_25 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 3: Assess health and well-being needs and develop, monitor and review care plans to meet specific needs |
| MH_28 Promote the benefits of activities to improve physical health and well-being | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 2: Enable people to meet ongoing health and well-being needs |
| MH_29 Support individuals during activities to improve their physical health and well-being | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 2: Enable people to meet ongoing health and well-being needs |
| MH_31 Enable individuals to maintain the safety and security of their living environment | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| MH_36 Support individuals to administer their own medication | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| MH_37 Recognise, respect and support the spiritual well-being of individuals | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| MH_43 Challenge injustice and inequalities in access to mainstream provision for people with mental health needs | Core 6: Equality and diversity  
Level 3: Promote equality and value diversity |
| MH_45 Enable people with mental health needs to develop coping strategies | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| MH_49 Enable people who are a risk to themselves and others to develop control | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 4: Empower people to realise and maintain their potential in relation to health and well-being |
| MH_94 Enable people to recover from distressing mental health experiences | Health and well-being HWB4: Enablement to address health and well-being needs  
Level 3: Enable people to address specific needs in relation to health and well-being |
| OP_F1 Assess older people’s risk of falls | Health and well-being HWB1: Promotion of health and well-being and prevention of adverse effects to health and well-being  
Level 2: Plan, develop and implement approaches to promote health and well-being and prevent adverse effects on health and well-being |
| OP_F3 Develop and agree individualised care plans with older people at risk of falls | Health and well-being HWB2: Assessment and care planning to meet people’s health and well-being needs  
Level 3: Assess health and well-being needs and develop, monitor and review care plans to meet specific needs |

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<tr>
<td>PH02.01 Communicate with individuals, groups and communities about promoting their health and well-being</td>
<td>Health and well-being HWB1: Promotion of health and well-being and prevention of adverse effects to health and well-being  Level 2: Plan, develop and implement approaches to promote health and well-being and prevent adverse effects on health and well-being</td>
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<tr>
<td>PH03.03 Support and challenge workers on specific aspects of their practice</td>
<td>Core 2: Personal and people development  Level 3: Develop oneself and contribute to the development of others</td>
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