APPENDIX 2

CONTINUING CARE
1. EDUCATION PROGRAMMES
Adaptation programmes - Hospital to Community
Additional Nurse Practitioners will be required within community settings. Advanced Nurse Practitioners will be required with N Home settings. True multi-disciplinary working essential.
Advanced care planning
Advanced nurse practitioner to enhance assessment and support within DN and to GPs and MDT
Advanced Nurse Practitioners co-mobilising Dementia / older people
Cannulation
Case management courses x 3
Commission VISO for prescribing so that staff nurses in community teams can prescribe from the nurse prescribers community formulary
Commissioning courses across a range of academic levels to support escalation of knowledge and skills : undergraduate → post graduate
Community advanced Nurse Practitioners!! Increased working with outside agencies e.g. Marie Curie. Case finder role.
Community nurse training will need to be reviewed to equip them to better meet the changing delivery of care. GPs will need additional training and support.
Conference to showcase what difference nurse prescribers are making to motivate others to do course
CPD for Level 2 Reg Nursing / Midwifery
Discussions / representation actively in all course planning teams / course committees from Trusts / Independent Sector
District Nurses in many areas need to change culture and take a holistic approach to care instead of task orientated approach. Need to take responsibility.
DN staff core skills / health assessment in consultation skills / rapid response skills increased - 24/7 extension of all services
Ensure stable supportable training / recognition of ongoing assessment and support / person centred focus / review / revision
Funding for Advanced Practitioners in Nursing Home or opportunities for nurses in nursing homes to be upskilled
Health assessment model for all primary care nurses including practice nurses
Health assessment skills modules x 6
Health needs assessment for D Nursing Teams and Nurse Prescribing
How to effectively engage Practice Nurses
How will nurses engage effectively with community and voluntary sector
Increase "outreach" of hospital / ward based nurses
Increased integration / appropriate signposting / case finder role (early discharge planning) to expedite pt discharge to appropriate service / Educator champions - in service / More interchange between settings
Induction → Core (Regional) themes - knowledge and skills on induction for community work force (complex needs). Acute = increased ????
Integrated working X 2 / single assessment / telehealth / telemonitoring / 24 hour nursing care in the community - whichever model / independent and supplementary prescribing
IV training - prescribing
IV antibiotic admin
Knowledge around co-morbidities / dementia / palliative care
Knowledge of illness and impact of illness. Use of person centred language i.e. Don't call it chronic! Behaviours that challenge.
More ANP courses for Paeds to facilitate ambulatory to care
More defined learning pathways - Outreach Specialist

CONTINUING CARE (CONTINUED)

1. EDUCATION PROGRAMMES (CONTINUED)

More independent prescribing places commissioned - people supported to prescribe
Motivational interviewing
Need to move away from community nursing programmes to primary care programmes
Non medical prescribing x 4
Nurse prescriber extended to Band 5 Community Nurses
Nurse practitioner generalist / Specialist nurse practitioner - both need to be independent prescribers
Nurse Practitioner role for District Nurse - education / training to support this
Nurses need expertise in palliative care for dementia suffers - pain recognition and management / integrated with psychogeriatrica and GP
Obesity module - all ages / long term conditions.
Outreach learning pathways from Hospital to Community x 2
Possible need to increase the length of some specialist practice courses to include new expectations and also meet NMC requirements
Prescribing courses need to be managed with a tiered approach in community teams
Rapid response nursing team - but very limited resource
Recognising deteriorating patient and escalation
Recognising ill and deteriorating clients
Recognising 'shift left' and ICPs - need to make sure general practice nurses have the appropriate skills → this group of nurses needs to be considered within family of nursing
Recognition of deteriorating condition i.e. Diabetes, Mental Health, understanding of services in order to appropriately refer
Recognition of expertise out there - develop specialist skills as required. Revisited as required. Continuum of education and observation.
Recognition of the generalist skills of community nurses
Requirement for 24/7 rapid response (integrated) care services - IT resources are paramount to the success of the virtual ward
Review District Nursing Specialist practice Programme to reflect ICP focused TYC
Risk analysis / delegation / crisis in the event of breakdown / building confidence in the individual to self care / community nurse practitioners
Skills need to transfer - nurses need to be able to adapt to where they are based - see they don't need all the equipment all the time
Sounding chests
Specific skills and knowledge to effectively deal with dementia and older people's needs
Staff working with patients in the community setting who are receiving chemotherapies need to have training to recognise urosopsis early
The District Nursing post does need reviewed but with enhanced pathways to develop specialisms in LTC
Train more Nurse Practitioners
Training and skills in community for complex children
Training for DN's (Level 2/3 academic) e.g. Health Assessment, NMP - Prescribing
Upskilling core community staff
Using generalist skills of community nursing to manage continuing care and support to patients rather than always bringing in specialist nurses
Virtual ward for MH
We need to consider how we enhance multi-disciplinary education - in terms of provision and funding silos
Wider range of skills and competence to manage dementia, LTC, palliative conditions and complex conditions in community

CONTINUING CARE (CONTINUED)

2. HEALTHCARE ASSISTANTS

Accredited education of Health Care Assistant workshop

Development strategy for Band 1 - 3 HCA staff.

Education for HCAs and Band 5 - Focus on palliative care / dementia care / diabetes care - academic / non academic - choice to allow progression

Healthcare Assistants - training needs.

HCAs should be regulated by a Nursing Body not NSCC care staff in N Homes - work directly with nurses

HCAs - expanding roles, robust programmes

↑ HCSW ↑MSW

Major implication regarding unqualified workforce and the VIP Issue of regulation in this context

Programme for HCA staff to support growing need for continued care at home / community

CONTINUING CARE (CONTINUED)

3. INDEPENDENT SECTOR

Advanced Clinical Facilitator for Independent Sector

Decision to support education for independent sector (including GPs) - access to courses / mentorship preparation access to specialist programmes

Enhancing the skills / competencies of independent sector + funding / mentoring of some

Nursing colleagues in NHS need to value the work new nursing colleagues do in the private and voluntary sectors. We all have to work together to go forward.

Placement in independent sector - do we need to develop practice placement agreements with independent providers?

Powerpoint - new skill set required for Community Nurses - similar skill set will be required for Nursing Homes.

To truly deliver TYC - Nursing Homes will require Advanced Nurse Practitioners amongst their workforce.

Recruitment difficulties in Independent Sector - will present challenge for implementing TYC

Regulation of IS needs to be embedded within the TYC change agenda

Staff in private and voluntary sector need access to training so that they can support the TYC agenda

We need the Dept of Health in N Ireland to engage with the Independent Sector to discuss fully how the TYC agenda will effect staff and patients in the sector.

We also need to discuss how it can happen including money for training, staff release, etc.

We need nurse educationalists to start to promote the value of a nursing placement in a nursing home to students in the nursing courses

What about IV fluid, legislation is too management restrictive preventing nursing in the independent sector from adapting to TYC and taking on new responsibilities.

RQIA need to be more flexible.

CONTINUING CARE (CONTINUED)

4. INFORMATION TECHNOLOGY

Continuing care and support, telemedicine, 24 hours / 7 advice and support , links with services on 24/7, right nurse, right time, right place, remote access

Education on IT to enable staff to access information quickly / shared documents staff recognise

Enhanced IT skills especially in transforming care

GP record systems should be accessible through new IT systems for electronic care record

ICT - ability to access patient records

IT - Telehealth / Strong drive towards ICT competence and telehealth

Teleconnected Health needs to be linked into Co-ordination of Care

Use of technology to support practice care delivery

CONTINUING CARE (CONTINUED)

5. MANAGEMENT / LEADERSHIP

Change management skills

Clinical decision making

Confidence building MDTs

Escalation

Leadership and management capability is a continuing theme across all sectors (policy awareness, etc)

Leadership skills - resilient leader

New skills requirements to be identified e.g. People skills

Review of DN course, emphasis on leadership change, health assessment, chronic condition management

Understanding caseload management and confidence to discharge

CONTINUING CARE (CONTINUED)

6. MENTAL HEALTH AND LEARNING DISABILITY

Adolescent services

CBT for psychosis - Mental health

Knowledge and understanding framework for personality disorder

Learning disability - needs skills development in crisis intervention in LD to maintain individual in community, prevent admission to hospital

Mental Health

Mental Health - ENDR - DBT - Motivational interviewing - counselling - THOM - Coaching and mentoring family work

Mental Health - life coaching skills needed for nurses to take forward the recovery agenda for Mhealth nurses - Couples therapies for addictions, there is good outcome evidence for this - Psychological therapies ie CBT for co-ordinating care and delivering for older people in their homes in a prompt and efficient manner

Physical health needs of people with a mental illness and vice versa

WRAP - Recovery

CONTINUING CARE (CONTINUED)

7. MIDWIFERY

Case management approach for LTC in pregnant women

Knowledge of impact of LTC / medicines on pregnancy and post pregnancy. Pre-conception care essential for all women with LTC, nurses need skills in how to provide this.

Skills for midwives in identifying women with LTC and how to provide care / risk assessment skills.

LTC - pre-conception education / who needs to be involved in A/N care and where is it delivered? Infertility care - physical and emotional care.

Midwifery prescribing

Midwives co-ordinating care for women with complex life limiting illness

Need to recognise that increasingly women with long term enduring conditions may have contact with Maternity Services

- Midwives need knowledge of complex services in order to act as a 'co-ordinator' of maternity care

CONTINUING CARE (CONTINUED)

8. PRE-REGISTRATION TRAINING

Can change in training requirements be accommodated in part through reprioritisation of Post Reg training commission?

Educators in pace (funded) to facilitate learning. Development in practice in all Trusts.

Need to increase structure of time in 'practice learning' - role of Trusts in practical skills teaching

Practice Education Facilitators - need to work faster to audit new areas - arrangement for audit is fine in theory but far too labour intensive - one person

i.e. PEF should take responsibility for educational audit. ? Who should take responsibility for educational audit in the Independent Sector

Preceptorship

Preceptorship training - preceptors ready to accept newly qualified into community setting.

Pre reg access to specialist nursing teams e.g. In the community - Diabetes specialist services / Community inreach / outreach.

Pre reg nurses need more of seeing people managing themselves with voluntary sector support - Action MS / Alzheimer Society / Chest Heart & Stroke / British Heart Foundation / Crossroads

Students need to be placed with Non Trust Practice Nurses (GPs)

CONTINUING CARE (CONTINUED)

9. RECOVERY AND FAMILY

Carers - professional / family / community
Carers assessments
Education regarding self and support care models for patients carers, children, women
Empowering patients and clients
Facilitator skills to impart ownership / vision / explore knowledge
Health behavioural change - motivational interviewing
Need to give greater thought to whole care package - support network needed to ensure successful delivery of home care - training and support for carers - involvement of voluntary sector - transport
Nurses in the independent sector have a role to play in health promotion and helping patients manage their own care as respite and day care services increase
Nurses role in prevention - early years / education to parents / good mental health / diet, exercise
People' skills to apply to caring for people in own homes.
Public engagement
Public health education to avoid impact and deterioration of LTC eg smoking, diet, ↑ BP, Diabetes / Obesity / Epilepsy etc.
M/W as part of the team in all setting where women are of childbearing age / pregnant
Public Health key messages + health choices
Recognition of role of carers - support for same
Recovery based practice care elements for NH Nursing
Respect as the person with the condition has a lot of self knowledge about their personal condition
Review current programmes to enhance teaching in Motivational Skills (changing and working life skills for users)

Service user
Service user education / non qualified workforce / regulations / technology
Succession Planning.
Support skills for carers.
The provision of education to patients / clients carers

CONTINUING CARE (CONTINUED) - OTHER ISSUES
24/7 Care and working
Awareness of local community services
Childrens Services
Detail of training requirements crucial to cost implications and arrive at realistic funding needs
Disability - physical - learning
Do we need to review the commissioning priorities in total to reflect TYC requirements? Make best use of financial provision
Engagement from RQIA to enable growth and development e.g. SCA
Interface between regional services v DGH in complex children
Is cross border education a potential?
I think this process should be more prescriptive and autocratic, thus ensure equality of provision to all populations
It is vital that we do not become completely hypnotised by TYC - just as important in this category is forthcoming legislation re capacity. Don't lose the opportunity to address this also in preparing for TYC.
Knowledge of service business models and skills
Mapping current skills within learning needs
More flexible RQIA - arrangements to facilitate the demands of a changing healthcare arena
Multi-professional service level workforce planning needed at Trust level
Need for strategic decisions to plan, commission and fund interprofessional education - stand alone modules / short courses / specialist skills / courses
Need for synergy between TYC education focus and professional accreditation requirements
Planned / strategic commitment to sustained funding for courses - need to plan courses to run - annually - every 2 years / 3 years
Prioritisation of courses - at present some key courses in this area do not receive backfill support
Requirement of skills analysis to deliver care in different settings
Specialist outreach or community based specialist teams remit - training / support / element of case management
Specific training needs to be identified. * How much additional funding is required? *What about redirection of existing funding - prioritising
Staff Nurses in HV teams
This will apply to Trust and Independent Sector, need to prepare all those who need to undertake Level 2 courses to be educated to deliver care - need portfolio to support this which will be accepted by Universities to access the course
Trust directory for referral to suitable services support
TYC Needs a Workforce Sub Group linked to the DHSSPS Regional Workforce
We need more understanding of each nurses role eg Nurse staff role versus A&E staff. Staff in A&E understanding fully reasons why patients are admitted from community instead of apportioning blame "dehydration" "constipation" etc not fully understanding the support that was in place

ELECTIVE AND URGENT CRITICAL CARE
1. COMMUNICATION
Ability to engage with families
Advanced care pathways. Difficult conversations. When to and when not.
Communication skills. Emphasis of courage of conviction. Channelling conversations. Recognition of limits.
Facilitator skills to encourage patient family ownership, promote independence but remain supportive
Greater emphasis on discharge / transfer planning
Nurses need to be able to communicate effectively with a range of various people- patients, families, other professionals
Person centred care not service driven
Planning workforce requirements for "changing" patient care
Skills to work with families through development of skills and knowledge

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)
2. RECOGNISING THE DETERIORATING PATIENT
Adaptation of EWS to work in community setting - Triggers, Pathways, Responsibilities x 2
Awareness of deteriorating pregnant / PN women and escalation of same - surgical skills
Clinical skills and competencies to → recognise deterioration of condition
Critical care assessment and escalation / referral
Critical care happens in a variety of settings. Nurses need to be able to recognise deterioration in both community and acute.
EWS for Mental Health
EWS in independent care homes
Expansion in EWS roles
Highlight that skills need to be shared across all areas and staff within acute settings
Improve ability to recognise the ill patient
MEWS / PEWS
Managing urgent care
Recognising transferable skills - break down boundaries
Recognition and escalation decision making skills training and development
Recognition of deteriorating patients in hospital and community
Recognition of deteriorating ill clients / patients / pregnant women
Roll out of MEWS - critical to Outreach Teams across all Trusts for u/grad students
Triage and assessment skills

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)

3. EDUCATION PROGRAMMES

Advanced Nurse Practitioner - Masters level. More emphasis on generic skills rather than too many short courses

Advanced Practitioner open and accessed by DNs

Appropriate grades of staff in acute sector with right decision making skills to more patients through the system

Build on academic capacity of nurses

Case management course

Commission differential diagnosis skills module to go alongside Health Assessment → more Nurse Practitioners general and specialist

Curriculum development Pre-reg - need to be influenced by Specialist Nurses as care changes / delivered

DN condensed case management course / Health and wellbeing module (Trust and Independent Sector)

Increased need for staff in acute settings to undertake assessment modules but probably would benefit from a specific assessment skills in acute rather than a shared module with Prac Nurses - focus slightly different but module could have 2 strands

Increased need for staff in acute areas to understand needs of pts with chronic conditions but have an acute need

Increased recognition and use of clinical experts (Nurses and AHP) in delivery of education and training programmes → explore Universities supporting Trust delivery of modules (in collaboration with HEI)

Independent prescribing ↑ essential for Community Nursing to enhance generalist role

Management of risk in programmes

Measureable and observable outcomes in education and training

Modules at Masters level and degree level where possible to encourage higher level thinking skills development

↑ Number / type of nurse practitioner roles - require masters preparation - not currently commissioned by DHSSPS - needs HEI / DHSSPS discussion / agreement

Nurse led pre-assessment and consultation and access from waiting list to Theatre list

Nurse prescribing needs reviewed to ensure staff are trained and using it

Nursing research agenda - can't we have needs led research?

Nursing roles in ED e.g. Advanced Nurse Practitioners (Nursing Medical GAP)

Practice ED teams must be working with new services - to enable active mentorship in these areas - enable students to be fit for new services

Preparation for new roles and examining specialities

Skill up generalist community nurses to have competence to clinically assess patient, diagnose, treat and prescribe

Skills previously required by High Dependency Nurses need to be embedded into Acute Staff.

Support by Trusts for self funding students to develop skills in these areas - need to provide mentors / practice learning.

The use of a portfolio to demonstrate experience to give credits rather than insisting on modules to skill people to diploma level

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)

4. MATERNITY SERVICES

Any woman occupying a bed in maternity now is ill - MDT involvement in care

Midwives skills in caring for critical care women especially with direct entry midwives - exposure essential

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)

5. DISCHARGE

Critical care in community. Extension of skills. Recognise limits.

Early supported discharge training for staff

Expanding Band 3 HCA roles

Hospital based community nursing inreach team

Inclusion of transfer / discharge planning and appropriate early referrals within all clinical based training

Inreach and outreach integration

Inreach Nurse / Case Finder essential. Case discussions prior to discharge from acute → Commissioning

Interface skills - consider for education. Staff on both sides of the transfer interface need to be able to undertake the same skills and roles

(e.g. Patient education towards recovery) in a range of settings

More work regionally with community on reducing inappropriate admissions to A&E - provide alternative service Nurse led

Need for greater GP involvement - especially OOH to avoid unnecessary attendances at ED

Need for long term conditions to access acute hospital care via more GP Wards not A&E (student Nurse placements here essential)

Need more places for ANP for adults / older / children to support short stay and ambulatory care

Need to recognise much elective / urgent care occurs outside of hospital - networks reaching in / out

Re-education of hospital staff in relation to discharge planning

Skills to consolidate care for the patient in community working collaboratively with GP and health professionals

Timely discharge planning rather than last minute phone call.

Transfer of skill Hosp → within Community → Hosp

Transfer skills - a Nurse / HCA needs to be able to work on core skills anywhere

Ward Nurses should be educated in early transfer out of hospital instead of costly D/N expertise being used. D/Ns should spend their energies in the community.

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)

6. MENTAL HEALTH

Mental Health and Learning Disability skills and competences in this area

MH - need to prevent admission via A&E Dept where relevant - more crisis intervention teams

Pre-reg / Post-reg awareness of self harm / personality disorder

Pre-reg placements with rapid response teams - critical outreach teams

Risk assessment for mental health

Virtual wards for Mental Health

Virtual Ward scenario of MDT review assessment

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)
7. CULTURE
Attitude and culture. Underlying themes throughout education of ability to undertake the skills - provide services at the interface.
Culture change
Culture fostering - instil a "can do" service and attitude. If you can't do - find a way that you can.
Identification of "gate keepers", need to develop strong leadership skills / communication skills, etc
Language of change - positive attitudes
Open and honest dialogue with acute nursing workforce
Self awareness
Succession planning to ensure continuity of service provision from an elective CNS perspective
Succession planning

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)
8. TECHNOLOGY
Build on technical skills e.g. NIPPY
Develop telehealth - move with the patient as needed
High level of technical competence
Telehealth

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)
9. SYSTEMS
Case finder - hosp diversion consultant access - rapid access on 24/7 built within case / care planning - clear lines of accountability CANNI
Critical care pathway for all conditions which are patient / condition led to ensure smooth transition from one area to another
Ensure robust sustainable criteria for referral of care ie medical assess defined remit of care and roles
GP definition of urgent care
ICP for LTC - we need consistent models for ICPs in each LCG area. This needs regional guidance. Impacts on acute.
Knowledge of hospital system
Link service provision to robust reporting of age profile
Pathways for assessment and acquisition of specialist resources
Progressive / (traditionally HDU) environment in ward environments
Standardisation of models of care - "avoid postcode lotteries", cohesive planning - interface between Trusts
Who do we involve in care - shared clinics / pre conception education / LTCs

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED)
10. TRAINING AND EDUCATION
Dementia care in acute hospital
Education of staff to work across hospital and community settings - maintaining ability
HDU / critical knowledge / skills / competence
Increase of specialist resource in relation to knowledge and clinical skills
Masters supported programmes within the commissioning model to support ENP for District Nursing, Community Nursing
Mentoring students in high risk care, surgical procedures - high risk
More ANPs trained in Community
Need regional workforce planning group to support across all care settings CNS roles. PHA / NIPEC to lead PID implementation. Development of existing and new - expansion of numbers - succession planning
Newly appointed staff should rotate between hospital and community until TYC is implemented
Nurses should be rewarded at higher banding to reflect skills and encourage people into profession
Rotation of community staff Nurses and Acute over next 1 - 2 years
Rotational induction programme for newly qualified Band 5s through acute - community aiding and abetting training and development
Sepsis remains a key cause of in hospital death. Programme of teaching / education need to include reference to early identification of sepsis and prompt appropriate care using evidence based bundle of care
Specialist training and support at point of care - repeated as required
Staff exchange programmes acute → community → acute
Train HC Assistants in communication skills + dementia care + professionalism in workplace
Training needs to be addressed within independent sector i.e. Sub-cutaneous Fluid administration; Liverpool care pathway; syringe drivers, etc.
Whatever education that is done must as far as possible be inter-nursing and interdisciplinary

ELECTIVE AND URGENT CRITICAL CARE (CONTINUED) - OTHER ISSUES
Community virtual ward for older people / LTC / palliative care
SBARD model in all areas of health

HEALTH AND WELL BEING

1. MANAGEMENT AND LEADERSHIP

Assessment within homes with families and patients - person centred
Attitudes - optimism, hopeful - never nihilistic
Building resilience across the life-span.
Communication skills crucial → teaching → empowering → positive influencing
Confidence building
Develop Senior Nurses in skills of empowerment and advocacy
Development of link practitioner skills - empower staff - enhance clinical skills
Early indicators - Health promotion
Education from birth on health and well being - cross Department education etc Specialists at different points in life continuity
In this context it is vital that we work across agencies, e.g. The key and most important agency in preventing mental ill health and physical conditions is the Education Sector. How will we engage with our education colleagues, because if we don't, this aspect of TYC won't happen
Facilitation skills x 2
Facilitator skills to view holistic
Health promotion is "everyone's business" - capacity for ensuring "time" available to engage with patients / clients
Knowledge of epidemiology and demographic profiles
Knowledge of recovery orientation
Leadership
Leadership / confident
Leadership skills to enable health and wellbeing to be at the forefront of health and social care delivery
Leading change - change management - developing personal and professional resilience
Need to develop strands of Health and Wellbeing into all aspects of training, esp HCAs who spend time with patient delivering care.
Public health educators who are actively involved in communities from cradle - strong facilitation skills
Resilient leaders - to be valued - to be supported
Review programmes to ensure Nurses and Midwives have skills in enabling clients / patients to change behaviour and make positive healthcare choices. May need a programme in its own right.
Role of HCAs to do more health improvement
Self awareness
Self care / self management programmes
Skill to provide health education. Confidence in interventions to develop health behaviours.
Skills to develop nurses to deliver health education within all areas
Tackling inequalities and how to work within a community development context as a community nurse
There needs to be a significant enhancement of public health practice within Pre-registration training
What is confidence? What are its components?

HEALTH AND WELL BEING (CONTINUED)
2. EDUCATION
Behaviour change that works: Motivational interviewing / dialogue
Better use of all qualified nurses who have completed an SPQ
Education in diabetes / respiratory / stroke for community based teams
Good general overview of conditions
Health needs assessment skills x 2
Knowledge - mental health assessment / awareness - staff
MDT - focus on benefits of learning together / from each other in clinical practice in pre-reg programmes
Mental health assessment for general nurses
Mental health care, even an introduction, in all post grade programmes
Mental Health knowledge
More intense skills of chronic disease management
Motivational - effect change in behaviour / change agent
Nurse led screening programmes e.g. Bowel, cancer, cardiac
Palliative care is across all forms of Health and Wellbeing so programmes need to reflect this
Skills - assessment of physical health for MH Nurses
Skills - engaging / educating / empowering → driving towards personalisation
Specialist nurses who are available to support advise and teach patients with chronic ill health so that conditions better managed , deterioration picked up early (confidence)

HEALTH AND WELL BEING (CONTINUED)
3. HEALTH PROMOTION
Community programmes
Culture change - the individual needs to know how to deal with their condition
Engagement with others who provide self care programmes i.e. Leisure services, comm / vol orgs
Expert patient programmes / health promotion / user engagement
Greater emphasis on prevention and health promotion
Health promotion
Health promotion part of every nurses role, in all aspects - built into pre-reg x 2
Health promotion / orientated practice
Health promotion - patient self management / confidence - School Nurse - Education - Public Health - Social Media
↑ Health visitors +↑ their health promotion role / Early intervention - excellent research evidence
Knowledge of health education and health promotion of LTC
Knowledge of patient profile re health and wellbeing
Networking skills to work more closely with voluntary sector
Post reg courses for Practice Nurses on Public Health and screening
Pre-reg Community Health needs assessment - students compiling community resources folders
Pre-reg curriculum focus on health and wellbeing integrated into all pre-reg programmes → practice placements must support this
Pre-reg students have access to placements with voluntary sector to see how people are supported in own homes
Public engagement skills
Public engagement
Public Health agenda
Public health assessment module
Public health awareness - health awareness sessions within workload
Public health component in pre reg, not just Specialist PH jobs
Public Health culture health promotion
Public health education / prevention
Recognising opportunities to educate, confidence in selves
Reminding staff in the community that they are in key positions to promote health
Review of case management course ? condensed modules, essential health needs assessment also as stand alone module available to Band 6 and 5.
Role re "Healthy Lifestyles"
Skills to promote normality in pregnancy while able to risk assess when needed
Using health promotion and prevention activities more effectively in their acute settings - nurses sharing responsibility for improving health and wellbeing
Wider definition of Public Health - more than health promotion - reflect across all courses

HEALTH AND WELL BEING (CONTINUED)
4. MDT TRAINING / WORKING
Adopt a more robust screening involvement for all nurses from pre-reg to Specialist
Interprofessional / interagency networks / education
Needs assessment / profiling
Nursing must: - identification of needs - local plan for identified GAP - focus on health promotion
Partnership working with patients / clients / families / their representatives
Promote integrated working - single assessment tool / single point of referral
Work place learning opportunities
Working with others to deliver training re education / youth / community voluntary sector
Working with Schools / Community groups

HEALTH AND WELL BEING (CONTINUED) - OTHER ISSUES
2012 Curriculum - community focus - keep current staff supported
24 have Midwifery teams to assess women in the community to reduce hospital admission and keep normality
Additional studies and local provision rather than England
Advanced technology
Assurance of educational support through change
Develop ways for nurses to think of ways of supporting grps rather than always individuals through support groups / education / information giving
Difficult to separate knowledge and skills into 'separate' boxes - knowledge needed to apply / evolve skills
Education is not the answer to everything
Facilitate experience in practice
GP recognising the role and skills of Midwives
Knowledge of pre conceptual care
Mental Health training for Midwives and Health Visitors
Need for RQIA to value the currency of Healthcare Assistants - not trained versus staff untrained
Need more indepth Facilitator skills to promote ownership vision
Need regulations reviewed to enable flexibility of care homes to be engaged appropriately in TYC
Nurse prescribing
Population vulnerabilities knowledge x 2
PPI Skills
Progression of MSW Work
Remove eligibility criteria from schemes
Review skill set for Community Midwifery
Skills - engagement with patients and families
Standardise terms / names of services. Why do they need to be different across NI?

ADDITIONAL SKILLS AND ISSUES
1. EDUCATION AND PRE REGISTRATION EDUCATION
Academic ability is red herring - its about intellectual ability and capacity to make robust decisions in practice that staff are confident to take accountability for
Academic levels - preparation for "expert doers"
Active involvement of carers in course planning / delivery
Create communities of practice
HDU / critical care
Higher skilled "Generalist" nurses ie Nurse Practitioner in secondary care
If pre-reg are graduates then post-reg a Level 7 by default - this pertains to the intellectual level - talk about "masters" level should be stood down
Is there a need to send graduates on degree level modules - send on master classes or consider post grad level commissioning
Pre-reg nurse education - how many community based management assessment are available now (Adult in particular)
Regularisation of preparation - health care support worker role (Band 3 and Band 2)
Suggestion that DN needs reform was exciting and very welcomed - bring it!
Upskillling of 1^{o} care nurses re screening, etc

ADDITIONAL SKILLS AND ISSUES (CONTINUED)
2. INDEPENDENT SECTOR
Greater emphasis at developing clinical skills of independent sector staff - collaborative partnerships with HSCTs
Independent sector placement of students and vice versa
Independent sector training linked with Trusts ie they avail of Trust training and outreach (competency is issue but define competency = time and place)
We need to change the culture that still exists that nursing only takes place in the NHS - this message needs to change very early on

ADDITIONAL SKILLS AND ISSUES (CONTINUED)
3. MANAGEMENT AND LEADERSHIP
Business planning skills
Delegation FW - understanding responsibility and accountability
DN Sister leads - virtual ward - leadership / change / case management / facilitator / person centred
Emphasis on management / leadership education - need to consider planning programmes
Enhanced leadership skills for nurses underpinned by academic courses
How to prepare sections of business case proposals
Leading team - team leader products including guidance for development programmes are readily available now
More collaborative and MDT working for noses as care will be provided increasingly so within integrated teams
Negotiations and conflict resolution skills
Nurse leadership across NI - DHSSPS, NIPEC, Uni's, Trusts, PHA to join forces to drive this agenda together
Personal limitation
Personal management of stress
Strategic workforce planning
Work force planning skills x 2
Writing business cases

ADDITIONAL SKILLS AND ISSUES (CONTINUED)
4. TECHNOLOGY
IT Technology - Telemedicine

ADDITIONAL SKILLS AND ISSUES (CONTINUED) - OTHER ISSUES
Challenge - keeping the workforce fit for practice. A healthy workforce that does not appear to be at odds with health promotion message - smoking / obesity / activity / alcohol / drug dependence
Delegation to be risk assessed
Engagement with different disciplines to look at common core skills
Evidence to inform the changes. Evidence that changes have made a difference. Evaluation
GP employed - nurse training eg foundation programme / career pathway
Greater commissioning of intermediate care - identify role of Medical Practitioner covering area - address prescribing issues if not under GMS
Greater communities of practice
Level 2 module debate - develop template to standardise approach to APEL of staff recognising their experience and matching to Level 2 learning and development
- this could be an online portfolio which also includes a module on academic study to prepare them for level 3 work
Non medical prescribing - does the 'data' on the level of prescribing by nurses demonstrate that the skills are being applied in practice
No SOM for GP nurses to do Nurse Practitioner Course
Response and effective processes to accredit training programmes quickly
Robust induction programmes for (1) Newly qualified (2) Deployed staff harnessing skills delivering safe effective care in supported approach
Skills across all fields of practice - collaborative working skills eg CAPPA model for mental health integrated team working
Stop GPs believing they will manage DNs - strong leadership amongst nurses needed - not being dominated!
The University doing it right depends on it being asked to deliver the right training
Virtual ward - is this the model which will be replicated across the 5 Trusts?
We need to encourage more nurses to value hands on care and not everyone wants to be a manager
What are the threshold concepts that Brendan mentioned twice? If we can pinpoint those and deal with them can we effectively build confidence?
Working and influencing within ICPs