



**Coleg Nyrsio Brenhinol**  
**Cymru**  
**Royal College of Nursing**  
**Wales**

## **Role Descriptors**

**The unique contribution of  
primary and community  
nursing throughout the  
life course**

**RCN Wales**

**October 2017**

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## **The Royal College of Nursing (RCN)**

The RCN is an established UK wide, professional college and union with its own National Boards for Wales, Scotland and Northern Ireland, along with 9 Regional Boards in England. It represents over 430,000 nurses, midwives, health visitors, health care support workers and nursing student members, there are over 25,000 members within Wales with approximately a quarter working within the independent sector.

Working locally, nationally and internationally, the RCN acts to promote both professional practice and standards of care in the interests of patients, nurses and the wider stakeholders. The RCN is a major contributor to strategic, operational and public policy within all fields of nursing, promoting both excellence and professionalism. The RCN engages with other Royal Colleges and key stakeholders across the UK to influence and shape policy, strategy and practice.

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### **1. Introduction**

1.1 The contribution of nursing is fundamental to an integrated primary care system that successfully achieves its strategic aims, hence it essential that the profession is properly prepared, planned for and developed.

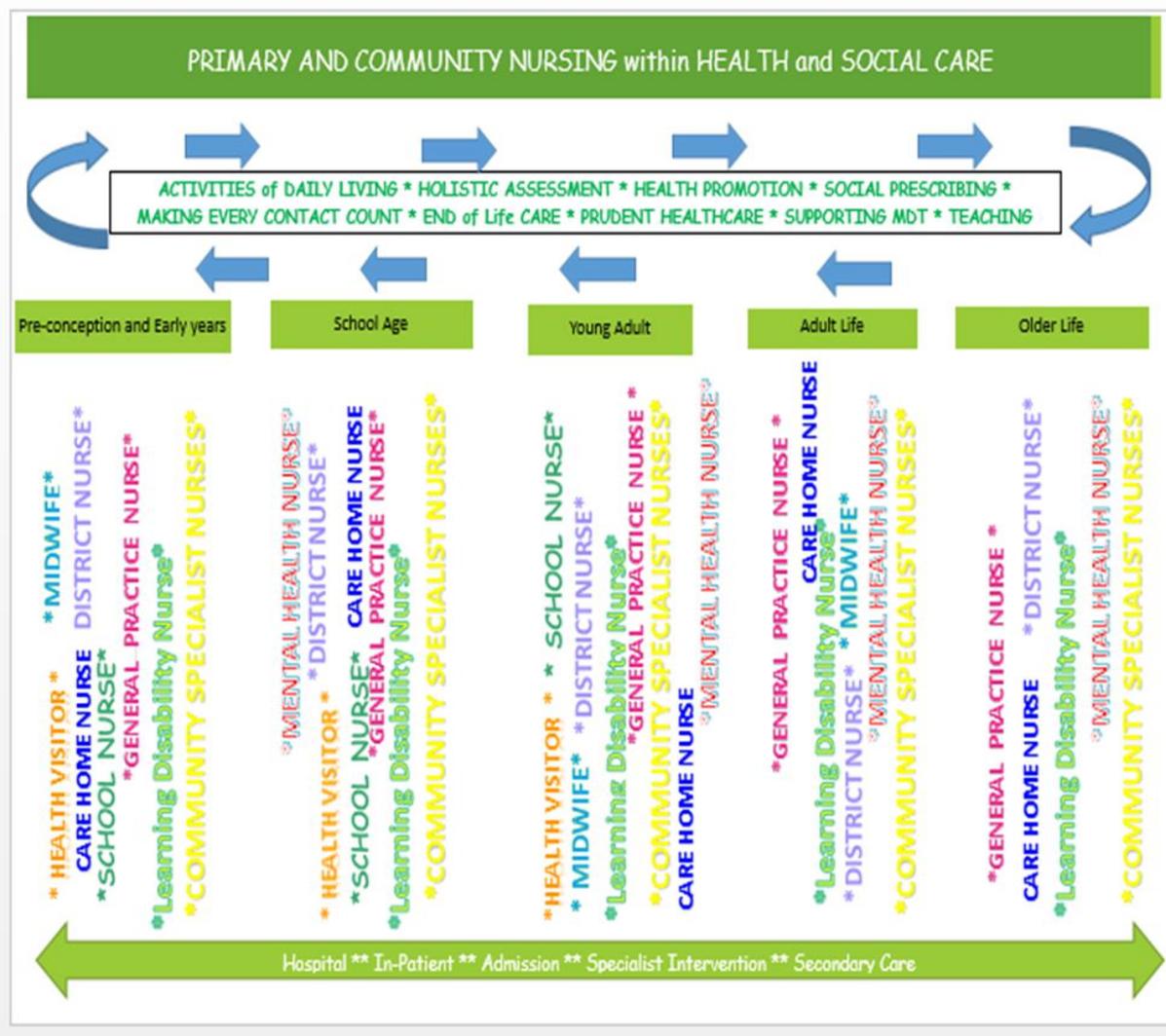
1.2 This paper to aims to articulate the unique role of the nursing family within primary and community care, across the life course of individuals and more widely, communities. It serves as a reflection of current nursing provision and provides a foundation on which to further establish future development opportunities in terms of role and service design, along with care delivery. The examples of nursing practice included offer an opportunity to share and upscale good practice across Wales.

1.3 As in other areas of the UK, Wales is undergoing significant change in health and social care policy, driven by increasing demand and limited resources. Primary and community care has a growing focus, with investment targeted at developing the primary care cluster model and new, inter-professional ways of working. A Ministerial Taskforce has been established focusing on workforce development, one outcome being the Welsh Government 'train, work, live' recruitment initiative,

which was presented by Welsh Government officials and the Chief Nursing Officer for Wales at RCN Congress.

1.4 As a result of the continued momentum behind the strategic direction, the opportunity to develop the workforce within primary and community settings has been embraced by other professionals who concisely articulate their professional roles, in particular, where short/medium term outcomes are relatively straightforward to capture. This can be more challenging for nursing, given its pervasive and sometimes medium-longer term nature, along with its diversity, i.e. the permutations in terms of outputs and outcomes are multiple. Diagram 1 illustrates the range of nursing interventions across the life span:

Diagram 1:



1.5 Medical and civil service colleagues have expressed the need for a greater understanding of the way in which inter-professional working can benefit patients and the community as a whole, understanding the interface between professionals, including safe delegation, avoiding duplication and appreciating the generalist, specialist, novice, expert paradigm within nursing.

1.6 One of the challenges raised in articulating the value of nursing is its diversity and the difficulty this poses in offering a definition of nursing. The RCN undertook work to address this in 2003, publishing “Defining Nursing” which was updated in 2014, and is due for review later this year. The RCN definition, which closely aligns with that of Virginia Henderson, states that nursing is *“The use of clinical judgment and the provision of care to enable people to promote, improve, maintain, or recover health or, when death is inevitable, to die peacefully.”* Whilst useful, there is an accompanying narrative which includes (but not exclusively), that nursing:

- Provides quality evidence based care and support to individuals and populations to improve health and wellbeing
- Encompasses a wide diversity of roles, across many specialist areas of health, education and social care practice
- Works in partnership with a wide range of different professional groups to meet the needs of the people they work with and serve

1.7 The challenge and opportunity is to develop a set of concise nursing role descriptors, with a view to demonstrate the unique contribution of nursing for people who need care within the primary and community settings. This document offers examples of current nursing practice within primary and community settings. Whilst noting that nursing as a profession and as a service is always evolving, it is inevitable that innovative practice today will be superseded as the evidence base and level of need dictate.

1.8 Primary and community nurses adopt a collaborative and co-productive approach to leading, planning, providing and evaluating health and social care, working in partnership with individuals, communities and populations across the life course.

The outcome from this nursing activity within Wales, has accelerated the provision of innovative services, examples of which are provided within this document.

## **2. Background**

2.1 The Welsh policy agenda particularly relevant to health and social care includes the Social Services & Wellbeing Act (Welsh Government 2014), the Wellbeing and Future Generations Act (Welsh Government 2015) and the Nurse Staffing Levels Act (Wales) 2016, all of which are specific in terms of expectation and provide the cornerstones on which the future NHS in Wales will be developed.

2.2 The Parliamentary Review of Health and Social Care in Wales, currently underway, will identify the fundamental issues facing the Welsh health and social care sectors and recommend models for future service delivery. The contents of this document and any actions arising from it, will be regularly revisited and mapped against the recommendations of the Parliamentary Review when its findings are published. RCN Wales submitted a comprehensive response to the review, along with providing oral evidence to the Health and Social Services Committee, who also took evidence from RCN Wales in relation to the progress made in implementing 'A planned primary care workforce for Wales' (WG 2016), this plan identifies the need to develop the primary and community care workforce in line with Our Plan for a Primary Care Service for Wales to March 2018 (Welsh Government 2014). Primary care is reported to be more effective when services are planned for populations greater than those normally covered by small individual general practices. A set of primary care outcome measures have been developed to demonstrate and support change within this sector.

2.3 The establishment of Health Education and Improvement Wales brings both opportunity and challenge in terms of the preparation of current and future health professionals. With responsibility for pre-registration education, leadership and continuing professional development, the potential for multi-professional education, and therefore cohesive team development, is significant. However, it will be essential that the constitution of Health Education Wales enables

independent, external scrutiny by the National Assembly of Wales, if the workforce required into the future is to be adequately resourced and secured.

2.4 The requirement for a seamless, multi-professional workforce, working collectively within primary care is becoming more apparent, as the cluster model matures. The way in which professional regulatory frameworks respond to the need for change will be instrumental in whether the scope and domains of practice for nurses and other professionals, is

**HYWEL DDA  
UNIVERSITY HEALTH BOARD**

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**Pre-registration student nurse  
placements in General Practice**

Working closely with Swansea University and 3 local GP practices, Local Health Board Lead Primary Care Nurses are enabling Student Nurse placements in primary care, with the aim of highlighting a career in primary care as an attractive option as well as developing a nursing workforce for the future

maximised, thus enabling, rather than limiting, practice. As the health and social care sectors evolve differently within each of the four UK countries, the challenge in terms of UK wide regulation becomes more apparent.

### 3. Nursing education

3.1 From pre-conception to the end of life, nurses, midwives and health care support workers, collectively identified at times as the nursing family, are integral to service leadership, design, delivery and evaluation, hence their educational preparation is fundamental to maximising their effectiveness as part of the wider health and social care workforce.

**CARDIFF & VALE UNIVERSITY HEALTH BOARD**

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**Primary Care Nurse for Older People**

Most people strive to remain independent for as long as possible receiving nursing care in, or as close as possible to, their home. The Primary Care Nurse for Older People in Cardiff North, uses a person centred approach to agree outcomes to help people avoid hospital admission and be cared for during times of ill health, in their own home. Strong clinical nursing leadership has supported the provision of quality care to people in the way they wish to receive it, as well as manage demand on primary and secondary care services.

- 3.2 The way in which pre-registration nurse and midwifery education is undertaken is currently under review by the Nursing and Midwifery Council (NMC, the regulator of the nursing and midwifery professions), who are consulting on pre-registration education standards, proficiencies and medicines management. If agreed, the revisions will affect all preparation programmes within the UK. It is essential that the future pre-registration standards actively support and enable pre-registration learning in primary and community care settings, as well as enhance nurse leadership in relation to the professional nursing agenda within primary care.
- 3.3 At present, pre-registration nurse education preparation has four fields of practice: Adult, Child, Learning Disability and Mental Health, together with pre-registration midwifery. Once qualified, a nurse or midwife applies for registration with the NMC. Once registered, a nurse or midwife is enabled to practice within the field of nursing they have a registered qualification within. The Code (NMC, 2015) clearly identifies the expectations which are required to be upheld.
- 3.4 Pre-registration education and proficiency is geared towards preparing a newly qualified nurse to be able to function along the continuum of health, from promotion, prevention and early detection, through to chronic disease management and end of life care.

**Aneurin Bevan University Health Board**

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**Community Children's Nursing Service**

The Community Children's Nursing Service are a team of children's nurses and Health Care Support Workers who provides care to children with complex needs and disability, including continuing care, within their own home. They work in partnership with paediatric nurse specialists (Enteral nurses which aims to enable early discharge for children and young people who have acute and short-term feeding, gastroenterology, respiratory, asthma, epilepsy, diabetes and palliative care) who train and support the child and family to manage their condition at home and thereby help reduce hospital admission and to provide end-of-life care. They are piloting a Hospital @ Home service delivered by children's conditions.

- 3.5 The scope of nurses and midwives clinical practice, i.e. whether they develop to a specialist, advanced or consultant level of practice, is predicated upon post

graduate study in conjunction with significant clinical experience, knowledge and expertise.

**HYWEL DDA  
UNIVERSITY HEALTH BOARD**  
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**Advanced Nurse Practitioner**

Collaborative working between general practice, care homes and social care within a Hywel Dda Cluster, has resulted in response to increasing patient complexity and workforce pressures. An advanced nurse practitioner (ANP) leads on improving the quality and delivery of care for patients within the locality. Undertaking physical, social and medication assessment, referral, prescribing and care planning has optimised patient care and enabled the cluster to meet local service local need

3.6 Within primary and community settings, a registered nurse may undertake additional NMC registerable and/or recordable qualifications to enable them to lead and manage clinical teams, as well as undertake specialist levels of clinical assessment, intervention and evaluation, for example, the Community Health Studies Specialist Practice Qualification (SPQ), which includes preparation for district nursing, community children's nursing, community mental health, community learning disability nursing and general practice nursing. The Specialist Community Public

Health Nursing (SCPHN) qualification delivers preparation for health visiting; school nursing and occupational health nursing.

3.7 Nurses who are advanced practitioners have undertaken a Masters level educational programme, supplemented by supervised clinical practice, and are ideally placed to meet the changing needs of the population, as well as help manage demand within the health and social care sector (Hairdar 2014).

**BETSI CADWALADR UNIVERSITY HEALTH BOARD**  
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**Developing a community based positive behaviour model for people learning disabilities**

An innovative approach to Dialectical Behaviour Therapy (DBT) has increased the numbers of Learning Disabilities Nurses who practice DBT, which has resulted in enabling more people with learning disability to gain access to primary care, and helped the primary care workforce to offer improved support people with learning disabilities access health and social care services.

3.8 Success means that following the attainment of a recognised post graduate registerable or recordable qualification, nurses are identified as fit to practice by award, and individuals then develop their scope of their practice, using their enhanced competency. It is the responsibility of employers via job descriptions and person specifications, to ensure that an individual is fit for the purpose identified, as well as facilitating continuing professional development to enable continued competency and tri-annual revalidation, a requirement of reregistration by the NMC.

**BETSI CADWALADR UNIVERSITY HEALTH BOARD**

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**Central and South Denbighshire Cluster**  
**Advanced Nurse Practitioner in the care home setting**

The development of advanced nursing practice within care homes enables a safe and efficient same day, assessment, diagnostic, treatment and review service, supporting GP services and reducing the likelihood of unnecessary admissions to hospital. The ANP provides a case management approach, co-ordinating the needs of people with complex needs, including in-house ward rounds.

3.9 The RCN recognises the importance of demonstrating the value of advanced nursing practice through its credentialing service (<https://www.rcn.org.uk/professional-development/professional-services/credentialing>). The service enables Advanced Nurse Practitioners to evidence their level of practice; as well as inform employers in relation to establishing fitness for purpose. Credentialing recognises a nurses' ability to practice nursing at a high quality, advanced level. It is an opportunity for nurses to show their expertise and skill in clinical practice, leadership, teaching and research. It also assists nurses in supporting their personal and professional development. Credentialing is open to nurses who demonstrate that they are working at an advanced level, practise in both the NHS and independent sector.

3.10 Every registered nurse and midwife is required to undertake continuing professional development that maintains and enhances clinical experience, supports the revalidation process required of all registrants by the NMC; and broaden their scope of practice, for example, undertaking complex investigations or minor surgery. Higher Education Institutes provide a range of post graduate continuing professional development modules that enable individual development,

resulting in an increase in the registered nursing workforce capacity to deliver nurse led services in Wales.

3.11 However, there are a number of essential post graduate programmes that are unavailable within Wales, therefore resulting in limited accessibility and missed opportunity, for example, neonatal nursing and advanced nursing practice, specific to paediatrics or mental health in particular.

3.12 The way in which nurses and midwives develop in terms of scope of practice can be described using the 'novice to expert, generalist to specialist' paradigm (NLIAH, undated).

#### **POWYS HEALTH BOARD**

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#### **New Perinatal Mental Health Service**

The Powys Health Visiting team identified the need for a contemporary ante-natal and postnatal mental health service which could be provided equitably across the catchment area. Rurality was a barrier but multi-disciplinary team, partnership working allowed a pooling of resources, skills and knowledge to enable the provision of a fit for purpose perinatal mental health service

3.13 As part of the wider nursing family, the educational and clinical preparation of health care support workers is also fundamental in securing the provision of quality care. The All Wales Health Care Support Worker Framework, the All Wales Health Care Support Worker Code of Conduct and more recent work related to the development of a governance framework for the educational preparation of healthcare support workers in primary care, are main tenets of ensuring this aspect of the workforce is appropriately prepared.

3.14 Notwithstanding the general requirement for healthcare support workers to achieve an accredited qualification related to health and social care, the expectation has been inconsistently applied and the educational opportunities available to health care support workers have varied widely across sectors. Health Boards and independent sector providers have traditionally provided a variety of

in-house training for healthcare support workers, some of which forms a fairly consistent induction offer and the remainder tailored to meet the specifics of the clinical area the healthcare support worker is placed within. This has sometimes led to education and training that is not recognised outwith of the immediate area and therefore can be treated as non-transferable should the healthcare support worker opt to work in another health or social care setting.

**CARDIFF & VALE UNIVERSITY  
HEALTH BOARD**

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**Developing  
Health Care Support Workers  
through education and training**

Education and training that enables quality of care and safe practice is fundamental. An accredited programme of learning for HCSW in primary care supported by specialist nurses has been developed, evaluated and subsequently utilised to inform an all Wales approach to actively developing the role and contribution of healthcare support workers in primary care, assuring both quality and safe delegation

3.15 The importance of robust education and governance arrangements for and between health professionals and others working in any health and social care setting cannot be overemphasised. The provision of safe, quality care is paramount and the ability to delegate safely between health professionals is fundamental to achieving this.

3.16 Securing a professionally safe and enabling a well managed environment in which primary and community nursing teams function is an essential component of standard employment practice as well as good governance. The risk of professional isolation resulting from lone working and discrete delivery of care, lack of access to clinical supervision and peer review/support must be countered by effective clinical leadership along with a range of supportive measures that mitigate risk, including the application of robust governance arrangements.

#### 4. The breadth of nursing and midwifery practice

4.1 Nurses and midwives are fundamental to shaping policy and operationalising strategic delivery plans, across health and social care. Nursing makes up the largest critical mass in terms of professional group, with the furthest reach within the health sector in Wales, and therefore are key to achieving outcomes aligned to delivery plans, delivering direct care and intervention to the greatest number and diversity of recipients.

##### **CARDIFF & VALE UNIVERSITY HEALTH BOARD**

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**Wound Care**

Based on nursing audit and led with the expertise of a clinical nurse specialist, changes to the way in which wound care prescribing and management were introduced. Nurses, General Practitioners and Pharmacists piloted and subsequently adopted a local formulary and whilst ensuring right care right time right place, were able to identify savings of £96,000 in the first year.

4.2 Nurses are fundamental to service planning, design and delivery in most, if not all, areas of clinical practice. Nurses provide clinical and professional leadership at the highest levels, along with consultancy, research, innovation and service development and are at the forefront of meeting the changing needs of the population.

##### **ANUERIN BEVAN UNIVERSITY HEALTH BOARD**

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**Capel Grange Care Home:  
Multi-professional team work & advanced care planning**

Training and co-production between all members of the nursing team, residents and families enabled improved advanced care planning and end of life care. Resident's thoughts and wishes fully captured and respected, which has led to better understanding and improved pathways of care, enabling good quality care and a reduction in avoidable emergency admissions.

4.3 Strengthening nurse leadership within primary care with the aim of leading and spreading good practice across Wales is an essential element of the future of primary care in Wales.

4.4 Although recognised as a challenge to capture the depth and breadth of the value of nursing (Welton et al 2016), it is at its best when service provision is outcome focused, being designed, delivered and evaluated in partnership with those receiving care.

**ABERTAWA BRO-MORGANWG  
UNIVERSITY HEALTH BOARD**

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**Developing Nurse Leadership in  
Community Nursing**

In order to foster leadership and development throughout District Nursing teams, nurse leaders collaborated with Swansea University producing an innovative development programme, designed specifically to establish, enhance and deepen existing knowledge and skills, ensuring the focus was on equipping community nurses to maximise their leadership potential in primary and community care settings, for the benefit of people using these services.

4.5 Nurses, midwives and healthcare support workers can provide care at every point along the health continuum, to the population of Wales. Their interactions include anything from a single contact, assessment or intervention based on minimal need, for example, administering immunisation to a person with no concerns or contraindications; to multiple contact with complex assessment, care planning and multiple nursing interventions over long periods, for example, for an individual with long term care or life limiting disease.

**Cwm Taf University Health Board**

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**The @Home Service**

As part of a multi-professional team aimed at enabling individuals to avoid unnecessary hospital admissions as well as promote early discharge from hospital, community nurses provide a range of services managed using a virtual ward model, including the provision of intravenous antibiotics, step up nursing care in response to acute illness, close liaison and support to individual unwell within nursing homes and increased home based support enabling early discharge from hospital. The team is managed by a senior nurse with the already high levels of clinical expertise supplemented by Advanced Nurse Practitioners, who proactively in-reach to acute settings, agreeing enhanced home support and initiating earlier hospital discharge.

**4.6** Nurses are central to delivering numerous care pathways, often enabled through the provision of nurse led services, which include advanced nursing practice and independent prescribing; nurses are implicit to the health system, leading strategic and clinical decision making relating to individuals, communities and populations.

**4.7** Primary and community nurses are often first point of contact for families and friends of the people for whom they care, and consequently, they are enabled to undertake holistic, person centred assessment and intervention. The challenge of working with a family, rather than an individual does not always lend itself to targeted, concise, short term output measure, however, the longer term added value in terms of health gain and quality of life, is extremely beneficial.

**ABERTAWE BRO-MORGANWG  
UNIVERSITY HEALTH BOARD**

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**School Nurses protecting the local  
community from Influenza**

School Nurses embarked on a campaign to ensure the school aged population were protected against influenza. **Actively** engaging with parents/guardians, children and local communities as well as strengthening partnership working with key stakeholders resulted in over 17, 000 eligible children being vaccinated against Influenza. A 12% increase on the previous year and the highest percentage increase in uptake across Wales.

## **5. Role descriptors**

**5.1** As outlined, nursing is a diverse profession in terms of populations served along with scope and level of practice. Nurses can be found in virtually every sector with clinical, leadership, management and academic portfolios.

**5.2** The role descriptors in this document are provided as illustrations only of the type of roles most commonly found within providers of primary and community nursing and reflect current fields of practice (children, adult, mental health and learning ability nursing and midwifery).

**5.3** Information is provided with the aim of succinctly displaying the nursing contribution in primary and community care, to enable individuals outwith of the nursing profession, rather than for the profession itself. This may assist with

workforce planning within these sectors and more broadly across the health and social care system.

5.4 The examples provided are not exhaustive and do not represent the range of nursing interventions that exist. They are not job descriptions nor purport to capture the nuances and tacit knowledge of every role that may have the same or similar title, nor do they intend to limit opportunity.

5.5 The examples provided include the contribution of non-registered individuals, e.g. health care support workers and nursery nurses, through to the contribution of registered nurses, by scope of practice, including advanced practice and the role of the consultant nurse.

## 5.6 Table 2: Role descriptors

<p><b>Community Midwife (NMC Registered)</b></p> <ul style="list-style-type: none"><li>• Autonomous practitioner responsible for assessing and providing total midwifery care to mothers and babies throughout normal pregnancy, labour and the postnatal period without direct supervision for a defined caseload of women</li><li>• Actively promote and enable health, focusing on public health outcomes including reduction in obesity, substance misuse, smoking and other national initiatives</li><li>• Participate in statutory safeguarding functions, for example, Court and MARAC/MAPPA processes</li><li>• Responsible for identifying deviations from the norm and referring to other health care professionals as appropriate</li><li>• Provide midwifery care to mothers and babies throughout pregnancy, labour and the postnatal period under the guidance of other health care professionals where it has been assessed that there has been a deviation from the norm</li></ul>
<p><b>Midwifery Support Worker (Unregistered)</b></p> <ul style="list-style-type: none"><li>• Carry out delegated tasks to the agreed level of competence reporting back the outcome of care provided and any concerns about mother and baby</li><li>• Assist the midwives both in hospital and community, in antenatal/postnatal clinics e.g. weighing and calculation of BMI, collection and testing of urine, venepuncture</li><li>• Assist midwives with preparation for normal deliveries</li><li>• Assist with the care of mothers and babies, establishing feeding</li><li>• Recognise and respond appropriately to emergency situations</li></ul>

**Health Visitor (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner providing a service for a defined caseload
- Works closely with health and social care professionals and organisations
- Develops and maintains health profiles of an identified population in order to identify health needs and influence service plans
- Utilise the All Wales Health Visiting Acuity tool to ensure safe staffing levels
- Deliver the Universal Healthy Child Wales Programme to all families with children under 5 years, including evidence based interventions related to public health screening programmes, safeguarding interventions.
- Apply the Family Resilience Assessment Tool (FRAT) and subsequent targeted interventions for families with low resilience, to provide more intensive support.
- Initiate safeguarding procedures and work in partnership with families and carers to implement child protection plans
- Participate in statutory safeguarding functions, for example, Court and MARAC/MAPPA processes

**Community Nursery Nurse (Unregistered)**

- Under the supervision of the health visitor, undertake child surveillance screening
- Support the work of the health visitor in child health clinics, ensuring babies, children and adults attending the clinic receive a timely service
- Undertake programmes of intervention as delegated by the health visitor to support a child's developmental progress, e.g. support with managing behaviours, sleep, toilet training, reporting regularly.
- Work closely with other statutory and voluntary agencies in relation to individual babies, children and families, comply with child protection procedures

**School Nurse (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner
- Works closely with children, young people, parents, school staff, other agencies and professionals, managing a defined caseload of school aged children
- Develop programmes of care and provide highly specialised advice: assessment, planning, implementation and evaluation of care offered to individuals, families and external organisations, with particular emphasis to Safeguarding Children
- Implement the delivery of the Child Health Promotion programme ensuring equity and access for all children, young people and their families
- Plan and facilitate school immunisation sessions ensuring targets are met
- Support and advise children and young people through nurse led clinics
- Provide confidential drop in clinics to advise and support young people with issues e.g. drug and alcohol abuse, contraception advice and sexual health
- Target vulnerable groups and young people to ensure they have access to health advice and the core programme, e.g. children not attending school

### **Children's Community Nurse (NMC Registered)**

- Support the child, family and carers, in response to maximise the child or young person's independence and quality of life
- Provide nursing care to children and young people with complex care needs, including complex medical support as part of everyday or end-of-life care
- Support children and young people receiving Continuing Care packages and end of life care across 24/7 including weekends and bank holidays
- Provide clinical assessment and support for children in community settings who have a health care need as part of working with primary care services preventing unnecessary hospital admissions and facilitate early discharge
- Carry out specific health care assessments or interventions in community settings
- Plan care for children with acute health needs for review with the senior staff as appropriate, report changes in the child's condition or outcomes of interventions
- Participate in the administration of medicines, including intravenous therapy and be aware of current drugs/therapies in the treatment of pain and other symptoms.

### **Children's Learning Disability Nurse (NMC Registered)**

- Autonomous practitioner
- Works closely with schools, health and social care professionals
- Assesses developmental / associated health needs, planning, implementing and evaluating appropriate programmes of care, providing specialist intervention
- Responsible for allocated referrals from source to discharge, participate in undertaking highly specialist assessments as part of the multi-disciplinary team
- Use highest level of communication skills to engage with younger children with limited social communication skills
- Act as care coordinator as required under the Mental Health (Wales) 2010 Measure or under other formal co-ordination arrangements
- Visit placements to maintain contact and monitor placement in terms of providing appropriate treatment as Health Care Manager according to agreed frequency

### **Community Child & Adolescent Mental Health Nurse (NMC Registered)**

- Autonomous practitioner, exercising full responsibility for assessments, formulation of systemic treatment, reviews, closing summaries and be accountable
- As a member of a multi-disciplinary team, maintain a caseload and apply a high level of specialist skill in treating children and young people, with severe, multi-complex and often long-standing difficulties
- Provide guidance and consultation to other professionals, contributing directly to individual programmes of care
- Manage referrals and to assess the needs of the referred child or young person and to develop, implement and evaluate appropriate interventions
- Initiate safeguarding procedures and work in partnership with families and carers to implement child protection plans
- Takes steps to obtain patient consent to care and treatment (or consent from the person with parental responsibility), in accordance with the Mental Capacity Act and Fraser Guidelines, ensuring that patients who lack mental capacity remain at the centre of decision-making and are fully safeguarded

**Consultant Nurse (NMC Registered with additional specialist registerable / recordable qualification)**

- Autonomous practitioner with a minimum of 50% provision of direct care
- Expert advanced practice working with patients, clients and/or communities making critical clinical judgements and decisions where a precedent may not exist
- Responsible for management of a complex caseload providing and managing an expert clinical advisory service
- Ensure there is adherence to the ethical and moral dimensions of practice
- Fulfil a role in clinical governance, providing expert input and working to secure quality improvement across a wide spectrum of care provision.
- Contribute to strategic planning and local implementation of national policies
- Evaluate clinical services, leading development of new services and/or redesign
- Take the lead in initiating and developing cross-disciplinary services and inter-agency working that contribute to multi-professional standards and guidelines
- Make and receiving direct patient/client referrals; undertaking an assessment of individual need and drawing on appropriate interagency and cross-boundary collaboration and expertise to best meet the needs of the patient/client.
- Provide effective leadership and example that inspires and sustains commitment of colleagues and facilitates empowerment of others
- Publish research or have, or be working towards a doctorate.
- Contribute to the development, and evaluation of educational programmes,
- Lead research and audit and contribute to the wider research agenda, establishing research partnerships with HEIs and other research communities.

**Advanced Nurse Practitioner (NMC Registered with additional specialist recordable qualification, opportunity to be RCN credentialed)**

- Autonomous, advanced practice, with an extended scope of practice delivering care within relevant specialism following referral
- Provide specialist assessment, diagnosis, treatment and evaluation of care
- High level of clinical reasoning /diagnostic skills, offering a wide range of treatment/rehabilitation programmes to patients with highly complex needs
- Provide a first point of contact within the Practice for patients presenting with undifferentiated, undiagnosed problems, making use of skills in history taking, physical examination, problem-solving and clinical decision-making, to establish a diagnosis and management plan
- Initiate, lead and develop regular research, audit, evaluation and implementation of evidence based practice and support others undertaking research projects
- Demonstrate advanced critical thinking and analytical skills acting as a source of clinical expertise and knowledge to other professionals
- Advise on recommended management across the whole patient pathway, which includes prevention, community, long term and end of life care
- Order, interpret and act upon medical investigations and expedite access to appropriate medical staff

**Occupational Health Nurse (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner
- Work with individuals and teams in the prevention of health issues, promotion of healthy living and working conditions with specific knowledge and skills in the understanding of the effects of work on health and health at work.
- Undertake health screening, including workforce and workplace monitoring and health need assessment and health promotion; education and training and where appropriate counselling and support and risk assessment and risk management.
- Manage a multidisciplinary team of health professionals

**Community Clinical Nurse Specialist (NMC Registered with additional specialist recordable qualification)**

- Works autonomously and plays a pivotal role in leading clinical practice and improving standards of care, promote a seamless service through clinical practice, management, education, research, audit and professional activities
- Work as part of a team, developing nurse led services and provide specialist nursing input at all stages of the patient's episode of care
- Lead clinical care by managing a defined patient caseload, providing an expert assessment, plan and evaluation, facilitate education for patients and their families
- Provide Rapid Access Clinics that do not require Consultant supervision
- Ordering, analysis and interpretation of pathology, radiology and microbiology investigations
- Act as a point of referral for patients in the community experiencing problems arising from their condition and /or its treatment by providing a telephone help line service

**General Practice Nurse (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner
- Works closely with the general practice team to meet the needs of patients, whilst supporting the delivery of policy and procedures, providing nurse leadership
- Assess, plan, develop, implement and evaluate wellbeing programmes
- Implement and evaluate individual treatment plans for patients with long-term conditions
- Undertake a range of practice nurse duties including management of long term conditions, wound care, cervical cytology, travel vaccinations and childhood immunisations, undertake relevant diagnostic tests
- Prioritise health problems and intervene appropriately to assist the patient in complex, urgent or emergency situations, including initiation of effective emergency care
- Promoting the Public Health including national screening programmes

### **General Practice Health Care Support Worker (Unregistered)**

- Delivering nursing care as part of a nursing team under direct or indirect supervision within an agreed framework, and report any changes without delay
- Assist in communicating and sign-posting towards self-care and health promotion
- Working within guidelines, undertake delegated activities including stock control, vaccines cold chain, patient chaperone and infection control
- Working within guidelines, provide care such as spirometry, health checks, venepuncture and physiological measurements, reporting results to the registered nurse

### **Community Mental Health Team Leader (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner
- Ensure that the provision and requirements of the Mental Health Act 1983 are maintained and provided for
- Provide specialist advice to staff in the management of patients presenting with complex needs
- provide clear, clinical and professional leadership & management to the multi-disciplinary team and responsibility for ensuring the service remains within budget, monitoring sickness and absence, annual leave, recruitment
- Work closely with other agencies in service delivery ensuring continuity of care
- Use highly developed communication skills in working with people to understand their personal and often very sensitive difficulties
- Responsible for the standard of care and service provided and the development of staff, establishing systems to monitor performance

### **Community Mental Health Nurse (NMC Registered)**

- Work as part of a multidisciplinary team in undertaking the role of the Care Coordinator under the Care Programme Approach and the Mental Health Measure (2010) Wales
- Assess, implement and evaluate agreed care and treatment plans for everyone on the caseload which agreed with the service users/carers
- Undertake referrals delegated by the Team Manager ensuring every comprehensive assessment
- Manage the day to day running of the clinics
- Involve carers and families in the delivery of the agreed care and treatment plan, building up relationships in order to deliver that care
- Promote practice in a way that actively minimises dependency and promotes recovery, and to produce outcome-focused and deliverable care and treatment

### **Community Mental Health Care Support Worker (Unregistered)**

- Provide care for patients under supervision of a registered nurse in conjunction with other disciplines within the health care environment, maintaining dignity
- Observe and monitor changes in individuals' behaviour, physical condition and social interaction, and to report any changes to the nurse in charge.
- Ensure individuals are attending to their personal hygiene and providing assistance when required, provide assistance and guidance in matters of nutrition
- Assess situations in the event of an emergency and to take appropriate action, including putting in place actions/procedures to resolve

### **Care Home Nurse (NMC Registered)**

- Autonomous practitioner
- Support the Head of Care / Home Manager with the management of the home, with an emphasis on clinical nursing leadership ensuring that an excellent standard of resident care is set, delivered and maintained at all times
- Initiate and fully engage in safeguarding where indicated
- Responsible for day to day management and safe delegation
- Responsible for the induction supervision and mentorship of registered staff carers and students
- Involved in all aspects of quality assurance including internal and external audits, record keeping and medicines administration and management and in the effective and safe use of resources
- Undertake initial assessments of and work in partnership with the resident, their friends / family / advocates, ensuring risks are identified, managed and care is evidence based
- Negotiate individual care plans with residents, continually assessing and evaluating to ensure that the agreed outcomes are met
- Supervising and monitoring care practices, to ensure the consistent provision of the highest quality of care to residents

### **Community Nursing Health Care Support Worker (Unregistered)**

- Delivery nursing care, as part of a nursing team under direct or indirect supervision via the care plan within an agreed framework, and report any changes without delay
- Assist in helping patients and family/carers towards self-care so that he/she may gain independence
- Assist with washing/bathing the patient, including oral care, hair washing, nail cutting, change of position, toilet requirements
- Make accurate observations of the physical, psychological, social and environmental situations, and communicating to the registered nurse
- Obtain specimens for diagnostic analysis, e.g. urine, venepuncture

### **Community Registered Nurse (NMC)**

- Take responsibility for all aspects of ongoing nursing care and provide comprehensive packages of nursing care in people's own home under the indirect supervision of the Caseload Holder
- Ensure close collaboration with the multi-disciplinary team participating in MDT discussions in relation to risk assessments to ensure safety of the individual, fellow patients and staff
- Conduct interim first visit/patient contact, which will be re-assessed by the Caseload holder within 24 hours. Signpost individuals to appropriate community services to meet their ongoing needs
- Report any risks or hazards and assist in developing and establishing methods and procedure to prevent/minimise the risk
- Ensuring the health, safety and welfare of self, colleagues, patients/clients, carers and all other persons involved in their field of practice.
- Make changes to care plans following review, reporting these to the Senior Nurse

### **District Nursing Team Leader (NMC Registered with additional specialist registerable qualification)**

- Autonomous practitioner
- Provides enhanced clinical support and expertise to the patients within the locality attending complex MDT's in the hospital & community settings
- Coordination between caseload holders, community resource services, secondary care wards and specialist nurses to ensure safe effective discharges and proactive preventive interventions to maintain people within their home environment
- Lead on standards and professional practice supporting staff in new ways of working
- Work closely with primary care teams within the networks, ensuring effective communication and safe effective care pathways within the networks including assessment and referral to prevent unnecessary hospital admission
- Improve end of life care planning and implementation
- Operationally line manage and professionally lead, the community nursing team

## **6. Conclusion**

This document has aimed to contextualise the way in which nursing has responded to changing demographics and provides current examples of the way in which the nursing family contribute to the health and care of the population of Wales, within primary and community settings. It defines and demonstrates the value and well-established nature of the nursing workforce, and provides a basis from which to further explore ways in which the nursing family can evolve and refine to meet the health and care challenges of the future population of Wales.

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