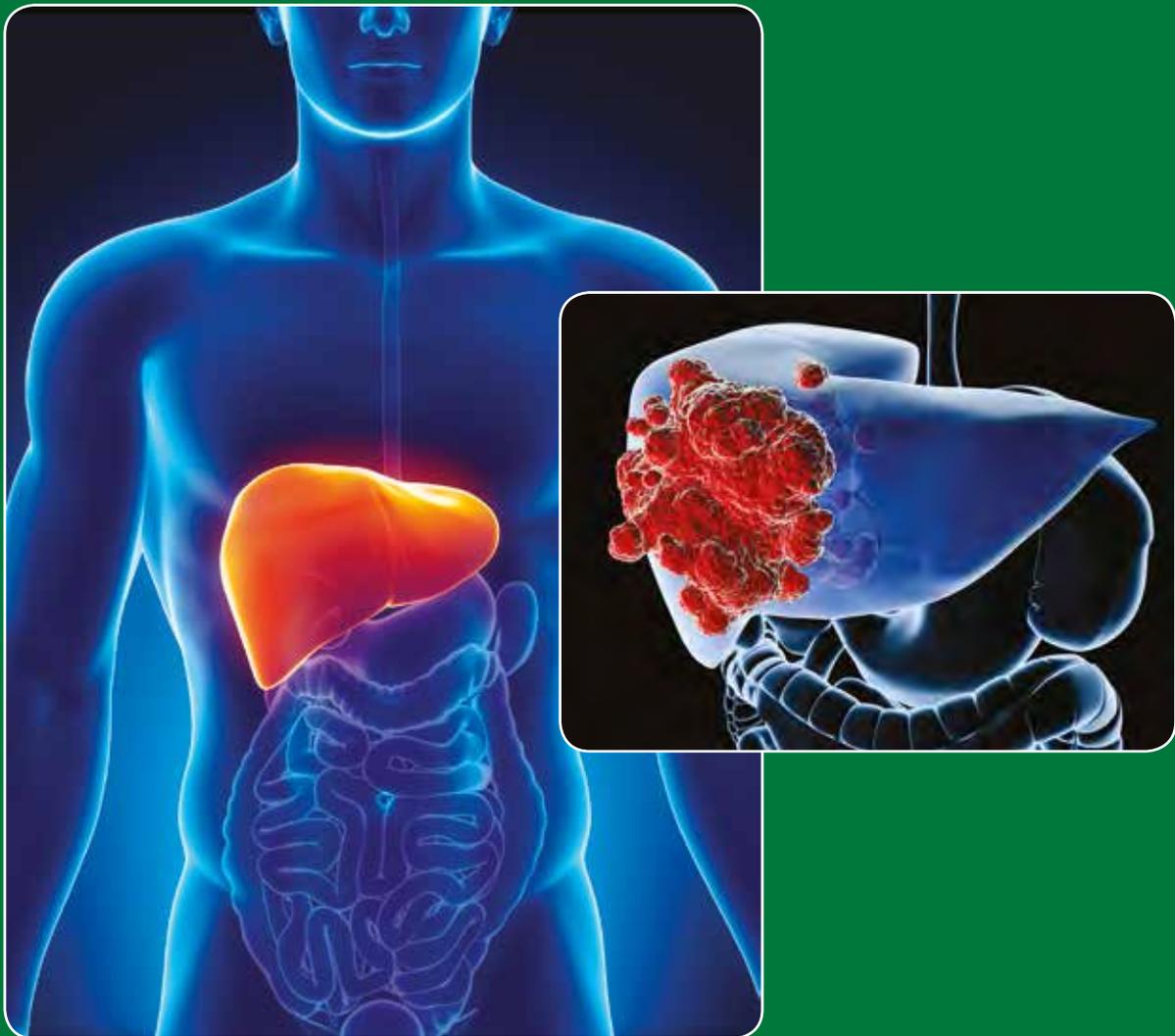


Caring for people with liver disease:
a competence framework for nursing
Revised edition





Royal College
of Nursing

Acknowledgements

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As part of the National Liver Disease Strategy, a Specialist Nurses External Reference Group was created to undertake various projects.

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Norgine Pharmaceuticals Ltd have provided financial support by way of sponsorship for the production and distribution of this framework. Norgine Pharmaceuticals Ltd had no editorial input into the content of this framework other than a review for medical accuracy.

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We would like to take this opportunity to thank Dr Kim Manley for her invaluable input, support and advice in the development of this framework.

Our thanks also go to the many liver nursing colleagues and other health care professionals (too many to mention individually), that contributed to the development of the framework through generously sharing their thoughts and ideas during its creation. And finally we would like to thank Lynda Greenslade and Michelle Clayton of the Specialist Nurses External Reference Group for their hard work in bringing together the completed *Caring for people with liver disease: a competence framework for nursing (revised edition)*.

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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RCN Competences:

Caring for people with liver disease: a competence framework for nursing

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Foreword

Delivery of high quality care that produces better outcomes for patients needs a high quality workforce: skilled and competent practitioners who are fit to deliver care in the future health and social care system.

Patients and carers have told us that they want to be able to access safe and effective care when they need it and in the right place, delivered by the right person. They want to be empowered to ensure that they exercise maximum choice and control over the services they receive, working in partnership with professionals – ‘no decision without me’.

In conjunction with the Royal College of Nursing (RCN), we have developed a competence framework that describes the knowledge, skills and attitudes that are required to deliver patient-centred liver care. The work has been supported by a range of key stakeholders including professional representatives from the British Society of Gastroenterology (BSG), British Liver Trust (BLT), The Hepatitis C Trust, British Association for the Study of the Liver Nurses Forum (BASLNF) and the British Liver Nurses Forum (BLNF). Competence frameworks are focused on outcomes and are an indispensable tool for those commissioning, managing and developing the workforce. They inform the development of education and training programmes as well as assessment strategies.

I commend this framework to you and hope that you use it to develop the workforce so that the quality and efficiency of services provided for people at risk of or with a diagnosis of liver disease are improved across the liver care spectrum, from prevention and early identification through to end of life.

Professor Martin Lombard

National Clinical Director
National Liver Disease Strategy

The ethos of *Caring for people with liver disease: a competence framework for nursing* has been to develop a set of competences that all nurses can use regardless of their area of clinical practice. The framework will help to equip the nurse to identify individuals at risk of liver disease, promote healthy livers and lifestyle as well as care for individuals with existing liver disease. Liver disease is increasing and the full impact has not yet been felt; it was once a minority killer, however liver disease is now becoming commonplace and is the fifth biggest killer in the United Kingdom. Age is no barrier to liver disease and, as such, raising awareness of risk factors across the age spectrum is essential. There is a great need to reverse this growing problem and the promotion of a healthy liver as a way of life to this generation and the next is a key concept.

Nurses are integral to making an impact on liver disease; nurses can make every contact count by identifying risk factors for the three major types of liver disease – alcohol, hepatitis B and C and obesity leading to non-alcoholic fatty liver disease (NAFLD); and by offering health promotion and education to help individuals to make informed choices. Some nurses will also need to be able to offer care to patients with existing liver disease and this competence framework has also been devised to support quality standards for care. Liver patients can be challenging and can have a complexity that requires nurses to draw upon multiple skills and talents. I hope that this publication will equip a nurse with the required skills and knowledge base to help make a difference for the individual with, or at risk, of liver disease by the delivery of effective quality care. *Caring for people with liver disease: a competence framework for nursing* aims to turn a little known and thought of disease into an everyday thought, which will help to encourage identification and prevention of liver disease development.

All nurses – regardless of clinical background – have the skills and talents to integrate liver health into the health care arena as a healthy liver is essential in maintaining a healthy life.

Michelle Clayton

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1

Introduction to the framework

Key stakeholders

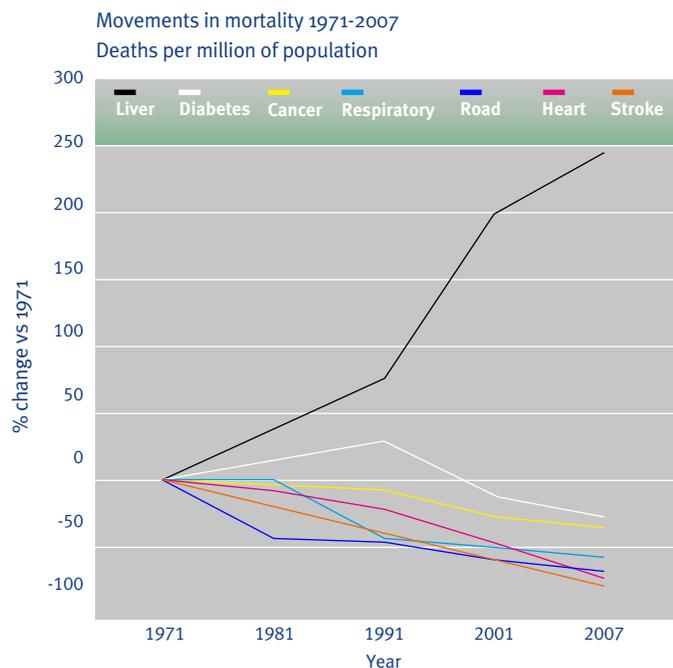


This competence framework describes the professional standards expected of practitioners when caring for people with liver disease – adults and young people – across England.

Liver disease is now the fifth most common cause of death in the United Kingdom (Williams et al, 2014). What was once thought to be a rare disease is emerging to be a major killer and its prevalence has risen exponentially year on year in recent times, see Table 1. There are three major culprits that have led to this incredible rise: alcohol, viral hepatitis and obesity leading to non-alcoholic fatty liver disease (NAFLD). These three areas are essentially preventable causes and have been attributed to changes in lifestyle. One of the challenges in caring for patients is to raise awareness amongst all health care professionals in primary and secondary care as well as the general public. Public attention surrounding liver disease is not always positive due to its links to health inequalities and also the stigmatisation of this disease being as 'self-inflicted'.

Table 1: England – liver disease mortality trend dramatic increase relative to other major disease groups.

WHO/Europe, European HFA Database, January 2012



Nurses are key to the prevention of liver disease. Nurses in every area of clinical practice can identify individuals at risk of liver disease, for example, screening for hepatitis B and C, alcohol consumption and obesity, and help them to make informed choices through health promotion and education. The role of brief advice is a key component, whether in primary, secondary or tertiary care, and identification of risk factors, verbal and written information and signposting to support services can be invaluable in helping to reducing the risk of liver disease. Having a healthy liver should be just as important as a healthy heart, bones or teeth. Tackling obesity is already high on the public health agenda with campaigns to encourage and empower patients to make healthier choices in relation to eating, exercise and weight management (NICE, 2014). Some causes of liver disease, for example hepatitis B and C, are now highly treatable and can prevent liver disease from developing if detected early enough and individuals are referred for treatment (NICE, 2012). Whether in primary or secondary care, nurses who care for individuals with such conditions as diabetes and metabolic syndrome can also help to promote a healthy liver.

Age is no barrier to liver disease and as such, raising awareness of risk factors in the form of health education and promotion from an early age should be encouraged i.e. obesity in children and safe limits for drinking alcohol in the older population. This is an extremely important public health role as there is a great need to reverse the growing problem that we have and to promote a healthy liver as a way of life to the next generation. Established liver disease is generally life-limiting and the treatment options available, such as liver transplantation, is a limited resource. In England and Wales there was a 25 per cent increase in liver deaths between 2001 and 2009 (National End of Life Care Intelligence Network, 2012). Liver patients are known to die younger than the general population and the majority die in a hospital setting (NCEPOD, 2013). This is the opposite of most major disease processes where dying in hospital is in the minority. Therefore end of life planning and subsequent care delivery is another important area in which nurses in both primary and secondary care settings have a key role.

The National Liver Disease Strategy for England identified, with expert nurses working within the specialty, the need for a framework to ensure patients with liver diseases or risk factors to the disease were recognised. This document encapsulates the requirements and professional standards which will help nurses aspire to providing quality liver care and improving outcomes. This was a joint development between a selected group of liver nurses on behalf of the Department

of Health, England and the Royal College of Nursing, Gastrointestinal Nurses Forum.

The framework focuses on the general needs of people with liver disease and is intended to be used with other local policies and pathways around the scope of practice undertaken by nurses working at all levels.

Caring for people with liver disease: a competence framework for nursing is an essential document for all nurses whatever their clinical background and setting. The document has been produced to provide a framework on which skills, knowledge and understanding can be assessed. A recent survey of nurses from the RCN Gastrointestinal Nurses forum, British Liver Nurses' Forum and British Association for the Study of Liver Disease Nurses Forum (2015) felt that the framework helped liver nurses plan their appraisals, identify development needs in their role, develop new roles and help to upskill ward teams. The competence framework should be seen as a flexible document that allows individual liver nurses to utilise those competences that are specific to them and does not have to be undertaken as a whole. It is important to recognise that the competence levels do not translate to agenda for change banding and a nurse's competence level may vary in different competences.

The competence document may also be useful for those health care professionals (HCPs) i.e. GPs, social workers, dietitians and drug and alcohol workers who are also working with patients with or at risk of liver disease in primary or secondary care and may be useful as part of their professional learning and development. The document can also be used by student nurses to improve their knowledge, understanding and skill acquisition of caring for people with or at risk of liver disease. See page 9.

2

Context for developing the framework

The National Liver Disease Strategy for England (Department of Health, unpublished at present) aimed to transform the way health and social care services supported people with liver disease to deliver optimum outcomes. Those with liver disease would be identified earlier, diagnosed with improved accuracy and receive treatment that is equitable, responsive, high-quality and effective with the overall aim of reducing premature mortality associated with liver disease. This should be from the right person, at the right time, in the right place, within evidence-based standards of care and treatment, ensuring dignity and respect are at the heart of the patient journey. It aimed to ensure that all communities had appropriate prevention strategies for liver disease that include improved partnership working to address major lifestyle drivers and programmes to identify those most at risk. Further work has been undertaken by the Lancet Commission for Liver Disease (Williams et al, 2014) which has made recommendations to address the premature mortality and health inequalities that exist for people with or at risk of liver disease.

The NHS is judged on its performance in reducing deaths from liver disease through the NHS Outcomes Framework. Everyone in the NHS – and many outside it – have their part to play in making this happen. Through the NHS Outcomes Framework, the NHS Commissioning Board is held to account by the Secretary of State for making improvements to quality and outcomes in the public's health. The NHS Commissioning Board hold Clinical Commissioning Groups to account on the services they commission for their local populations. The services, treatment and care provided to those with liver disease is a vital part of this.

Public Health England is also judged on the contribution it makes to reducing the number of people developing liver disease and reducing deaths from liver disease, through the Public Health Outcomes Framework. All health care professionals working within the NHS – both in primary and secondary care – can help to contribute to improvements in the public's health, not just by treating those who already have liver disease, but also by helping to prevent it developing in those at risk.

In recognising the significant burden of liver disease, it is essential to ensure that a workforce is competent and confident to deliver high quality services to patients with a diagnosis of, or at risk, of developing liver disease is coherently developed. Williams et al (2014) has made a number of recommendations on a robust and coherent workforce and appropriate hospital services to care for people with liver disease.

A national census of nurses specialising in the care of people with liver disease (see appendix 1) was undertaken in late 2012, this was recognised to be a snapshot. As a growing specialty it is recognised that the demographics of this workforce will be constantly changing and adapting to the change in liver disease provision. However, this piece of work helped to identify areas that liver nurses work in and the diversity of nurses working in liver services.

Nurses who work in the arena of liver disease are at present a disparate group and encompass expertise in a wide range of disease processes, from the more common areas of viral hepatitis, alcohol-related liver disease and non-alcoholic fatty liver disease (NAFLD) to those who cover general hepatology including autoimmune hepatitis, haemochromatosis and hepatocellular carcinoma. The Lancet Commission (Williams et al, 2014) recognises the important contribution that liver nurses play but has identified that there is a need for further access to liver specific education. There is also a small group of specialised nurses that care for patients pre- and post-liver transplant.

Currently there is no umbrella organisation specifically for liver nurses, and this mirrors the medical profession who also do not have a single organisation. Some liver nurses are affiliated with either the British Association for the Study of the Liver Nurse Forum (BASLNF) or the British Liver Nurses Forum (BLNF). The RCN Gastrointestinal Nurses Forum also has a role representing nurses who care for people with liver disease.

The competence framework was commissioned around key areas highlighted by this group to complement the RCN *core career and competence framework* (RCN, 2009). The Department of Health commissioned Dr Kim Manley, formally of the Royal College of Nursing, who has a wide interest in the development of person-centred care to develop *Caring for people with liver disease: a competence framework for nursing*. Once the key areas were identified, Dr Manley developed the framework which was then reviewed by the Specialist Nurses External Reference Group to develop the liver context. A UK-wide consultation with a wide range of stakeholder groups and experts enabled completion of this competence framework. This revised edition of this framework was undertaken by the RCN Gastrointestinal Nurses forum who commissioned a survey to gather nurses' views and experience of using the framework to guide amendments and changes in this revised edition.

3

What is a competence framework?

For the purpose of this document competence can be defined as:

“The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities (Roach, 1992)”.

Competences are the essential building blocks that shape nursing work in all clinical and practice settings. As practitioners acquire skills, knowledge, understanding and confidence in their field of liver practice they are able to demonstrate how they meet increasingly challenging levels of competence.

This document provides a resource for all grades of staff to enable learning and development around promoting healthy livers and lifestyles.

The framework aims to identify the competences required to meet the specific needs of people with liver disease, as well as provide support to registered nurses, health care assistants and assistant practitioners wishing to grow their expertise and progress their career in caring for this client group.

The competence framework is presented across bands 1-8 of the Skills for Health career framework and therefore provides both a competence and career framework for those wishing to specialise in the care of people with liver disease.

The competences are written from an outcome approach to competence, making clear the actions and activities expected in the workplace. This is in common with the NHS Knowledge and Skills Framework (KSF) against which the specific competences are also mapped

The Skills for Health career framework uses similar language and terminology to the NHS job evaluation (JE) scheme but they have different levels and meanings:

“The two systems are not interchangeable and the career framework should only be used to create career pathways for staff working in the NHS. The JE Scheme should only be used to measure the demands of jobs in order to give them a banding within the NHS pay scale.”

(NHS Employers, 2011)

Appendix 6 on page 71 demonstrates NHS England’s six Cs and how they fit into *Caring for people with liver disease: a competence framework for nursing*.

The framework aims to integrate high quality liver care for all individuals and their family/ carers. This care will be person-centred and encompassing the core values of the six Cs.

The RCN *Principles of Nursing Practice* can be aligned to the six Cs as a UK framework for delivering safe and effective nursing care.

4

The aim of this *framework* and its relationship to the RCN career and competence and other relevant frameworks

This publication aims to complement and not duplicate the RCN's *Integrated core career and competence framework for registered nurses* publication which outlines what is expected of registered practitioners of nursing across all client groups and specialities (RCN, 2009). The RCN's *Integrated core career and competence framework for registered nurses* identifies the competences required for achieving person-centred, safe and effective care by registered nurses, drawing on those KSF dimensions of particular relevance to nursing rather than other members of the health care team.

Through not duplicating general competences common to all client groups and settings, *Caring for people with liver disease: a competence framework for nursing* enables the unique aspects of the specialty to be accentuated for learning and development purposes as well as for making clear expectations of each level of the career pathway.

For this reason, in depth competences around using evidence-based practice, research, quality improvement, learning and development and leadership are not included as this would be duplication.

Other relevant frameworks include:

- RCN *Principles of Nursing Practice* (2010) which identify what the public can expect of nursing regardless of who in the nursing team is the most immediate provider of care. They have been developed with patient and user groups across the UK and identify eight overarching principles
- NICE guidelines, interventional procedures and appraisals in relation to people with liver disease (see www.nice.co.uk website for a wide range of guidance on liver conditions). Evidence-based guidelines and standards continue to be developed and refined and provide the most up-to-date and appraised evidence base to inform specific interventions. Relevant guidelines are identified in the context of the competence framework.

The competence framework, although making reference to highly specialised interventions such as liver transplantation and end of life care pathways, does not identify detailed performance indicators in relation to these areas. Instead the focus is on making clear what is expected in terms of professional standards for the vast majority of people experiencing liver disease.

The competence levels in this document were originally aligned to the career trajectory of Benner's *From novice to expert* (1982). Health care assistants (HCAs) are at the first level of the career trajectory which equates to levels 1, 2, 3 and 4 of the career framework for health (Skills for Health, 2005).

Levels 1-4 can also be used by student nurses to help improve their knowledge, understanding and skill acquisition in caring for people with, or at risk, of liver disease.

Registered practitioner/competent nurse (level 5 of the career framework for health)

This level defines the entry point for registered nurses to the specialty of liver disease or registered nurses working in other environments that encounter people with, or at risk of, liver disease. At this level, the registered practitioner caring for the patient with liver disease or individual at risk of liver disease will be developing expertise to undertake assessment and management of patients. They will demonstrate working knowledge of the key specialist treatments and interventions appropriate to this group. Generally, these nurses work on a regular, but not necessarily full-time, basis with people who have or are at risk of liver disease.

With experience, the nurse's interpersonal skills develop so that they can initiate discussions on the impact of liver disease on personal relationships and daily living activities. They will learn when and how to refer patients directly to other health care professionals, such as dietitians, drug and alcohol services and social workers.

Experienced/proficient nurse (level 6 of the career framework for health)

At this level the registered practitioner in the liver service will have developed expertise to use detailed theoretical and practical knowledge in liver management. Some knowledge will involve a critical understanding of theories, principles and pathophysiology. The practitioner will be able to demonstrate mastery of methods and tools in complex care, and demonstrate innovation in terms of methods used while having the ability to devise and sustain arguments to solve problems.

Senior registered practitioner (level 7 of the career framework for health)

Often regarded as specialist, or advanced practice or for those in a managerial role, this is the extension and expansion of the registered practitioner role. Liver nurses practising at this level of clinical practice work according to local protocols to co-ordinate the comprehensive care of patients, who could equally be cared for by doctors. These nurses can work autonomously without asking the advice of a doctor. Any nurse working at this level is required to work within the boundaries of their own knowledge and competence, and refer to or seek advice/opinions from medical colleagues for cases beyond their clinical expertise. Selected treatments will expand some nursing roles such as supporting patients through treatment for hepatitis C, and continuity of care through independent prescribing.

The expected workload of senior registered practitioners differs between settings, depending on local need, resources and infrastructure. This may include specialist nurses roles and also nurses managing patients in secondary care or primary care settings.

Consultant practitioner (level 8 of the career framework for health)

Previously defined as higher level of practice, this level may reflect the role of the nurse consultant but not always. Nurses working at this level have been employed to satisfy the individual needs of the service in which they are located. All posts need to conform to a common core of expectations outlined by the NHS Executive, which are:

- expert practice
- professional leadership and consultancy
- education, training and development
- practice and service development, research and evaluation.

Taken from Skills for Health (2005) Career Framework for Health.

Within this document, levels of competence are as follows:

Table 2: The levels of competence and examples of roles

Levels 1-4	Non-registered practitioner: this level could relate to health care assistants or student nurses working in a drug or alcohol environment, on a gastroenterology ward or liver unit, with liver outpatients or related to hepatobiliary conditions.
Level 5	Registered practitioner: this level could encompass any registered nurse who cares for a patient with liver disease or risk factors for liver disease in primary or secondary care and could relate to any clinical background or setting.
Level 6	Senior practitioner: this level could encompass nurses within drug and alcohol services, viral hepatitis, nurses with experience of caring for liver patients over a number of years, junior ward sister level or newly appointed specialist nurse.
Level 7	Advanced level practitioner: this level could encompass the experienced clinical nurse specialist, ward manager, practice development nurse and liver recipient transplant co-ordinator.
Level 8	Consultant practitioner: this level could encompass a nurse who may have developed or is leading a service, for example, nurse consultant in viral hepatitis or lead nurse for hepatology.

For each of the competences, the performance indicators, knowledge, understanding and practical know-how are identified for levels 1-8 of the clinical career framework. Each level of the identified performance, knowledge, understanding, practical know-how and attitudes and behaviours builds on the previous level of expectations. Further discussion on these indicators can be found in section five of this document and section six gives examples of what evidence to collect. The framework recognises that there is a need for a range of competences in every team as well as a range of practitioners operating at different levels.

The clinical career framework levels used within this competence framework do not reflect the Agenda for Change banding levels.

Therefore a staff nurse at band 5 (Agenda for Change) who has worked within the area of liver disease for a number of years may have varying levels of competence either at level 5, 6 or 7 within different competences.

For example, for competence 7.2: nutrition and fluid management/hydration in patients with liver disease, the staff nurse may achieve level 6 as they have worked with liver patients for a number of years and can fulfil the performance and knowledge and understanding criteria.

Whereas a practice nurse may be a band 7 (Agenda for Change), but may achieve a level 5 in competence 5 (develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease) as the practice nurse may have a broad understanding of chronic diseases but not in-depth liver disease knowledge.

The competence framework is designed to allow nurses from many clinical backgrounds to tailor their development of competence in working with patients with varying degrees of liver health. This can be achieved by nurses (in conjunction with their manager) being able to choose some or all of the relevant competences to demonstrate development of key skills, knowledge and understanding for this patient group. Successful demonstration of competence can be used as evidence of meeting professional development needs.

Practitioners will always need to be aware of local guidelines and protocols as well as working within the scope of professional practice when initiating treatment and interventions. Liver disease management is a dynamic and rapidly changing professional arena, therefore all health care professionals need to remain up-to-date and utilise contemporary evidence-based practice.

5

Using *Caring for people with liver disease: a competence framework for nursing*

The framework is intended to support the learning and development needs of staff and health care organisations as well as enable career progression and role clarity, making clear the professional standards expected for patients and service users.

Caring for people with liver disease: a competence framework for nursing includes a number of examples of how to use a competence in practice. The examples relate to different liver nursing roles such as senior staff nurse/junior sister, practice nurse, specialist nurse – see Appendix 2 (p. 63) onwards.

These are intended only as a guide in order to achieve an individual competence. There will be many other examples of liver nursing care that could be used as evidence to achieve the competence.

It would be envisaged that some of the competences could be shared across a team of nurses working at the desired level; this may be used to support quality standards for care. The competence framework may be individually tailored to a specific liver nursing role. This may assist in the development of innovative liver nursing roles in the future.

It is not envisaged that all nurses working in primary and secondary care will need to meet all of the competences. *Caring for people with liver disease: a competence framework for nursing* has been developed to allow nurses to select relevant competences to their role and scope of practise. However as nurses progress through the career trajectory, there should be emphasis on attainment of all the levels and all relevant competences that complement the higher role and scope of practice.

Organisations should be encouraged to use the framework to help identify any competence gaps in service provision. Individuals and teams should use it as a developmental framework both collectively and individually. Higher Education Institutes may draw on the framework for curriculum development. Commissioners of both services and education may also find this framework a useful tool.

With all competence documents there is specific terminology used. In relation to *Caring for people with liver disease: a competence framework for nursing* the following headings in table 3 are used.

Table 3: Definitions of the terminology used in the framework

Competence	Identifying the specific aspect of care.
Level	The levels used relate to Skills for Health career framework. Nurses using this document may be at different levels for different competences.
KSF	Demonstrates the skills cross-referenced to dimensions with the knowledge and skills framework.
Performance criteria	Describes the skills required for each competence. In order to achieve a higher level, the individual will have had to demonstrate achievement at the previous level for performance, knowledge and understanding, knows how to and attitudes and behaviours.
Knowledge and understanding	Describes specific areas that are pertinent to the competence.
Knows how to	Describes the tacit knowledge required in each competence.
Attitudes and behaviours	Each level has a number of required attitudes and behaviours to support the individual's competence development.
Contextual factors	Each competence contains a list of generic and specific resources.

It is important to recognise that each level is integral to the next and as such individuals need to demonstrate progression by achieving each level before moving on to the next.

Each competence is designed as a building block to develop performance, knowledge, understanding, attitudes and behaviours from a fundamental level through to specialist and/or advanced practice. As such each of these areas link together in order to build the individual's competence and contribute to their professional development.

In relation to individual competence, the performance indicators help to identify the actions that would establish whether the competence is met but are also intended to be used flexibly in reviewing competence as they may be influenced by the context. The knowledge and understanding, as well as, the practical know-how required to achieve the performance indicators are identified in relation to each competence.

Assessment of competence would entail using a combination of methods, for example, self-assessment, observation of practice, structured reflection, peer review, document audit and clinical supervision. These methods are practice development tools that assist individuals and teams to achieve continuous development. However, developing a portfolio of multiple sources of evidence against competence standards may also be used to support both academic and professional accreditation.

How to implement the framework into practice

The framework is a flexible document that can be utilised in all areas working with people with, or at risk of, of liver disease. Sections of the framework can be selected to complete rather than undertaking the whole document. You and your team should identify the relevant competences to your area and then identify the levels of competence that you and your staff wish to achieve. One tip would be to start small and build over time.

The framework could be embedded into the ward or team philosophy and can be used to identify learning needs for individuals or the team. It can also become part of the personal development plan/appraisal process where areas of competence can be identified to complement learning and development. The framework can be used to identify gaps in service provision.

In light of the new revalidation process for nurses and midwives to practise (Nursing and Midwifery Council, 2015) this framework will help you to achieve some of the requirements identified. For example, demonstrating up-to-date practice and professional development and reflecting on professional standards of practice and behaviors.

This framework can be used by those working within a clinical team including on wards, outpatients, ITU, endoscopy, A&E or as an individual. A suggested format for implementation is set out below.

Assess

- Identify key members of the team across all bands.
- Review competence framework and identify appropriate levels of competence for each band (see Table 2, page 10).
- Choose one competence to pilot over a number of different levels.
- Publicise what you are doing and how this will help your area of clinical practice.
- Consider how to embed into the ward/team philosophy.

Plan

- Identify training needs that arise from the chosen competence.
- Identify an appropriate timeframe.
- Preparation of materials for ward/individuals that will meet NMC requirements for portfolio, for example download the document and reproduce the chosen competence.
- Consider what evidence is needed and how will it be assessed.

Implement

- Working with identified mentor/practice educator/supervisor/ward sister etc.
- Collect, demonstrate and/or show evidence for each competence identified.
- Ensure that evidence which shows the competence has been met is signed and dated and kept by the ward/individual

Evaluate

- Meeting with mentor/practice educator/supervisor/ward sister to review progress and evidence collected.
- Identify any gaps in learning.
- Competence can be used to complement PDP/appraisal processes.
- Reflect on the process. Consider sustainability and use of a yearly audit to review progress.

Examples in Practice

Example 1

As part of the trust alcohol team you work in A&E delivering brief interventions. As part of raising awareness about alcohol and the use of brief advice you want to roll out the Alcohol Use Disorders Identification Test (AUDIT) tool in your trust. You target A&E and your assessment unit to start and start training sessions:

Teaching includes what the AUDIT score means:

risk category	AUDIT score
Abstainer	0
Lower risk	1-7
Increasing risk	8-15
Higher risk	16-19
Possible dependence	20-40

Adapted from Barbor et al, 2001

Teaching reveals an increase in AUDIT scoring by 76 per cent and this improves again at six months to 81 per cent. This results in more referrals to the alcohol team and a reduction in A&E referrals by GPs.

This would fit competence 2. (signposts and supports patients (families and carers) in their understanding of their condition through patient education and health promotion) the evidence produced would be able to be used to support levels five and six.

Example 2

You manage a nursing team on a busy GI ward with a large liver population and you have a large number of new staff who are new to caring for patients with liver disease. This is a good opportunity to implement the competence framework. You put together a working group of ward staff from different bands to look at how to implement the framework.

As a team you identify what is expected from a:

- health care assistant
- band five staff nurse
- band six
- band seven ward manager

Once the competences required are identified your team can start delivering teaching on the competences.

You may not need all of them and in this example you could use competence 3 (undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions) as well as competence 7 (provides specific diagnostic / treatment options safely). You will have identified at what level you will expect each member of the team to achieve and demonstrate in your planning. Both competences include specific nursing care that would include managing:

- a variceal bleed
- a jaundiced patient
- a patient who is malnourished
- a patient with ascites

This identifies the learning needs (identifying and managing the complications of chronic liver disease). Once education has been delivered then the nurse can start to develop the skills, knowledge and understanding needed to demonstrate competence and attain the appropriate evidence.

Evidence sheets can be found in Appendix 3 (p. 67)

6

How to produce evidence to demonstrate competence

You are responsible for developing your own portfolio of evidence for each competence in order to demonstrate that you have achieved it at the identified/desirable level.

How to produce evidence to demonstrate competence

Forms of evidence that you can use include case histories, self-appraisal via a reflective diary, 360-degree feedback, verification of practice and structured observation of practice. So, when you gather evidence it is important to consider the following:

- ensure that you understand what the competence statement is asking of you
- review any existing work that could be used
- identify whether the existing evidence is appropriate
- consider what else you may need to do in developing evidence; for example, are you familiar with a reflective model?

Will someone be giving you feedback on your practice? Do you have further development needs and have you considered how you might address them? Think about using evidence that covers several competences; for example, one case study may demonstrate that you have used a variety of knowledge and skills in treating a patient and in this instance you should be able to triangulate evidence against several competences.

For example, if you attend a study day in preparation for carrying out a particular intervention but you have not practised the skill in a clinical setting, your certificate of attendance is not evidence of competence and you will have to consider making arrangements for supervised practice. However, if you have undergone training and have evidence of supervised practice and use new knowledge and skills on a regular basis the evidence should be enough, consider what else you may need to do in developing evidence, such as feedback on your practice; if you have further development needs, are they recorded in a personal development plan?

How do I get started?

You will need to look at the competence statements, and decide where you fit on the career trajectory in terms of development and what you already do. Table 2 may help you to clarify where you fit in the career trajectory.

What is evidence?

There is a variety of material that you can collect to capture evidence of competence. This may include:

- evidence of supervised practice such as signed observation of undertaking a procedure
- projects
- practice developments/changes in practice
- critical incidents
- assessments and appraisals
- publications and presentations
- audits
- teaching packages
- posters
- certificates of attendance with reflections on learning
- evidence of group work
- policy and protocol development
- evidence of membership of advisory groups
- research and evidence-based reviews
- witness statements, when focused and well structured.

The strength of the competence framework lends itself to the assessment of nursing practice at a local level in partnership with multidisciplinary colleagues. However, assessment may also take place through higher education university courses, and formal examination. Practitioners who carry out the assessments should have adequate expertise and training in the assessment and mentoring process, together with a higher level knowledge of aesthetic practice.

See Appendix 2 (p. 63) for examples of how to use evidence to support attainment of the competence.

7

Overview of the competence framework

Caring for people with liver disease: a competence framework for nursing is structured around nine competences. These are not placed in any hierarchical order as they are interdependent. However, they do start with a person-centred approach where there is a high regard for the person with liver disease as someone with expertise about themselves; then move through the assessment, intervention and evaluation processes; concluding with a key nursing function – care pathway co-ordination and management.

- 7.3. pharmacological treatment and side-effects
- 7.4. non-invasive diagnostics and treatment options
- 7.5. invasive diagnostics and treatment options.
- 8. Uses early warning tools/approaches to identify the patient's changing and deteriorating condition, and takes appropriate action.
- 9. Actively improves and promotes liver services across the appropriate care pathway.

The nine liver care competences are:

1. Provides empathy and understanding and works with the patient (and their family/carers) particularly those with chronic liver disease as experts in their own condition.
2. Signposts and supports patients (and family/carers) in their understanding of their condition through patient education and health promotion.
3. Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions.
4. Assesses, in collaboration with the patient (young people, adults, family/carers), their health care needs, taking into account the impact of their age, vulnerability, their lifestyle, cultural and ethnic background.
5. Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease.
6. Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition.
7. Provides specific diagnostic/treatment options safely:
 - 7.1. undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease
 - 7.2. nutrition and fluid management/hydration in patients with liver disease

8

Detailed definition of *Caring for people with liver disease: a competence framework for nursing*

Competence 1

Provides empathy and understanding and works with the patient (and their family/carers) particularly those with chronic liver disease as experts in their own condition.

This competence will assist the liver nurse in developing understanding, knowledge and person-centred care for the individual with liver disease. To acknowledge the role of the liver patient as an expert in their own condition and to foster partnership working.

Competence 2

Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion.

This competence embraces the wide spectrum of causes of liver disease and works with patients and their carers to support and develop understanding of risk factors or the individual's existing liver disease.

Competence 3

Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions.

This competence helps to develop the knowledge and skills required to identify changes in liver health status and develop understanding of liver pathophysiology linked to the individual's liver disease process.

Competence 4

Assesses, in collaboration with the patient (young people, adults, family/carers), their health care needs, taking into account the impact of their age, vulnerability, their lifestyle, cultural and ethnic background.

This competence recognises the diversity of individuals with liver disease and considers the impact of a range of factors including cultural, ethnic background and life choices on their liver condition.

Competence 5

Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease.

This competence encourages close partnership working with the individual with predisposing factors to liver disease, to empower them to make choices in managing their changing liver health.

Competence 6

Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition.

This competence addresses the wide spectrum of psychological and social impacts that individuals and their families/carers may have to deal with in relation to their liver disease.

Competence 7

Provides specific diagnostic/treatment options safely: this competence embraces a range of therapeutic interventions that some patients with liver disease may experience during their care.

7.1 **Undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease.**

This competence considers a range of strategies to enable successful phlebotomy or cannulation in the difficult to access individual with liver disease.

7.2 **Nutrition and fluid management/hydration in patients with liver disease.**

This competence will assist a nurse to demonstrate an in-depth knowledge and understanding of the role of nutrition and its importance in liver disease.

7.3 **Pharmacological treatment and side-effects.**

This competence addresses the complexity of medication in individuals with liver disease and it recognises the contribution of the nurse as a non-medical prescriber.

7.4 **Non-invasive diagnostics and treatment options.**

This competence introduces a broad range of non-invasive liver specific investigations and the role of the liver nurse to support the patient at this time.

7.5 **Invasive diagnostics and treatment options.**

This competence introduces a broad range of invasive diagnostics and treatment options and the role of the nurse to support the patient through the diagnostic journey.

Competence 8

Uses early warning tools/approaches to identify the patient's changing and deteriorating condition, and takes appropriate action.

This competence alerts the nurse to early warning tools used for general deterioration and raises awareness of specific issues in relation to the deteriorating liver patient.

Competence 9

Actively improves and promotes liver services across the appropriate care pathway.

This competence is designed to support development and/or improvement of liver services in both primary and/or secondary care.

9

Quality assurance of the framework

As with all information and evidence, more becomes available daily. It is therefore vital that this framework is periodically reviewed and updated – a criterion of all good accreditation processes. An annual risk assessment will enable any risks to be identified and a cycle of document review will ensure it continues to be relevant to nurses caring for people with liver disease in a changing context. This will be undertaken by the RCN Gastrointestinal Nurses Forum.

10

Caring for people with liver disease: a competence framework for nursing

1 Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition.	Core 1 Core 6 HWB1 HWB3 HWB4	<p>a. Asks questions and actively listens.</p> <p>b. Establishes the patient's preferences and boundaries for sharing personal health information, for example protecting their privacy and confidentiality.</p> <p>c. Personalises care.</p> <p>d. Respects and acknowledges a patient or family member/carer as an expert in their own condition, particularly if they have chronic liver disease.</p> <p>e. Empathises with and is responsive to the needs of patients with acute and chronic liver disease.</p> <p>f. Recognises that patients with chronic liver disease may have mental health issues and changes in mood due to hepatic encephalopathy or for example Wernicke's / Korsakoff's psychosis/ alcohol withdrawal.</p>	<ul style="list-style-type: none"> the Principles of nursing practice the Department of Health (DH) guidance on the Expert Patient the challenges posed when caring for people with chronic liver disease and the impact on the family/carer the impact of hepatic encephalopathy on mental health, mood, personality, memory and understanding of their disease. 	<ul style="list-style-type: none"> Aware of role limitations and when to obtain help. Person centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Pride in work. Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NEPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) <i>NHS Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL / BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i>
5	Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition.	Core 1 Core 6 HWB1 HWB3 HWB4 HWB5 HWB6	<p>a. Discusses care/treatment options and offers choices to reach joint and informed decision making.</p> <p>b. Co-develops, implements and evaluates personal care plans, treating the patient as an individual.</p> <p>c. Encourages feedback from the patient, their family and carers.</p> <p>d. Works collaboratively with other members of the interdisciplinary team to provide a seamless service.</p> <p>e. Acts to ensure that the voice of patients and carers, particularly those who are vulnerable due to their condition, their needs and views are heard and acted on.</p>	<ul style="list-style-type: none"> the Nursing and Midwifery Council (NMC) Nursing Code of Conduct local protocols, standards and guidelines for patient care in relation to acute and chronic liver disease, including treatment the differences between acute and chronic liver disease patients' own understanding of the impact of co-morbidities on themselves e.g. alcohol and obesity together, viral hepatitis and alcohol use; alcohol and depression principles of the expert patient philosophy role and contributions of each member of the interdisciplinary team. <p>Knows how to:</p> <ul style="list-style-type: none"> be responsive to patient feedback and address concerns appropriately. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Empowering. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	

1 Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition.	Core 1 Core 6 HWB1 HWB3 HWB4 HWB5 HWB6	a. Supports team members to co-develop, implement and evaluate personal care plans. b. Acts as a role model to ensure that team members enable the patients' voice to be heard and acted on.	<ul style="list-style-type: none"> advocacy needs for those who are less able to act for themselves due to their liver condition leading to challenging behaviour, depression or inability to articulate their needs due to hepatic encephalopathy or other cognitive impairment acute and long-term complications related to liver disease strategies patients can use for managing co-morbidities local and national strategy for patients with liver disease and how to contribute Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS). <p>Knows how to:</p> <ul style="list-style-type: none"> build and foster an equitable nurse-patient relationship work with patients with challenging behaviour and collaboratively develop care plans diffuse anger and challenging behaviour develop care plans in conjunction with local guidelines. 	<ul style="list-style-type: none"> Models best practice. Actively promotes better health for patients. Challenges others. 	<ul style="list-style-type: none"> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> DH (2001) <i>Expert Patient</i>. Patient Safety First campaign. National occupational standards for health and social care HSC31 and HSC35.
7	Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition.	Core 1 Core 6 HWB1 HWB3 HWB4 HWB5 HWB6	a. If appropriate, invites the patient to share their experience as a resource for teaching nurses and others. b. Develops patient pathways in collaboration with patients and user groups. c. Oversees and monitors the quality of care.	<ul style="list-style-type: none"> local user networks and teaching opportunities clinical indicators relevant NHS policies. 	<ul style="list-style-type: none"> Role model. Provides strong leadership. Challenges assumptions and taken for granted ways of working. Champions person-centred approaches. 	

2 Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Signposts patients (and families/carers) to information about their condition.	HWB1 HWB2 HWB3 HWB5 HWB6 Core 1 Core 3	a. Signposts patients and carers to further information and organisations.	<ul style="list-style-type: none"> range of approved information sources available in local area organisations and agencies providing support when to alert registered nurses about information requested and provided to enable follow through. <p>Knows how to:</p> <ul style="list-style-type: none"> access further supplies recognise own boundaries, competence and responsibility. 	<ul style="list-style-type: none"> Aware of role limitations and when to obtain help. Person centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Pride in work. Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of Life Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. NHS Commission Board <i>Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) NHS <i>Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i>
5	Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion.	HWB1 HWB2 HWB3 HWB5 HWB6 Core 1 Core 3	<p>a. Assesses knowledge and understanding of patient's and carer's own condition, causes, risk factors and consequences.</p> <p>b. Provides tailored education to patient and family/carers on condition, treatments and side-effects.</p> <p>c. Provides information about lifestyle factors, consequences and services available to support lifestyle changes.</p> <p>d. Refer to other appropriate health care professionals if required.</p>	<ul style="list-style-type: none"> risk factors, such as, drugs, obesity, alcohol information, such as, DH Drinkwise, education and support resources, services and specialist staff available different communication and engagement approaches to providing education and information health promotion, sexual health strategies and e-learning resources available, such as from the PHE Alcohol Learning Resources positive lifestyle approaches and advice how to give brief advice and interventions for patients with alcohol misuse, continued IVDU use and weight management. <p>Knows how to:</p> <ul style="list-style-type: none"> tailor information and education to the person obtain educational information or direct patients/families/carers to available resources, services and staff, including the voluntary sector work within their level of competence. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Empathetic. Encouraging. Supportive. Works in partnership with others. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	

2 Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
	See above.	See above.	See above.	See above.	See above.	<ul style="list-style-type: none"> • Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> – British Liver Trust – Children’s Liver Disease Foundation – Alcohol Concern – The Hepatitis C Trust – Hepatitis B Foundation UK – Haemochromatosis Society – Wilson’s Disease Support Group (UK) – PBC Foundation – Rare Diseases UK – PSC Support – Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists – British Society of Gastroenterology (BSG) – British Association for the Study of the Liver (BASL) – European Association for the Study of the Liver (EASL) – American Association for the Study of Liver Diseases (AASLD) – British Association of Parenteral and Enteral Nutrition (BAPEN) <ul style="list-style-type: none"> • NHS England The Information Standard • British National Formulary (BNF) • Skills for Health

2 Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion.	HWB1 HWB2 HWB3 HWB5 HWB6 Core 1 Core 3	<p>a. Recognises patients individual treatment choices.</p> <p>b. Supports patients sensitively and empathetically when:</p> <ul style="list-style-type: none"> – undergoing risk profiling – receiving their results and diagnosis, which may include giving bad news, taking into account whether the patient is an adult or a young person. <p>c. Provides culturally sensitive patient and carer information about condition, local and national information, support groups and charities.</p>	<ul style="list-style-type: none"> • local guidance and referral pathways • adopting positive lifestyle approaches and modifications • requirements for good information standards and the quality assurance and review processes for patient information documentation • health education skills • knowledge of information sources – websites, leaflets, charities, kite-marked information • local and national charities • determinants of health, such as, poverty, culture, religion etc • cultural and social risk factors such as Khat chewing, herbal and Chinese medications, specific nutritional supplements and other substances used to boost physical performance that may cause liver disease • pharmacological side effects of treatments. <p>Knows how to:</p> <ul style="list-style-type: none"> • recognise and use patient/service user information that is quality assured • use brief interventions and motivational interviewing around drugs, alcohol, weight management, depression and liver disease • develop collaborative agreements around commitment to health related behaviours • signpost support services such as Weight Watchers, Alcoholics Anonymous, The Hepatitis C Trust and others • refer to specialist services. 	<ul style="list-style-type: none"> • Empowering. • Models best practice. • Actively promotes better health for patients. 	<p>Specific</p> <ul style="list-style-type: none"> • Drinkwise. • Weight Watchers. • Alcoholics Anonymous. • Alcohol Policy UK. • PHE Alcohol Learning Resources. • Guidelines for the diagnosis and treatment of cholangiocarcinoma. • European Association for the Study of The Liver Guidelines Ascites, SBP, HE and HRS. • American Association for the Study of Liver Diseases, Guidelines for liver diseases. • NICE clinical guidelines 141 (2012) <i>Acute upper gastrointestinal bleeding: management.</i> • NICE <i>Guidance on Alcohol, Cirrhosis and NAFLD.</i>

2 Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion.	HWB1 HWB2 HWB3 HWB5 HWB6 Core 1 Core 3	<p>a. Interprets complex investigation results and procedures and explains these to patients.</p> <p>b. Ensures patient (and family/carers where relevant) understands risk profiling implications and results, and discusses options available.</p> <p>c. Works with specialists including specialist counsellors, palliative care experts where appropriate.</p> <p>d. Ensures timely referral to other clinical care providers where appropriate, and follow up.</p> <p>e. Contributes to quality assurance and accreditation processes around patient information.</p>	<ul style="list-style-type: none"> risk profiling tests available, their implications and results national standards and local guidelines new or emerging therapies complex treatment groups, such as, co-infection, multiple aetiologies, and pre-transplant and post transplant issues available resources and support services locally, regionally and nationally and their accreditation and quality assurance processes. <p>Knows how to:</p> <ul style="list-style-type: none"> refer to specialist counselling and palliative care services quality assure and accredit patient information literature. 	<ul style="list-style-type: none"> Role model. Provides strong leadership. Challenges assumptions and taken for granted ways of working. Champions person-centred approaches. 	See above.

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Undertakes nursing observations, records accurately and reports all changes.	Core 1 Core 6 HWB1 HWB3 HWB4 HWB6	a. Undertakes and records nursing observations. b. Measures and records weight accurately. c. Takes appropriate action including when recordings fall outside agreed parameters.	<ul style="list-style-type: none"> the normal parameters of nursing observations for patients with liver disease. <p>Knows how to:</p> <ul style="list-style-type: none"> record nursing observations and take appropriate action/referral for abnormal results the importance of reporting and recording signs and symptoms such as nausea, vomiting, pruritus and altered mental state recognise deterioration and report to appropriate registered practitioner and need for possible end of life care. 	<ul style="list-style-type: none"> Aware of role limitations and when to obtain help. Person centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Pride in work. Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al 2014). NECPOD 2013 Measuring the units: a review of patients who died with alcohol-related liver disease, London, NCEPOD. NHS IQ (Improving quality). Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access). NHS Atlas of Variation: Liver (2013). National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i>. NHS England (2013) <i>The 6 Cs</i>.

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	See above.	See above.	See above.	See above.	See above.	<ul style="list-style-type: none"> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN). NHS England The Information Standard. British National Formulary (BNF). Skills for Health.

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Undertakes a comprehensive physical assessment and follows up with appropriate action, including referral to medical specialists for relevant acute and chronic health care conditions.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Undertakes and records nursing assessment and history taking.</p> <p>b. Identifies signs of liver disease in stools, urine and skin.</p> <p>c. Identifies individuals at risk, such as, drugs, alcohol, obesity, co-morbidities, depression.</p> <p>d. Assesses nutritional status.</p> <p>e. Identifies signs and symptoms of altered mental state including cerebral oedema for acute liver failure.</p> <p>f. Acts on findings of nursing assessment.</p> <p>g. Explains relevant investigations to patients and service users.</p> <p>h. Uses local guidelines for the care of people with liver disease.</p> <p>i. Use of infection control and prevention policies when caring for patients.</p> <p>j. Refers to appropriate specialist team.</p> <p>k. Directs the patient to specialist help.</p> <p>l. Carries out investigations related to risk profiling under local guidance.</p>	<ul style="list-style-type: none"> functions of the liver normal and abnormal liver anatomy and physiology changes to the stools, urine and skin in liver disease e.g. jaundice, bruising, scratch marks, palmar erythema, ascites, liver flap (asterixis) some of the effects of drugs metabolised by the liver effect of liver disease on other body systems, such as, mental function, cardiovascular and renal function specific acute and chronic complications and their management including: <ul style="list-style-type: none"> pruritus skin rashes as side effects of drug treatments especially in relation to viral hepatitis hypotension due to drug related, such as, Propranolol, and non-drug related reasons such as decompensated liver disease jaundice biliary complications, such as, cholecystitis and/or cholangitis portal hypertension and oesophageal varices ascites/spontaneous bacterial peritonitis hepatorenal failure hepatic encephalopathy risk of cerebral oedema in acute liver failure sepsis which often precipitates variceal bleeding or hepatic encephalopathy cardiovascular and respiratory complications coagulopathy recognise the signs and symptoms of alcohol and /or drug withdrawal altered pathophysiology and different management of decompensated liver disease and acute on chronic liver disease and their complications altered pathophysiology in acute liver failure and its management and significance of deterioration importance of nutrition in chronic liver disease 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. Starts to demonstrate attention to detail. Active in own learning. Open to receiving feedback. Open minded. Reflective. 	<p>Specific</p> <ul style="list-style-type: none"> Local protocols and guidelines Standards for clinical practice and training (joint statements) from: <ul style="list-style-type: none"> Royal College of Anaesthetists Royal College of Physicians The Intensive Care Society The Resuscitation Council NICE Guidance on Alcohol NICE Guidance on Liver NHS Blood and Transplant Policies Liver Transplant: selection criteria and recipient registration NICE (2013) <i>Quality standard end of life care.</i> RCN (2012) <i>Advanced Nurse Practitioner: An RCN guide to the advanced nurse role accreditation.</i> Gold Standards Framework for people nearing the end of life NICE (2014) <i>Safe staffing for nursing in adult inpatient wards in acute hospitals.</i> Preferred Priorities of Care

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	See above.	See above.	See above.	<ul style="list-style-type: none"> • impact of pruritus on well being and sleep patterns • the lifestyle risk factors that may influence disease severity e.g. smoking, alcohol, obesity, depression • types of investigation e.g. liver biopsy, ultrasound scanning, how to interpret results, appropriate treatment options and local guidelines • when to refer to specialist liver team • altered body image • end of life care in relation to patients with chronic liver disease. <p>Knows how to:</p> <ul style="list-style-type: none"> • undertake a comprehensive clinical assessment of patients with liver disease • identify signs of liver disease in stools and urine • communicate the purpose, results and meaning of relevant investigations • communicate to patients, family/carers and staff the need for infection prevention and control • recognise signs of liver disease and implement appropriate actions and/or referral to specialist teams. 	See above.	See above.

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Undertakes a comprehensive physical assessment and follows up with appropriate action, including referral to medical specialists for relevant chronic health care conditions.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Undertakes a comprehensive physical assessment and patient risk profiling including the early detection of other diseases and the identification of co-morbidities.</p> <p>b. Provides expert care and inter-professional collaborative practice and consultation to individual patients and service users across specific patient pathways based on holistic assessment, national guidelines, specialist competences and best practice, documenting this care as an accountable practitioner.</p> <p>c. Discusses with patients and family/carer the significance of medical investigations, test results, prognosis and treatment options.</p> <p>d. Monitors and advises on nutritional intake and supplements in collaboration with dietician to provide optimal nutrition.</p> <p>e. Implements and documents an appropriate management plan.</p> <p>f. Establishes patient concordance with treatment and recognises patient's individual treatment choices.</p> <p>g. Keeps up to date with best practice for specific patient pathways through national specialist forums, journals and networking.</p>	<ul style="list-style-type: none"> • relevant NICE guidelines and standards • early signs and symptoms of other major diseases, such as diabetes, heart disease and endocrine disease • impact of pregnancy on the liver • signs of liver disease and the impact of co-morbidities • interpreting changes to blood chemistry in liver disease, such as liver enzymes, synthetic functions such as INR/prothrombin times and albumin • investigations such as Doppler scan, endoscopy, endoscopic retrograde cholangiopancreatography (ERCP), magnetic resonance imaging (MRI) • in depth understanding of altered pathophysiology, such as ammonia levels in hepatic encephalopathy and effects of splanchnic circulation on portal hypertension and relevance to current management strategies • knowledge of precipitating factors of hepatic encephalopathy and preventative measures • patient compliance, adherence and concordance • measurements of severity and survival based on blood results, such as UKELD, MELD, Childs Pugh score and other physical factors such as ascites and hepatic encephalopathy • end of life care and its management. <p>Knows how to:</p> <ul style="list-style-type: none"> • undertake a detailed, comprehensive physical assessment in accordance with local guidelines • recognise signs and symptoms and implement appropriate actions for complications of liver disease • interpret a range of blood results • communicate to patients the impact of co-morbidities on their liver disease • differentiate between hepatic encephalopathy and alcohol withdrawal • assess for signs and symptoms of acute alcohol withdrawal utilising a validated severity scale 	<ul style="list-style-type: none"> • Values learning. • Works in partnership. • Empowering. • Embraces different perspectives. • Analytical. • Attention to detail. • Models best practice. 	

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6				<ul style="list-style-type: none"> Identify pre and post morbid mental health issues monitor optimal nutritional status act as a mentor to others. 		
7	Undertakes a comprehensive physical assessment and follows up with appropriate action, including referral to medical specialists for relevant chronic and acute health care conditions.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Assesses, diagnoses and treats people with on-going living disease and its complications.</p> <p>b. Undertakes a medical history, completes a detailed physical and nursing examination, formulates a diagnosis, initiates investigations and/or treatments and refers to specialist teams as appropriate.</p> <p>c. Diagnoses new or worsening complications of acute and chronic liver disease.</p> <p>d. Identifies early signs of other diseases.</p> <p>e. Provides the patient with information on how to manage and monitor specific symptoms.</p> <p>f. Implements end of life care for the patient and their family, provides support and refers to the appropriate health professionals.</p>	<ul style="list-style-type: none"> all causes of liver disease including those related to occupation and travel complications of acute and chronic liver disease design, implement and evaluate a management plan that included the specific signs and symptoms or side effects: such as: <ul style="list-style-type: none"> – pruritus – skin rashes as side effects of drug treatments especially in relation to viral hepatitis – hypotension due to drug related, such as propranolol, and non-drug related reasons such as decompensated liver disease – jaundice – biliary complications such as cholecystitis and/or cholangitis – portal hypertension and oesophageal varices – ascites/spontaneous bacterial peritonitis – hepatorenal failure – hepatic encephalopathy – risk of cerebral oedema in acute liver failure – sepsis which often precipitates variceal bleeding or hepatic encephalopathy – cardiovascular and respiratory complications – coagulopathy – recognise the signs and symptoms of alcohol and /or drug withdrawal • treatment regimes, including eligibility and suitability criteria for different liver diseases • options following failure of treatment, such as early referral for liver transplantation assessment in chronic liver disease • palliation of symptoms such as chemo-embolisation or paracentesis and planning for end of life care. <p>(continued)</p>	<ul style="list-style-type: none"> Role model. Interprofessional working. Collaborative. Inclusive. Strong clinical leadership. Challenges assumptions. Champions person-centred approaches. Challenges assumption and taken for granted ways of working. Actively promotes better health for patients. 	

3 Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	See above.	See above.	See above.	<p>Knows how to:</p> <ul style="list-style-type: none"> • undertake a detailed clinical and nursing assessment • undertake an abdominal assessment and other systems as appropriate. • explain significance of any investigations to patients • initiate investigations appropriately • act on investigations and interpret results including liver screen • formulate an appropriate management plan including, where appropriate, end of life care • identify acute alcohol withdrawal and safely provide pharmacological management of symptoms during an episode of acute alcohol withdrawal • administer treatment within their specialist role as a non-medical prescriber • recognise, manage and refer patients in relation to their co-morbidities • assess competence of nurses undertaking clinical assessments • act as a role model. 	See above.	See above.

4 Assesses, in collaboration with the patient (young people, adults, family/carers), their health care needs, taking into account the impact of their age, vulnerability, their lifestyle, cultural and ethnic background

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Assesses, in collaboration with the patient their health care needs, taking into account their age, vulnerability, their lifestyle, cultural and ethnic background.	Core 1 HWB2 HWB5 HWB6 HWB7 Core 6	<p>a. Undertakes a holistic health care needs assessment.</p> <p>b. Identifies patients at risk from liver disease.</p> <p>c. Explores the patient's current lifestyle, hopes and expectations.</p> <p>d. Discusses the patient's cultural/family/ethnic background and identifies personal preferences.</p> <p>e. Identifies vulnerable individuals.</p> <p>f. Maintains confidentiality in relation to patient information and data.</p> <p>g. Documents comprehensive assessment.</p> <p>h. Uses all available resources to provide information and to ascertain the patient understands their illness/treatment options in their preferred language.</p> <p>i. Establishes patient concordance with treatment and recognises patient's individual treatment choices.</p>	<ul style="list-style-type: none"> the implications of different life stages, lifestyles and risk factors on the development and progression of acute and chronic liver conditions and at end of life different cultures and faiths and the potential impact of these upon the patient's personal beliefs and viewpoints the range of resources for information and support where the patient could be referred obtaining consent from the patient legal and ethical aspects of consent. <p>Knows how to:</p> <ul style="list-style-type: none"> undertake holistic assessment including lifestyle, sexual health, social and mental health needs use alcohol screening tool consults, communicates and refers to appropriate support recognise vulnerability across the age spectrum access expertise in relation to caring for vulnerable individuals access an interpreter/cultural mediator. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) <i>NHS Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i>

4 Assesses, in collaboration with the patient (young people, adults, family/carers), their health care needs, taking into account the impact of their age, vulnerability, their lifestyle, cultural and ethnic background (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Assesses, in collaboration with the patient their health care needs, taking into account their age, vulnerability, their lifestyle, cultural and ethnic background.	Core 1 HWB2 HWB5 HWB6 HWB7 Core 6	a. Explores the impact of the patient's agreement or resistance to treatment options on their liver condition with regard to their cultural and ethnic background and life choices.	<ul style="list-style-type: none"> culture, religion and ethnicity on health beliefs lifestyle impact on liver health including chaotic lifestyle, drugs, alcohol and obesity impact of liver disease on life style and sexual health clinical governance <p>Knows how to:</p> <ul style="list-style-type: none"> assess lifestyle factors in collaboration with the patient how to assess drinking history and use tools to assess risks to patient compliance and safety manage refusal of care/treatment by patient, family or carers, and refer to a health care professional where appropriate. 	<ul style="list-style-type: none"> Models best practice. Builds relationship with peers. Shares ideas. Facilitates involvement of stakeholders. Medico-legal implication. Works in partnership. Empowering. Embraces different perspectives. 	<p>Generic (continued)</p> <ul style="list-style-type: none"> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> Equality impact assessments. MIND. NHS Public Health England - sexual health. NICE CG 100 Alcohol-use disorders: physical complications www.guidance.nice.org.uk/CG100. (continued)
7	Assesses, in collaboration with the patient their health care needs, taking into account their age, vulnerability, their lifestyle, cultural and ethnic background.	Core 1 HWB2 HWB5 HWB6 HWB7 Core 6	a. Assess, diagnose and treat patients with on-going liver disease. b. Manage and monitor complications. c. Assesses patients returning for on-going follow-up. d. Refers patients to other members of the multi-disciplinary team when appropriate. e. Audits assessment documentation in collaboration with the multi-disciplinary team. f. Participates in multi-disciplinary patient conferences. g. Keeps patients' general practitioners, and community teams/services informed of on-going consultation, health care needs and assessment progress.	<ul style="list-style-type: none"> referral systems and communication systems with general practitioners, community teams and school nurses. <p>Knows how to:</p> <ul style="list-style-type: none"> set-up, organise and run nurse-led clinics establish telephone support and counselling systems. 	<ul style="list-style-type: none"> Role model. Collaborative. Inclusive. Participative. Challenges assumptions. Champions person-centred approaches. Challenges assumption and taken for granted ways of working. Actively promotes better health for patients. 	

4 Assesses, in collaboration with the patient (young people, adults, family/carers), their health care needs, taking into account the impact of their age, vulnerability, their lifestyle, cultural and ethnic background (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	See above.	See above.	See above.	See above.	See above.	<ul style="list-style-type: none"> NICE CG 115 Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence www.guidance.nice.org.uk/CG115. NICE PH 24 Alcohol-use disorders – preventing the development of hazardous and harmful drinking. www.guidance.nice.org.uk/PH24.

5 Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Assessment of patient risk factors for liver disease.</p> <p>b. Discusses with the patient their risk factors.</p> <p>c. Develops and records a self-management plan with the patient/family/carers.</p> <p>d. Uses patient-held record/diaries.</p> <p>e. Implements appropriate brief advice and interventions.</p> <p>f. Documents interventions and shares information with the multi-disciplinary team, as appropriate.</p> <p>g. Evaluates self management plan and goals set.</p> <p>h. Demonstrates skills in mediation, conflict resolution and advocacy.</p>	<ul style="list-style-type: none"> the needs of patients who have predisposing factors to liver disease such as alcohol, viral, obesity, genetic predisposition, diabetes, sexual health available resources and where and how to access them how cultural, ethnic and religious backgrounds influence lifestyle choices the impact of living with a chronic condition in relation to self-management and adherence timely discussion of end of life care. <p>Knows how to:</p> <ul style="list-style-type: none"> work collaboratively with the patient develop and maintain a self-management plan that achieves the potential of the individual and maintains their motivation and confidence develop goals collaboratively that are SMART (specific, measurable, achievable, realistic and time-specific) benchmark around the activities of daily living and improvement strategies how and where to confidentially record and report information, the electronic record and databases, and data that can support quality improvement through sharing and peer-review refer to palliative care services and keep GP practice and related community teams informed. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASINF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014). NECPOD 2013 Measuring the units: a review of patients who died with alcohol-related liver disease, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit: <i>Liver Disease: Risk factors and treatment</i> (free access) <i>NHS Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: Decompensated Cirrhosis care Bundle: First 24 hours. NHS England (2013) <i>The 6 Cs</i>. <p>(continued)</p>

5 Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Works collaboratively with the patient and/or carers to assess their level of understanding of their condition.</p> <p>b. Identifies in collaboration with the patient and/or family/carers, who have predisposing factors for liver disease, their needs and gives appropriate advice.</p> <p>c. Discusses various lifestyle choices with the patient and possible implications for their immediate and long-term health.</p> <p>d. Identifies agreed patient goals that can be evaluated and reviewed periodically.</p> <p>e. Agrees appropriate risk profiling and investigations as part of the patient's self-management plan.</p> <p>f. Integrates support strategies for patients with deteriorating health.</p> <p>g. Helps patient to navigate their way through the health care system to achieve the most appropriate care.</p>	<ul style="list-style-type: none"> the barriers to continuity of care and how they can be overcome local networks in the hospital and the community, and knowledge of how to build good relationships long-term complications and risk profiling approaches deterioration and recognition of chronic liver disease and its impact on the patient and family/carers key outcomes that can be measured and monitored support strategies for those with deteriorating health. <p>Knows how to:</p> <ul style="list-style-type: none"> evaluate the outcomes of care for individuals and client groups in relation to both clinical outcomes and the patient's experience initiates end of life discussions with patient in collaboration with multi-disciplinary team. 	<ul style="list-style-type: none"> Models best practice. Empowering. Collaborative. Inclusive. Honest and open. Works in partnership. Embraces different perspectives. 	<ul style="list-style-type: none"> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN). NHS England The Information Standard. British National Formulary (BNF). Skills for Health. <p>Specific</p> <ul style="list-style-type: none"> National Service Frameworks – Obesity. DH (2006) <i>Our Health, Our Care, Our Say</i>. NICE (2014-5) <i>Guidance on obesity</i>. DH (2001) <i>Expert Patient</i>. RCN (2010) <i>Principles of Nursing Practice</i>.

5 Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Develops and evaluates a self-management plan with the patient who has predisposing factors to liver disease.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Enables continuity of care for those patients with complex health needs to implement their self-management plan, such as in the community.</p> <p>b. Works collaboratively to manage the patient's symptoms such as ascites, hepatic encephalopathy between primary and secondary care.</p> <p>c. Recognises early need for discussion about patients preferences in end of life planning and care.</p> <p>d. Develops a collaborative plan of care with patient and family for managing end-stage liver disease, palliation and symptom control for end of life care.</p>	<ul style="list-style-type: none"> the principles of care in respect to complex health needs long-term and chronic disease delivery care pathways including end of life care choices available to the patient for end of life care around home, hospice and hospital. <p>Knows how to:</p> <ul style="list-style-type: none"> plan, deliver and evaluate care for people with predisposing factors of liver disease build and strengthen community and hospital relationships to create seamless services innovate and improve services to enhance health-related quality of life recognises when end of life care needs to be discussed and planned for lead patient conferences and peer review engage with patient to explore end of life choices work with the multi-disciplinary team and primary care to plan end of life care. 	<ul style="list-style-type: none"> Role model. Interprofessional working. Champions person-centred approaches. Challenges assumptions and taken for granted ways of working. Actively promotes better health for patients. Strong clinical leadership. Visible in practice settings. 	See above.

6 Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Provides simple psychological and social interventions and seeks support appropriately.	KSF Core1 HWB2 HWB4 HWB5 HWB6	<p>a. Provides support and encouragement by familiarising the patient with the ward or clinic environment (such as toilet location, meal times, visiting times).</p> <p>b. Communicates treatment plans clearly and recognises that hospitalisation is a major stress factor for patients.</p> <p>c. Listens and empathises with the patient, documents information and discusses with all involved in the care, and takes appropriate action.</p> <p>d. Seeks support from colleagues in response to distressing conversations.</p>	<ul style="list-style-type: none"> verbal and non-verbal communication including paralanguage such as silence, sighs, clicking of the tongue and other non-verbal utterances. 	<ul style="list-style-type: none"> Aware of role limitations and when to obtain help. Person centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Pride in work. Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. NHS Commission Board <i>Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD.
5	Works alongside the patient and families/carers to address psychological and social impact of their condition.	KSF Core1 HWB2 HWB4 HWB5 HWB6	<p>a. Identifies verbal and non-verbal signs of distress, supports the patient, discusses with the medical teams and refers to the psychology team or local psychology service.</p> <p>b. Assesses patient and identifies social problems that require support.</p> <p>c. Identifies social issues, including education, employment, housing and welfare, and makes appropriate referral to social workers or non-health agencies.</p> <p>d. Provides support and identifies psychological and social needs in relation to the impact of the condition in general e.g. stigma related to chronic liver disease.</p> <p>e. Initiates communication during assessment and during the patient's journey using open/closed questions and provides an environment for effective communication.</p> <p>f. Identifies communication problems within family relationships and/or partner relationships.</p> <p>g. Raises concerns to appropriate members of the MDT in primary or secondary care.</p>	<ul style="list-style-type: none"> signs and symptoms of altered mental state, memory loss cultural expressions/ways of expressing distress and pain cultural variations in ways of communication different communication strategies psychological support services or other resources available such as bilingual health advocates how to support patients to concord with treatment how to enable patients to manage expectations manage young people's and adults need for long term care the impact of safe sexual health on relationships the needs of homeless people and awareness of local homeless care pathways managing the stigma and public assumptions around chronic liver disease e.g. jaundice and ascites the social impact of altered mental state in relation to relationships, employment, self care the roles of psychologists and social workers within the multidisciplinary team. the psychological impact of alcohol and / or drug misuse <p>Knows how to:</p> <ul style="list-style-type: none"> assess social support and mental health. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Empowering. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Empowering. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care.

6 Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Works alongside the patient and families/carers to address psychological and social impact of their condition.	KSF Core1 HWB2 HWB4 HWB5 HWB6	<p>a. Assesses patient and identifies potential or actual psychological problems.</p> <p>b. Identifies strengths and weakness, and an individual's coping strategies when this has been called into question; reassures the individual and makes an appropriate referral to the psychology team or local psychology/psychiatry service.</p> <p>c. Creates and evaluates a care plan based on achievable goals, strengths and weaknesses, coping strategies, family and social support.</p> <p>d. Identifies individuals with long-term complications affecting mental capacity such as cerebral atrophy, chronic hepatic encephalopathy, Wernicke's encephalopathy or Korsakoff's psychosis.</p> <p>e. Demonstrates the ability to investigate personal background and identify family dynamics that might have an impact on health.</p> <p>f. Identifies communication problems within family relationships and/or partner relationships and takes appropriate action.</p> <p>g. Advises, supports and signposts patient and family/carers to community services available</p> <p>h. Makes referrals where appropriate.</p>	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> signs and symptoms of altered mental state, memory loss and thresholds for referral to psychology team or local mental health service the criteria and thresholds for referral to psychiatry services complexity of psychological needs of young people and adults in relation to long term care strategies used to support and meet the needs and/or expectations of homeless people. <p>Knows how to:</p> <ul style="list-style-type: none"> manage external factors e.g. family dynamics. 	<ul style="list-style-type: none"> Models best practice. Partnership. Inclusive. Embraces different perspectives. Values others. Develops trust. Willing to learn from own practice. 	<ul style="list-style-type: none"> NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) NHS Atlas of Variation: <i>Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health

6 Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Works alongside the patient and families/carers to address psychological and social impact of their condition.	KSF Core 3 HWB2 HWB4 HWB5 HWB6	<p>a. Assesses anxiety and depression using risk profiling tools coping strategies; implements care and carries out an evaluation based on the problems identified.</p> <p>b. Undertakes assessment that includes mental health; identifies mental health issues and psycho-social issues and makes appropriate referral(s).</p> <p>c. Refers to and works closely with social services.</p> <p>d. Recognises the needs of family/carers who care for the patient with liver disease, offers support and signposts them to appropriate agencies.</p>	<ul style="list-style-type: none"> the emotional/psycho-social impact of chronic disease manifestation potential impact of social deprivation on health status and liver health collaborative working with psychosocial specialists to deliver care risk profiling tools for depression and anxiety such as PHQ9 (recommended by NSG 91, NICE), CORE and HADS questionnaires interventions, e.g. cognitive behavioural therapy (CBT) motivational techniques risk assessment for lone worker/setting <p>Knows how to:</p> <ul style="list-style-type: none"> take a full comprehensive history, identify actual and potential problems and take appropriate action undertake mental health and depression/anxiety assessments and use assessment tools maintain close relationships with psychosocial specialists and social care services 	<ul style="list-style-type: none"> Role model. Collaborative. Challenges assumptions and taken for granted ways of working. Active promotes better health for patients. Values learning. Strong clinical leadership. 	<p>Specific</p> <ul style="list-style-type: none"> DH, <i>Long Term Conditions – Improving Access to Psychological Therapies.</i> <i>The Psychological Care of Medical Patients: A Practical Guide</i> (2003). <p>Report of a joint working party of the Royal College of Physicians and the Royal College of Psychiatrists.</p> <ul style="list-style-type: none"> NICE <i>Guidance on anxiety and depression.</i> Government <i>Guidance Living Will and Advanced Directives information.</i>

7 Provides specific diagnostic/treatment options safely:

7.1 Undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease

It is recognised that in some organisations phlebotomy and cannulations may be undertaken by Competence Level 1-5. This competence specifically relates to liver patients with difficult access.

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6	Provides specific diagnostic/treatment options safely with regards to: <i>undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease.</i>	HWB7 Core 2 Core 3 G1	a. Assesses the clinical need for venepuncture/cannulation taking into consideration that patients with liver disease may be immunocompromised or have altered coagulopathy/ peripheral oedema. b. Listens and responds to the patient's and their carer/family's suggestions and is sensitive to family/carer concerns (particularly when the patient is a young person) and acknowledges the adult as an expert patient. c. Collaborates with the patient to identify points of venous access. d. Identifies alternative approaches for patients with 'poor access' and oedema, and identifies strategies for patients to take their own blood. e. Selects vein informed by a range of factors, e.g. with regards to pain and aseptis. f. Prepares patient using comforting and distracting strategies, e.g. use of topical anaesthetic cream or spray, distraction and comfort. g. Agrees with the patient what to do if difficulty taking bloods or with cannulation, e.g. number of times to try. h. Undertakes blood investigations/cannulation safely and identifies the patient verbally or via patient identification bracelet. i. Records, observes and monitors cannula site. j. Supports the patient who regularly takes their own blood. k. Where applicable trains and supervises others in cannulation/phlebotomy techniques and care. l. Undertakes cannulation/phlebotomy using ultrasound techniques or vein illumination.	<ul style="list-style-type: none"> patient safety and consent local guidance and policies anatomy and physiology of arteries and veins different types of cannulation/butterflies or needle sizes needle stick guidance/policies the impact of continued access to veins distraction techniques when it is appropriate for the patient to take their own blood the increased risk of keloid/scarring/infection/psychological distress possible complications aids to dilate venous access alternatives to cannulations for patients with poor access needle phobias relating to the patient's past medical history the treatment and management of iron overload diseases theoretical knowledge required to undertake ultrasound and use vein illumination devices criteria, techniques and hazards when using femoral/jugular stabs for blood taking own scope of practice and limitations. <p>Knows how to:</p> <ul style="list-style-type: none"> recognise, manage and deal with needle phobias, its impact on families and carers refer to specialist help when relevant recognise and act on complications and with emergency situations. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Patient centred and compassionate. Listens. Understanding. Non-judgmental. Welcoming. Open to receiving feedback. Confidential. Works in partnership with others. Person-centred approach. Thinks creatively. Develops trust. Provides choices. Willing to reflect on and learn from own practice. Values others. Provides high support and high challenge. Embraces different perspectives. Models best practice. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. NHS Commission Board <i>Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access)

7 Provides specific diagnostic/treatment options safely: (continued)

7.1 Undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease (continued)

It is recognised that in some organisations phlebotomy and cannulations may be undertaken by Competence Level 1-5. This competence specifically relates to liver patients with difficult access.

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors (continued)
7	Provides specific diagnostic/treatment options safely with regards to: <i>undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease.</i>	HWB7 Core 2 Core 3 G1	a. Accepts referrals of complex/chaotic patients if appropriate. b. Gains informed consent in the complex/chaotic patient. c. Undertakes and interprets a risk assessment for the patient. d. Undertakes jugular and femoral venepuncture safely if appropriate according to local policy. e. Maintains own competence in these procedures in line with local and national guidance. f. Trains, educates and assesses other health care professionals in ultrasound and use of vein illumination devices. g. Undertakes audit and service evaluation such as complications and infection rates or patient experience.	<ul style="list-style-type: none"> appropriate assessment skills underpinned by relevant anatomy and physiology when it is appropriate to use jugular or femoral routes for venepuncture the complex issues that patients may present with protocol and service development. <p>Knows how to:</p> <ul style="list-style-type: none"> cannulate a patient safely via jugular or femoral venepuncture and possible complications interpret risk assessment and involves other health care professionals if appropriate. 	<ul style="list-style-type: none"> Champions patient-centred approach. Role model. Values learning. Collaborative working across services. 	<p>Generic (continued)</p> <ul style="list-style-type: none"> NHS <i>Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children’s Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson’s Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> National Guidelines Centre (2013). CG174 <i>Intravenous fluid therapy for adults in hospital.</i> Local protocols and guidelines in relation to the management of blood spillages. <p>(continued)</p>

7 Provides specific diagnostic/treatment options safely: (continued)

7.1 Undertaking phlebotomy and cannulation in the patient with difficult access associated with their liver disease (continued)

It is recognised that in some organisations phlebotomy and cannulations may be undertaken by Competence Level 1-5. This competence specifically relates to liver patients with difficult access.

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	See above.	See above.	See above.	See above.	See above.	<ul style="list-style-type: none"> • RCN (2013) <i>Competences: an education and training competence framework for capillary blood sampling and venepuncture in children and young people.</i> • NICE (2002). <i>Guidance on the use of ultrasound locating devices for placing central venous catheters.</i> TA49. • Local guidance on ultrasound techniques or vein illumination.

7 Provides specific diagnostic/treatment options safely: (continued)

7.2. Nutrition and fluid management/hydration in patients with liver disease

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Provides specific interventions safely with regards to: <i>nutrition and fluid management/hydration in patients with liver disease.</i>	Core 1 HWB7 Core 3	<p>a. Measures and records weight accurately.</p> <p>b. Undertakes regular observation of fluid balance and blood sugar.</p> <p>c. Records accurately fluid balance and nutritional input.</p> <p>d. Observes and records input and output.</p> <p>e. Reports on abnormal measures to senior staff member.</p> <p>f. Recognises importance of fluid management/hydration and nutrition.</p> <p>g. Helps patients to eat and drink.</p> <p>h. Documents all observations and actions accurately.</p>	<ul style="list-style-type: none"> • weight and BMI • vulnerability to weight and muscle loss because of liver disease • patient difficulties in meeting nutritional requirements due to symptoms such as early satiety, nausea and changes in taste • need to monitor urine output. • oral fluid and nutritional intake targets/restrictions • when to report failure to meet nutritional requirements and who to report to. <p>Knows how to:</p> <ul style="list-style-type: none"> • maintain fluid balance charts • calculate fluid balance on input and output fluid balance. 	<ul style="list-style-type: none"> • Aware of role limitations and when to obtain help. • Person centred and compassionate. • Listens. • Understanding. • Welcoming. • Open to receiving feedback. • Confidential. • Pride in work. • Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> • NMC documents and guidance. • Royal College of Nursing documents and guidance. • RCN Gastrointestinal Nursing Forum. • British Association for the Study of the Liver Nurses Forum (BASLNF). • British Liver Nurses Forum (BLNF). • NHS England. • DH (2009) <i>Making a Difference.</i> • Public Health England. • NHS Employers and Skills Framework. • Gold Standards Framework for people nearing the end of life. • NHS (2009) <i>core competences for end of life care.</i> • National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care.</i>

7 Provides specific diagnostic/treatment options safely: (continued)

7.2. Nutrition and fluid management/hydration in patients with liver disease

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Provides specific interventions safely with regards to: <i>nutrition and fluid management/hydration in patients with liver disease.</i>	HWB7 Core 2 Core 3	<p>a. Undertakes regular nutritional screening using appropriate nutritional tool i.e. MUST or other local guideline.</p> <p>b. Documents and reviews nutrition and hydration status on a regular basis.</p> <p>c. Commences a food chart/diary when appropriate.</p> <p>d. Monitors and acts on effectiveness of nutritional interventions.</p> <p>e. Assesses whether the patient is able to hydrate themselves or not (considers patient for intravenous or nasogastric fluids).</p> <p>f. Educates the patient and family about inappropriate high salt foods that should not be eaten in patients with ascites.</p> <p>g. Assesses potential for refeeding syndrome.</p> <p>h. Maintains vigilance when patients are self-caring (looking after themselves).</p> <p>i. Refers to dietitian in a timely manner and is able to give the relevant nutritional/medical history required for the referral.</p>	<ul style="list-style-type: none"> nutritional guidelines and local screening tools nutritional needs in patients with liver disease recognition that weight/BMI may not reflect the patients nutritional status e.g. may still be malnourished awareness of inappropriate dietary restrictions such as low fat or low protein diets foods high in salt the importance of daily weight for people with ascites and external biliary drains understanding of rationale for use of intravenous fluid e.g. not using saline solutions for people with ascites weight and weight loss if on diuretics altered taste reduced appetite due to ascites and/or jaundice and GI disturbance why a stool chart may be used and be aware of changes in bowels habits associated with liver diseases appropriate food types and the role of small and regular meals (six per day) special dietary and hydration requirements such as no added salt diet, sip feeds, vitamin supplementation, use of fluid restriction e.g. hyponatraemia, late evening snacks refeeding syndrome awareness that if patient detoxifying at risk of malnutrition. <p>Knows how to</p> <ul style="list-style-type: none"> identify the patient at risk of refeeding syndrome. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<ul style="list-style-type: none"> NICE liver guidance. Mental Capacity Act 2005. NHS Commission Board Safeguarding vulnerable people in the reformed NHS. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) NHS Atlas of Variation: Liver (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children’s Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson’s Disease Support Group (UK) PBC Foundation

7 Provides specific diagnostic/treatment options safely: (continued)

7.2. Nutrition and fluid management/hydration in patients with liver disease

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors (continued)
6	Provides specific interventions safely with regards to: <i>nutrition and fluid management/hydration in patients with liver disease.</i>	HWB7 Core 2 Core 3	a. Recognises the deteriorating nutritional state of the liver patient. b. Assesses and manages the patient at risk of refeeding syndrome. c. Works closely with other MDT members such as dietitian, diabetes specialist nurse. d. Estimates dry weight. e. Works with patient and family/carer to implement and improve nutritional intake with goal setting. f. Uses and evaluates a range of nutritional and hydration strategies. g. Works with the patient/family to help them understand the importance for enteral feeding despite reluctance. h. Instigates enteral feeding as prescribed. i. Supports the patient and family/carer with home enteral feeding if required as a long term nutritional goal.	<ul style="list-style-type: none"> protein energy malnutrition and effects on liver patients strategies to reduce protein energy malnutrition such as late evening snacks, high fat supplements i.e. calogen/liquigen vitamin supplementation to address/avoid such as osteoporosis, peripheral neuropathy steatorrhoea and its effects on weight loss dry weight and its importance for recognising malnutrition types of enteral feeding such as nasogastric, nasojejunal tube if appropriate. 	<ul style="list-style-type: none"> Empowering. Developing trust. Values others. Values learning. Reflect on and learn from own practice. Models best practice. Thinks creatively. 	<ul style="list-style-type: none"> Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> NHS England Notional Patients Safety and Alerts. RCN - Nutrition and Hydration. MUST tool. ESPEN guidelines.
7	Provides specific diagnostic/treatment options safely with regards to: <i>nutrition and fluid management/hydration in patients with liver disease.</i>	HWB7 Core 2 Core 3	a. Undertakes a nutritional needs reassessment. b. Recognises and acts upon deteriorating nutritional status e.g. patient with end stage chronic liver disease. c. Supports patient and family/carer with meeting and evaluating their nutritional and hydration needs. d. Investigate if required for other causes of weight loss.	<ul style="list-style-type: none"> complexity of nutritional needs for patients with impinging factors such as use of corticosteroids causing labile blood sugars; weight loss during antiviral therapy <p>Knows how to:</p> <ul style="list-style-type: none"> communicate effectively with the MDT and primary care monitor patients on home enteral feeding and goal achievement have complex discussions with patients wishing to discontinue enteral feeding support the patient regarding stigma related to having a long term nasogastric tube in situ. 	<ul style="list-style-type: none"> Role model. Visible in practice settings. Champions patient-centred approach. Collaborative working across services. Strong clinical leadership. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.3. Pharmacological treatment and side-effects

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Provides specific interventions safely with regards to: <i>pharmacological treatment and side-effects</i>	Core 1 HWB7 Core 3	<p>a. Assesses patient's knowledge and understanding of their medication and its effects.</p> <p>b. Provides patient information about medications and their side-effects.</p> <p>c. Ensures patient is safe at all times by observing, monitoring and recording all identified side-effects and taking appropriate actions.</p> <p>d. Is alert to medications that should not be used with people with liver disease.</p> <p>e. Documents non-compliance with medications within medical and nursing notes.</p> <p>f. Ensures primary or secondary care providers receive patient medication information.</p>	<ul style="list-style-type: none"> pharmacological therapies used in acute and chronic liver disease including: <ul style="list-style-type: none"> -dose regime -contraindications e.g. contraception -drug interactions -side effects -management/monitoring core medication used such as spironolactone, lactulose, propranolol, azathioprine, prednisolone and rifaximin awareness of medications used in the prophylaxis / secondary prevention of complications of cirrhosis (such as GI bleed, SBP and hepatic encephalopathy) such as propranolol, ciprofloxacin, rifaximin in line with local antibiotic policy medications that are contraindicated in liver disease e.g. NSAIDs, aspirin impact of analgesia on constipation that can lead to hepatic encephalopathy medications that lead to over-diuresis e.g. diuretics causing renal impairment / electrolyte imbalance and hepatic encephalopathy safe alcohol withdrawal regime. medications that can precipitate hepatic encephalopathy; sedatives such as barbiturates or benzodiazepines <p>Knows how to:</p> <ul style="list-style-type: none"> recognise potential effects on the patient of non compliance such as development of hepatic encephalopathy, increase in ascites, gastrointestinal bleeding. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASINF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD.
6	Provides specific interventions safely with regards to: <i>pharmacological treatment and side-effects</i>	Core 1 HWB7 Core 3	<p>a. Reviews and builds on understanding of the patient and family/carer and also other staff members with regard to medication and the side effects.</p> <p>b. Works with the pharmacist to provide appropriate information and guidance to patients and family/carer and also staff.</p> <p>c. Investigates and addresses reasons for non compliance and refers to appropriate MDT members.</p> <p>d. Co-ordinates and acts as a point of contact regarding initial medication enquiries.</p>	<ul style="list-style-type: none"> how the medication works in relation to underlying pathophysiology e.g. aldosterone antagonistic properties of spironolactone reasons why patients may be non-compliant and who to refer to the indication of individual medications, when to continue or discontinue use and communicate with appropriate MDT member e.g. prevention of antibiotic resistance, prevention of Wernicke's encephalopathy. <p>Knows how to:</p> <ul style="list-style-type: none"> communicate with the patient risks and benefits of possible treatment regimes. 	<ul style="list-style-type: none"> Models best practice. Empowering. Works in partnership with others. Open to receiving feedback. Challenges others to maintain patient safety. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.3. Pharmacological treatment and side-effects (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Provides specific diagnostic/treatment options safely with regards to: <i>pharmacological treatment and side-effects</i>	Core 1 HWB7 Core 3	<p>a. Is an independent/supplementary non-medical prescriber (NMP).</p> <p>b. Undertakes a full comprehensive assessment and history and initiates treatment according to local guidance or protocol.</p> <p>c. Obtains informed consent from patient and carer to prescribe as a NMP.</p> <p>d. Monitors and assesses the patient's progress as appropriate to the patient's condition and the medicines prescribed by the non-medical prescriber whom he/she has assessed for care during the patient episode.</p> <p>e. Communicates with primary and secondary care teams about initiation or changes in medications.</p> <p>f. Ensures patients/carer aware of how medications work, possible side-effects and duration of treatment.</p> <p>g. Keeps up to date with local trust updates for own prescribing practice.</p> <p>h. Prescribes for people with liver disease within dedicated clinical management plans in conjunction with consultant leads as an independent and supplementary non-medical prescriber.</p> <p>i. Works with trust clinical lead for Non Medical Prescribing and pharmacist to develop relevant pathways for prescribing for patients with liver disease.</p> <p>j. Audits prescribing decisions and presents yearly data to clinical forums.</p> <p>k. Prescribes for patients with liver disease within local, national and international guidelines.</p>	<ul style="list-style-type: none"> independent/supplementary prescribing and related roles and responsibilities improving patient care without compromising patient safety making it easier for patients to get the medication they need increase patient choice in accessing medicines making better use of the skills of health professionals contribute to the introduction of more flexible team working across the NHS consequences of non compliance with medication for patients with Hepatitis C e.g. possible future resistance to drugs local and national prescribing guidelines relevant to role roles and responsibilities of the NMP in relation to their own prescribing practice within their role e.g. a non-medical prescriber can only order a drug for a patient whom he/she has assessed for care during the patient episode. that independent prescribers must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance. legal and ethical aspects of prescribing. <p>Knows how to:</p> <ul style="list-style-type: none"> obtain up to date knowledge about safety of medicines prescribe safely and within the bounds of individual NMP role recognise his or her own limitations/competences and to refer to the appropriate medical doctor for assessment or prescribing outside his/her level of practice or expertise be reviewed for competence through Knowledge and Skills Framework (KSF) and annual appraisal process notify the Medicines and Health Care Products Regulatory Agency via the ADR Reporting Scheme in the event of any adverse reaction to medication. 	<ul style="list-style-type: none"> Attention to detail. Role model. Challenges others. Learning from own practice. Active learner. Develops trust. Actively promotes better health for patients. Challenges assumptions and taken for granted ways of working. Vigilance. 	<p>Generic (continued)</p> <ul style="list-style-type: none"> NHS IQ (improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) NHS Atlas of Variation: <i>Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health (<i>currently under review</i>). General Pharmaceutical Council (2012) <i>The standards, ethics and performance</i>

7 Provides specific diagnostic/treatment options safely: (continued)

7.3. Pharmacological treatment and side-effects (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
8	Provides specific interventions safely with regards to: <i>pharmacological treatment and side-effects</i>	Core 1 HWB7 Core 3	<ul style="list-style-type: none"> a. Is an independent/supplementary non-medical prescriber. b. Prescribes for patients with liver disease and a range of clinical problems, such as, diabetes and hypertension. c. Provides clinical supervision to new NMP. d. Identifies gaps in the service where NMP will improve patient quality. e. Works across sectors and develop outreach services. f. Develops and leads implementation of NMP to improve patient access to a quality service. 	<ul style="list-style-type: none"> the impact of a range of clinical problems, such as, diabetes and hypertension on prescribing practice managing the patient with complex co-morbidities. <p>Knows how to:</p> <ul style="list-style-type: none"> prescribe safely for people with liver disease and associated clinical problems. 	<ul style="list-style-type: none"> Strong clinical leadership. Collaborative working across services. Champions person-centred approach. Passionate about patient safety. 	<p>Specific</p> <ul style="list-style-type: none"> NMC (2015) <i>The Code</i>. NMC (2010) <i>Standards for Medicines Management</i>. NICE Guidance for Hepatitis B and C Treatment. Local guidelines and protocols. Non-Medical prescribing. University of Liverpool Centre for Drug Safety and Science <ul style="list-style-type: none"> – MHRA website alerting service – NMC (2006) <i>Standards of Proficiency for Nurse and Midwives Prescribers</i> (currently under review). General Pharmaceutical Council (2012) <i>The standards, ethics and performance</i> NICE medicines and prescribing Department of Health (April 2006) <i>Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (archived but available)</i>.

7 Provides specific diagnostic/treatment options safely: (continued)

7.4. Non-invasive diagnostics and treatment options

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Provides specific interventions safely with regards to: <i>non-invasive diagnostics and treatment options</i>	Core 1 HWB7 Core 3	<p>a. Communicates effectively with the individual regarding the need for non-invasive liver screen (NILS) testing.</p> <p>b. Explains to patients other non-invasive approaches that may be used.</p> <p>c. Prepares patients and their families for non-invasive diagnostics and what to expect.</p> <p>d. Ensures follow-up in place with lead clinician or GP for discussion of results.</p> <p>e. Documents clear and accurate information relating to investigations requested in line with local policy.</p>	<ul style="list-style-type: none"> non-invasive liver screening such as blood analysis, ultrasound scanning and Fibroscan understands the range of blood tests within a non-invasive liver screen demonstrates knowledge of basic liver conditions and key specialist interventions normal parameters of a non-invasive liver screen. <p>Knows how to:</p> <ul style="list-style-type: none"> access further support and expertise to allay patients fears and anxieties. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. Patient centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality)
6	Provides specific interventions safely with regards to: <i>non-invasive diagnostics and treatment options</i>	HWB7 Core 2 Core 3	<p>a. Explains the outcomes of non-invasive diagnostics to patients and families.</p> <p>b. Acts upon results and initiates, implements and evaluates selected interventions, e.g. health advice regarding NAFLD.</p> <p>c. Refers to appropriate health care personnel.</p> <p>d. Establishes rapport and is able to support the patient with complex and potentially stressful diagnosis and treatments in a range of situations.</p> <p>e. Discusses potential differential diagnoses.</p>	<ul style="list-style-type: none"> limitations of NILS and advises on the possibility of future tests liver conditions, key specialist interventions and therapies appropriate to the liver patient normal and abnormal results differential diagnoses local care pathways. <p>Knows how to:</p> <ul style="list-style-type: none"> refer to relevant health care professionals such as liver specialist teams, dietitian, alcohol services access other interfacing services such as diabetes, cardiology. 	<ul style="list-style-type: none"> Models best practice. Empowering. Works in partnership with others. Open to receiving feedback. Challenges others to maintain patient safety. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.4. Non-invasive diagnostics and treatment options

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Provides specific diagnostic/treatment options safely with regards to: <i>non-invasive diagnostics and treatment options.</i>	HWB7 Core 2 Core 3 G1	a. Provides and receives highly complex, sensitive or contentious information. b. Communicates very sensitive, complex condition related information to patients, relatives with empathy and reassurance. c. Refers appropriately following diagnosis, for further haematological, biochemical, virology and genetic testing across a range of liver disorders such as abdominal ultrasound, computerised tomography/magnetic resonance scan within own scope of professional practice. d. Initiates timely and appropriate consultation, referrals and collaboration with other health care providers. e. Accepts direct referrals/develops care pathways across primary/secondary care.	<ul style="list-style-type: none"> clinical pathways for treatment e.g. hepatitis C, hepatitis B, alcohol, obesity initiation and monitoring of specific treatments communicating complex and potentially sensitive information a range of liver diseases at a highly developed level that incorporates evidence base and experience the role of non medical prescribing to deliver quality care in both primary and secondary setting. <p>Knows how to:</p> <ul style="list-style-type: none"> interpret complex results and investigations. 	<ul style="list-style-type: none"> Attention to detail. Role model. Challenges others. Learning from own practice. Active learner. Develops trust. Actively promotes better health for patients. Challenges assumptions and taken for granted ways of working. Vigilance. 	<p>Generic (continued)</p> <ul style="list-style-type: none"> Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) NHS Atlas of Variation: <i>Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> Local policies.
8	Provides specific interventions safely with regards to: <i>non-invasive diagnostics and treatment options.</i>	HWB7 Core 2 Core 3 G1	a. Co-ordinates and delivers seamless care and providing appropriate short and long term follow up following non-invasive diagnostics and treatments. b. Able to work independently as the clinical lead in either primary or secondary care. c. Initiates audit to review patient and carers experience of specific interventions, pathways and services. d. Works with commissioners to identify local and strategic needs for developing care pathways within liver services.	<ul style="list-style-type: none"> audit and research contemporary evidence base local commissioning arrangements new treatment options for liver disease working in an outreach role to deliver liver services. 	<ul style="list-style-type: none"> Strong clinical leadership. Collaborative working across services. Champions person centred approach. Passionate about patient safety. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.5 Invasive diagnostics and treatment options

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5	Provides specific interventions safely with regards to: <i>invasive diagnostics and treatment options</i>	Core 1 HWB7 Core 3	a. Explains to patient the different invasive approaches, possible side effects and complications. b. Answers patients questions or if unable to then access information from appropriate others. c. Prepares patients for invasive procedures. d. Monitors patients following invasive procedures for side-effects or complications. e. Documents all observations and actions accurately.	<ul style="list-style-type: none"> normal anatomy and physiology of the liver and biliary system invasive approaches to liver investigations and treatments, including: <ul style="list-style-type: none"> –endoscopy –endoscopic retrograde cholangiopancreatography (ERCP) –external biliary drain –endoscopic ultrasound –liver biopsy –paracentesis –transjugular intrahepatic portosystemic shunt (TIPS) –transarterial chemoembolisation (TACE) radio frequency ablation (RFA) the general side effects of invasive interventions such as; hypovolaemic shock, pain, sepsis, acute kidney injury –pleurex drains. <p>Knows how to:</p> <ul style="list-style-type: none"> recognise and act on complications following the above procedures. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. Patient centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Patient safety. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access) <p>(continued)</p>
6	Provides specific interventions safely with regards to: <i>invasive diagnostics and treatment options</i>	HWB7 Core 2 Core 3	a. Explains to patient and carers treatment criteria and protocols. b. Develops and evaluates appropriate care management plan following therapeutic intervention. c. Gives patient and carers advice on follow up and on-going and future care requirements. d. Signposts patients and carers to other care options such as community palliative care. e. Develops, in conjunction with other health care professionals, a management plan for refusal of treatment.	<ul style="list-style-type: none"> biliary complications and cholangitis liver disease, co-morbidities and the impact on treatment outcomes e.g. cirrhosis/fibrosis fluid replacement protocols in paracentesis rationale for TIPS in emergency and therapeutic situations possible complications of TIPS and management options different therapeutic options their strengths, weaknesses and side-effect side effects of treatments such as transarterial chemoembolisation (TACE), radio frequency ablation (RFA), other new treatments being used in different liver centres. 	<ul style="list-style-type: none"> Models best practice. Empowering. Works in partnership with others. Open to receiving feedback. Challenges others to maintain patient safety. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.5 Invasive diagnostics and treatment options

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
6				<p>Knows how to:</p> <ul style="list-style-type: none"> interpret results in conjunction with other health care professionals give relevant information and advice following treatment intervention involve relevant primary care health professionals. 		<p>Generic (continued)</p> <ul style="list-style-type: none"> NHS Atlas of Variation: Liver (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children’s Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson’s Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health
7	Provides specific diagnostic/treatment options safely with regards to: <i>invasive diagnostics and treatment options.</i>	HWB7 Core 2 Core 3 G1	<p>a. Reviews with the patient and carer possible therapeutic options.</p> <p>b. Assesses effectiveness of the treatment options.</p> <p>c. Provides in-depth information to patient and carers about therapeutic treatments and options.</p> <p>d. Evaluates effectiveness of the care management plan.</p> <p>e. Works with other health care professional to provide on-going follow up and care.</p> <p>f. Discusses relevant treatment options with patient and carers such as referral to palliative care services.</p> <p>g. Works across primary and secondary care to co-ordinate appropriate/specific care pathway.</p>	<p>Knows how to:</p> <ul style="list-style-type: none"> purpose and criteria for each intervention side-effects/ complications and how they should be managed of: <ul style="list-style-type: none"> –endoscopy –ERCP –external biliary drain –endoscopic ultrasound –liver biopsy –paracentesis –transjugular intrahepatic portosystemic shunt (TIPS) –TACE/RFA criteria for invasive liver risk profiling and whether the results will change patient management e.g. management of Non Alcoholic Fatty Liver Disease (NAFLD) in primary and secondary care role of invasive risk profiling in relation to making a diagnosis or assessment for treatment such as liver transplant. <p>Knows how to:</p> <ul style="list-style-type: none"> interpret complex results and investigations refer to relevant specialist. 	<ul style="list-style-type: none"> Patient safety. Attention to detail. Role model. Challenges others. Learning from own practice. Active learner. Develops trust. Actively promotes better health for patients. Challenges assumptions and taken for granted ways of working. Vigilance. 	

7 Provides specific diagnostic/treatment options safely: (continued)

7.5 Invasive diagnostics and treatment options

Nurses operating at this level will need to have received appropriate interventional training and assessed competence as defined by their organisation.

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
8	Provides specific interventions safely with regards to: <i>invasive diagnostics and treatment options.</i>	HWB7 Core 2 Core 3 G1	<p>a. Undertakes a full comprehensive assessment and history and initiates treatment according to local guidance or protocol.</p> <p>b. Ensures clinical justification of the examination request and appropriate indication for procedure, assessing any contraindications.</p> <p>c. Undertakes the following procedures safely within agreed competence limits and organisational protocols:</p> <ul style="list-style-type: none"> – paracentesis – liver biopsy – endoscopy. <p>d. Evaluate the effectiveness of the intervention and need for further intervention.</p> <p>e. Takes appropriate action in the event of complications and liaises with medical team as required.</p> <p>f. Ensures safe discharge of the patient with agreed follow up for discussion of results.</p> <p>g. Provides advice on need for future treatment options.</p> <p>h. Liaises with appropriate medical team or other health care professionals.</p>	<ul style="list-style-type: none"> • in-depth anatomy, physiology and pathology in relation to the therapeutic option: <ul style="list-style-type: none"> –paracentesis –liver biopsy –endoscopy • boundaries of competence and how to keep this up to date • informed consent and legal implications • morbidity and mortality risks associated with the above procedures and how these can be minimised and recognised. <p>Knows how to:</p> <ul style="list-style-type: none"> • obtain informed consent • ensure patient parameters prior to procedures are within agreed limits • safely operate ultrasound machine in line with local policies • recognise abnormal anatomy such as biliary obstruction and focal abnormalities. • undertake procedures safely and according to protocols • recognises and act on side effects and complications • interpret results and communicates to others • document procedures correctly and communicates to patient and general practitioner • participate in peer review. 	<ul style="list-style-type: none"> • Strong clinical leadership. • Collaborative working across services. • Champions person-centred approach. • Passionate about patient safety. 	<p>Specific</p> <ul style="list-style-type: none"> • Local protocols and patient pathways. • BSG Guidance on Liver Biopsy (2004). • Upper GI Bleeding (2015). • AASLD guidelines: ascites due to cirrhosis and date (2012) and liver biopsy (2014). • EASL clinical practice guidelines on the management of ascites, spontaneous bacterial peritonitis and hepatorenal syndrome in cirrhosis. • Joint Advisory Group for GI Endoscopy. • RCN (2012) Advanced Nurse practitioner and RCN Guide to advanced nursing practice, advanced nurse practitioner and programme accreditation. • NICE guidance on liver conditions and treatments.

8 Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition and takes appropriate action

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
1-4	Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition, and takes appropriate action.	HWB2 HWB3 Core 3	<p>a. Assesses patient's well-being.</p> <p>b. Undertakes clinical observations and documents in appropriate place.</p> <p>c. Uses early warning tools to pick up changes and deterioration.</p> <p>d. Reports all findings to qualified nursing staff.</p> <p>e. Responds appropriately to concerns raised.</p>	<ul style="list-style-type: none"> the significance of performing clinical observations on patients with liver disease early warning tools (basic knowledge) who to raise concerns with e.g. when receiving verbal complaints or any physical changes in condition or other incidents. <p>Knows how to:</p> <ul style="list-style-type: none"> report any changes in the patient that might lead to deterioration in their condition. 	<ul style="list-style-type: none"> Aware of role limitations and when to obtain help. Person-centred and compassionate. Listens. Understanding. Welcoming. Open to receiving feedback. Confidential. Pride in work. Respectful. 	<p>Generic</p> <ul style="list-style-type: none"> NMC documents and guidance. Royal College of Nursing documents and guidance. RCN Gastrointestinal Nursing Forum. British Association for the Study of the Liver Nurses Forum (BASLNF). British Liver Nurses Forum (BLNF). NHS England. DH (2009) <i>Making a Difference</i>. Public Health England. NHS Employers and Skills Framework. Gold Standards Framework for people nearing the end of life. NHS (2009) <i>core competences for end of life care</i>. National End of Life Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. NICE liver guidance. Mental Capacity Act 2005. NHS Commission Board Safeguarding <i>vulnerable people in the reformed NHS</i>. DH Consent 2009. Data Protection Act 1998. NHS Choices. NHS Institute for Innovation and Improvement. Quality Outcome Measures, such as, CQUINS, PROMS etc. The Lancet Commission (Williams et al, 2014) NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. NHS IQ (Improving quality) Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access)
5	Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition, and takes appropriate action.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Uses the local early warning tool to ascertain changes in vital signs and other indicators of deterioration from complications of liver disease or following invasive procedures and/or transplantation.</p> <p>b. Assesses the patient for the above complications.</p> <p>c. Documents, monitors and acts on findings, and makes appropriate referral.</p> <p>d. Educates unregistered nursing team on the significance and importance of taking regular clinical observations.</p>	<ul style="list-style-type: none"> the local outreach team the importance of interpreting vital signs in relation to liver disease and following invasive procedures signs and symptoms of deterioration, and early warning tools for complications, including: <ul style="list-style-type: none"> side effects of drug treatments hypotension due to drug related e.g. propranolol, and non-drug related reasons e.g. decompensated liver disease jaundice as an indicator of deteriorating liver disease i.e. rise in bilirubin biliary complications, i.e. cholecystitis and/or cholangitis or biliary obstruction portal hypertension and oesophageal varices ascites hepatorenal failure acute kidney injury hepatic encephalopathy sepsis which often precipitates variceal bleeding or hepatic encephalopathy cardiovascular and respiratory complications coagulopathy acute liver failure including risk of cerebral oedema. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Works in partnership. Supportive. Encouraging. Provides choices. Gives and receives feedback. Willing to reflect on and learn from own practice. Flexible. Non-judgmental. Passionate about patient care. 	<p>(continued)</p>

8 Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition and takes appropriate action (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
5				<ul style="list-style-type: none"> Potential complications post liver transplant e.g. bleeding via drains, types of shock, sepsis, biliary leaks and rejection unrecognised alcohol withdrawal. <p>Know how to:</p> <ul style="list-style-type: none"> contact and refer to the local outreach team. 		<ul style="list-style-type: none"> NHS Atlas of Variation: Liver (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children's Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson's Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health. <p>(continued)</p>
6	Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition, and takes appropriate action.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Investigates the cause of early signs of deterioration and takes appropriate action.</p> <p>b. Documents all findings and liaises with the medical teams.</p> <p>c. Role models and emphasise to others the importance of being alert to changes in vital signs.</p>	<ul style="list-style-type: none"> related pathophysiological changes that can occur suddenly or gradually, resulting in rapid deterioration or death different early warning tools and their use and contradictions in patients with liver disease e.g. poor reliability of Glasgow Coma Scale in patients with acute liver failure difficulty of using some tools with patients with chronic liver disease because of hypotension and poor renal function etc. <p>Knows how to:</p> <ul style="list-style-type: none"> order and undertake appropriate investigations and interpret results; identify acute complications and make appropriate plan of care and referral to specialist team undertake, record and act on nursing observations. 	<ul style="list-style-type: none"> Empowering. Values learning. Willing to reflect on and learn from own practice. Works in partnership. Embraces different perspectives. Analytical. Attention to detail. Models best practice. 	

8 Uses early warning tools/approaches (such as red alert) to identify the patient’s changing and deteriorating condition and takes appropriate action (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Uses early warning tools/approaches (such as red alert) to identify the patient’s changing and deteriorating condition, and takes appropriate action.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3 G1	<p>a. Undertakes a full comprehensive assessment and history and initiates treatment according to local guidance or protocol.</p> <p>b. Documents in the nursing and medical notes, and reports to specialist team or medics.</p> <p>c. Educates other nurses and medical teams on the sudden or gradual changes in patient condition.</p> <p>d. Educates other health care professionals on the major complications of liver disease and signs and symptoms.</p>	<ul style="list-style-type: none"> the pathophysiology and the context of sudden onset of deterioration precipitated by the disease process and other precipitating factors. <p>Knows how to:</p> <ul style="list-style-type: none"> assess and identify significant signs and symptoms, including the following: <ul style="list-style-type: none"> side effects of drug treatments hypotension due to drug related e.g. propranolol, and non-drug related reasons e.g. decompensated liver disease jaundice as an indicator of deteriorating liver disease i.e. rise in bilirubin biliary complications, i.e. cholecystitis and/or cholangitis or biliary obstruction portal hypertension and oesophageal varices hepato-renal failure acute kidney injury hepatic encephalopathy sepsis which often precipitates variceal bleeding or hepatic encephalopathy cardiovascular and respiratory complications coagulopathy acute liver failure including risk of cerebral oedema unrecognised alcohol withdrawal. work within the local guidelines or protocol, and the scope of practice when initiating treatment 	<ul style="list-style-type: none"> Role model. Inter-professional working. Collaborative. Inclusive. Strong clinical leadership. Champions person-centred approaches. Challenges assumptions and taken for granted ways of working. Actively promotes better health for patients. 	<p>Specific</p> <ul style="list-style-type: none"> National Early Warning Score. Local guidelines and protocols. The Resuscitation Council. NPSA (2007) <i>Safer care for the acutely ill patient: learning from serious incidents.</i> Standards for clinical practice and training (joint statements) from: <ul style="list-style-type: none"> Royal College of Anaesthetists Royal College of Physicians The Intensive Care Society. RCN (2012) <i>Advanced Nurse practitioner and RCN Guide to advanced nursing practice, advanced nurse practitioner and programme accreditation.</i>

8 Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition and takes appropriate action (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
8	Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition, and takes appropriate action.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3 G1	<p>a. Contributes to organisation's strategy and policies for managing deteriorating patients.</p> <p>b. Provides expert review of patients who have deteriorated due to liver conditions across own organisation and other organisations.</p> <p>c. Collaborates in research programmes that address deteriorating patients with liver conditions and their management.</p>	<ul style="list-style-type: none"> the deteriorating liver patient and optimising treatment options to prevent further deterioration referral to other health care professionals or from other organisations strategic aims in relation to liver patients and outreach service clinical trials and recruitment to trials where appropriate. <p>Knows how to:</p> <ul style="list-style-type: none"> recognise in a timely manner the acute liver failure patient recognise the patient with on-going variceal bleeding and consider suitable treatment options with colleagues support staff to identify the deteriorating liver patient. 	<ul style="list-style-type: none"> Strong aspirational leadership. Collaborative working across services. Passionate about patient safety. 	See above.

9 Actively improves and promotes liver services across the appropriate care pathway

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	Actively improves and promotes services across the care pathway.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3 Core 4 Core 5 G1	<p>a. Provides clinical leadership for nurses and health care professionals involved with care of those with acute and chronic liver disease.</p> <p>b. Writes and updates protocols for care pathways.</p> <p>c. Ensures smooth transfer and documentation of patients entering into and leaving local services.</p> <p>d. Undertakes regular service reviews/audits and takes appropriate action to improve service.</p> <p>e. Organises feedback from patients, their families/carers and makes appropriate changes to ensure services meet patients' needs.</p> <p>f. Communicates effectively and in a timely way with other health care practitioners to enable consistent standards of care to be implemented.</p> <p>g. Provides staff training and assessment for nurses working with patients with liver disease, e.g. training of A & E staff to recognise symptoms.</p> <p>h. Keeps up to date with medical/nursing research so that new developments are adopted.</p> <p>i. Ensures that care pathways are seamless for patients by engaging with own institution (e.g. A&E) and other service providers, including:</p> <ul style="list-style-type: none"> – outpatients – other specialist services (e.g. drug and alcohol, cardiac, psychological) – primary care (including community and practice nurses) – other hospitals – education, including school nurses and university staff – social services, housing and benefits advisers – voluntary sector and local support networks. <p>j. Works in conjunction with liver charities and support groups.</p> <p>k. Works with other health care professionals to run nurse-led clinics and services. (continued)</p>	<ul style="list-style-type: none"> • relevant NICE guidelines • health and well being strategies for healthy livers and lifestyles • clinical governance • appraisal and staff development (KSF) • assessing competence • clinical supervision and mentoring • ethics • barriers to continuity and the strategies to overcome these barriers • resource implications in relation to funding of therapies • PROMs and PREMs. <p>Knows how to:</p> <ul style="list-style-type: none"> • submit protocols for approval according to local guidance • conduct research according to local ethics and governance guidance • undertake audit and undertake quality reviews and enable all grades of staff with their learning and development around promoting healthy livers and lifestyles. 	<ul style="list-style-type: none"> • Recognises own level of competence, able to identify learning needs. • Accountable. • Supportive. • Encouraging. • Empowering. • Provides choices. • Gives and receives feedback. • Willing to reflect on and learn from own practice. • Flexible. • Non-judgmental. • Passionate about patient care. • Patient centred and compassionate. • Listens. • Understanding. • Welcoming. • Open to receiving feedback. • Respects confidentiality. • Works in partnership with others. • Role models healthy living. • Interprofessional working. • Embraces different perspectives. • Attention to detail. • Models best practice. 	<p>Generic</p> <ul style="list-style-type: none"> • NMC documents and guidance. • Royal College of Nursing documents and guidance. • RCN Gastrointestinal Nursing Forum. • British Association for the Study of the Liver Nurses Forum (BASLNF). • British Liver Nurses Forum (BLNF). • NHS England. • DH (2009) <i>Making a Difference</i>. • Public Health England. • NHS Employers and Skills Framework. • Gold Standards Framework for people nearing the end of life. • NHS (2009) <i>core competences for end of life care</i>. • National End of live Care Intelligence Network (2012) <i>Deaths from Liver Disease. Implications for end of life care</i>. • NICE liver guidance. • Mental Capacity Act 2005. • <i>NHS Commission Board Safeguarding vulnerable people in the reformed NHS</i>. • DH Consent 2009. • Data Protection Act 1998. • NHS Choices. • NHS Institute for Innovation and Improvement. • Quality Outcome Measures, such as, CQUINS, PROMS etc. • The Lancet Commission (Williams et al, 2014) • NECPOD 2013 <i>Measuring the units: a review of patients who died with alcohol-related liver disease</i>, London, NCEPOD. • NHS IQ (Improving quality) • Nursing Times Learning Unit. <i>Liver Disease: Risk factors and treatment</i> (free access)

9 Actively improves and promotes liver services across the appropriate care pathway (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
7	See above	See above	<p>l. Co-ordinates transition so that young people can move confidently and seamlessly from paediatric to adult services.</p> <p>m. Develops and evaluates outreach services.</p> <p>n. Leads, manages and appraises staff across the service.</p> <p>o. Develops local and regional networks to support excellence in nursing for people with liver disease.</p> <p>p. Promotes, role models and coaches others in health and well being around minimising liver disease.</p> <p>q. Undertakes teaching in relevant post-registration courses.</p>	See above	See above	<p>Generic</p> <ul style="list-style-type: none"> NHS <i>Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children’s Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson’s Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> RCN (2010) <i>Measuring the quality of Health Care: a position statement.</i> RCN (2014) <i>The eight principles.</i> DH Electronic information systems.
8	Actively promotes and improves services across the care pathway	Core 1 HWB1 HWB3 HWB5 HWB6 HWB7 Core 3 Core 4 Core 5 G1 G2 G6 G7 Ik3	<p>a. Contributes to quality accounts, CQUIN and QIPP activity and direction.</p> <p>b. Engages with other parts of the organisation concerning the whole care pathway so that care is seamless for patients.</p> <p>c. Ensures smooth and safe working across the service and organisation.</p> <p>d. Advocates for patients and influences commissioning.</p> <p>e. Ensures relevant clinical data are confidentially collected, audited and evaluated to support and improve patient care across organisational boundaries.</p> <p>f. Delivers workshops/conferences.</p> <p>g. Implements nurse-led clinics and services that address the health needs of patients with liver disease.</p> <p>h. Continuously identifies gaps in service, develops innovative solutions and monitors outcomes.</p> <p>i. Leads, manages and appraises staff across the organisation, developing the leadership potential of all. (continued)</p>	<p>• working at a strategic level within own organisation</p> <p>• local networks</p> <p>• primary care services</p> <p>• the services offered by the voluntary sector</p> <p>• the services offered by the statutory sector (including local schools, local housing departments and local social services departments)</p> <p>• standards and policies</p> <p>• quality accounts, Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Prevention and Productivity QIPP</p> <p>• developments and innovations</p> <p>• the consequences of poor practice</p> <p>• best indicators</p> <p>• leadership ‘champion’ skills</p> <p>• change/development skills</p> <p>• the skills needed to build good relationships with professional colleagues in other departments and services</p> <p>• the prevalence rate of liver diseases in local populations. (continued)</p>	<p>• Strong clinical leadership.</p> <p>• Collaborative working across services.</p> <p>• Champions person centred approach.</p> <p>• Inclusive.</p> <p>• Challenges assumptions and taken for granted ways of working.</p> <p>• Analytical.</p> <p>• Champions patient safety.</p>	<p>Generic</p> <ul style="list-style-type: none"> NHS <i>Atlas of Variation: Liver</i> (2013) National Clinical Guidelines Centre. BASL /BSG: <i>Decompensated Cirrhosis care Bundle: First 24 hours</i> NHS England (2013) <i>The 6 Cs</i> Key quality assured patient and carer information and support from key charities and organisations, such as: <ul style="list-style-type: none"> British Liver Trust Children’s Liver Disease Foundation Alcohol Concern The Hepatitis C Trust Hepatitis B Foundation UK Haemochromatosis Society Wilson’s Disease Support Group (UK) PBC Foundation Rare Diseases UK PSC Support Royal colleges, such as, Physicians, General Practitioners, Surgeons, Anaesthetists British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD) British Association of Parenteral and Enteral Nutrition (BAPEN) NHS England The Information Standard British National Formulary (BNF) Skills for Health <p>Specific</p> <ul style="list-style-type: none"> RCN (2010) <i>Measuring the quality of Health Care: a position statement.</i> RCN (2014) <i>The eight principles.</i> DH Electronic information systems.

9 Actively improves and promotes liver services across the appropriate care pathway (continued)

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Contextual factors
8	See above.	See above.	<p>j. Negotiates and influences key stakeholders towards excellence in nursing of patients with liver disease.</p> <p>k. Ensures good clinical governance and accountability across the service and organisation.</p> <p>l. Undertakes research and publishes.</p>	<ul style="list-style-type: none"> information systems for sharing information across boundaries evaluation, professional standards and measurement and the relationship between them different research approaches to developing knowledge of safe, effective and person-centred care. <p>Knows how to:</p> <ul style="list-style-type: none"> utilise patient information systems maintain patient records in compliance with standards at local level and across the NHS quality improvement and practice development strategies share good practice evaluate care, assess effectiveness and use audit tools take forward QJPP in everyday practice develop a culture of effectiveness in the workplace. 	See above.	See above.

Appendix 2: Examples of evidence to meet Caring for people with liver disease: a competence framework for nursing*

Examples of evidence

Senior staff nurse/junior sister role

Competence Number 1 – Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Evidence to achieve competence
6	Provides empathy and understanding and works with the patient (and their family/carers) and particularly those with chronic liver disease as experts in their own condition.	Core 1 Core 6 HWB1 HWB3 HWB4 HWB5 HWB6	a. Supports team members to co-develop, implement and evaluate personal care plans. b. Acts as a role model to ensure that team members enable the patient's voice to be heard and acted on.	<ul style="list-style-type: none"> advocacy needs for those who are less able to act for themselves due to their liver condition leading to challenging behaviour, depression or inability to articulate their needs due to hepatic encephalopathy or other cognitive impairment acute and long-term complications related to liver disease strategies patients can use for managing co-morbidities of local and national strategy for patients with liver disease and how to contribute Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS). <p>Knows how to:</p> <ul style="list-style-type: none"> build and foster an equitable nurse-patient relationship work with patients with challenging behaviour and collaboratively develop care plans diffuse anger and challenging behaviour develop care plans in conjunction with local guidelines. 	<ul style="list-style-type: none"> Models best practice. Actively promotes better health for patients. Challenges others. 	<ul style="list-style-type: none"> Plans, implements and evaluates an agreed care plan with the patient and /or their carers. Can demonstrate understanding of patient's care needs and advocates for the patient on the ward round or at relevant MDT meetings. Gives appropriate information to patients or their carers and sign posts them to other sources of information such as the British Liver Trust. Able to write a reflective account of an episode of care that may be challenging for their own personal and professional development. Is able to support junior nurses in assessing and implementing a care plan that focuses on an aspect of care such as hepatic encephalopathy, continued alcohol dependence and / or depression. Is able to undertake or contribute to relevant liver nursing audits, disseminate outcomes and change practice where relevant. Identify own learning needs to support these patients such as a formal liver education at a higher education institute; local and national liver related study days or local course such as conflict resolution or specific management and leadership courses.

* These are intended only as a guide in order to achieve an individual competence. There may be other examples of liver nursing care that could be used as evidence to achieve the competence.

Practice nurse role

Competence Number 2 – Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion

Examples of evidence

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Evidence to achieve competence
5	Signposts and supports patients (and families/carers) in their understanding of their condition through patient education and health promotion.	HWB1 HWB2 HWB3 HWB5 HWB6 Core 1 Core 3	<p>a. Assesses knowledge and understanding of patient's and carer's own condition, causes, risk factors and consequences.</p> <p>b. Provides tailored education to patient and family/carers on condition, treatments and side-effects.</p> <p>c. Provides information about lifestyle factors, consequences and services available to support lifestyle changes.</p> <p>d. Refers to other appropriate health care professionals if required.</p>	<ul style="list-style-type: none"> risk factors e.g. drugs, obesity, alcohol information e.g. DH Drinkwise, education and support resources, services and specialist staff available different communication and engagement approaches to providing education and information health promotion, sexual health strategies and e-learning resources available e.g. from PHE Alcohol Learning Resources positive lifestyle approaches and advice how to give brief advice and interventions. <p>Knows how to:</p> <ul style="list-style-type: none"> tailor information and education to the person obtain educational information or direct patients/families/carers to available resources, services and staff, including the voluntary sector work within their level of competence. 	<ul style="list-style-type: none"> Aware of role limitations. Recognises own level of competence, able to identify learning needs. Accountable. Empathetic. Encouraging. Supportive. Non-judgmental. Works in partnership with others. Willing to reflect on and learn from own practice. Flexible. Passionate about patient care. 	<ul style="list-style-type: none"> Attends accredited local updates on liver disease. Local education through e-learning. Develops with the practice lead a screening and health education programme that incorporates issues around liver health such as alcohol, risk factors for viral hepatitis, family history of liver disease, obesity, previous blood transfusions, tattoos or piercings, recent overseas travel and sexual health. Develops awareness of links to other chronic disease groups such as diabetes, metabolic syndrome, heart disease. Has attended relevant course or updates in such as, motivational interviewing, brief advice or intervention related to alcohol. Understands and develops a pathway for referral of patients with possible liver disease to relevant service such as drugs and alcohol or local viral hepatitis services. Demonstrates awareness of available liver resources such as websites and charities.

* These are intended only as a guide in order to achieve an individual competence. There may be other examples of liver nursing care that could be used as evidence to achieve the competence.

Clinical Nurse Specialist role

Competence Number 3 – Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions

Examples of evidence

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Evidence to achieve competence
7	Undertakes a comprehensive physical assessment and follows up with appropriate action, including referral to medical specialists for relevant chronic and acute health care conditions.	Core 1 HWB3 HWB5 HWB6 HWB7 Core 3	<p>a. Assesses, diagnoses and treats people with on-going living disease and its complications.</p> <p>b. Undertakes a medical history, completes a detailed physical and nursing examination, formulates a diagnosis, initiates investigations and/or treatments and refers to specialist teams as appropriate.</p> <p>c. Diagnoses new or worsening complications of acute and chronic liver disease.</p> <p>d. Identifies early signs of other diseases.</p> <p>e. Provides the patient with information on how to manage and monitor specific symptoms.</p> <p>f. Implements end of life care for the patient and their family, provides support and refers to the appropriate health professionals.</p>	<ul style="list-style-type: none"> all causes of liver disease including those related to occupation and travel complications of acute and chronic liver disease designing, implementing and evaluating a management plan that includes specific signs and symptoms or side effects such as: <ul style="list-style-type: none"> pruritus skin rashes as side effects of drug treatments especially in relation to viral hepatitis hypotension due to drug related reasons e.g. Propranolol, and non-drug related reasons e.g. decompensated liver disease jaundice biliary complications, i.e. cholecystitis and/or cholangitis portal hypertension and oesophageal varices ascites/spontaneous bacterial peritonitis hepatorenal failure hepatic encephalopathy risk of cerebral oedema in acute liver failure sepsis which often precipitates variceal bleeding or hepatic encephalopathy cardiovascular and respiratory complications coagulopathy treatment regimes, including eligibility and suitability criteria for different liver diseases options following failure of treatment e.g. early referral for liver transplantation assessment in chronic liver disease palliation of symptoms e.g. chemo-embolisation or paracentesis and planning for end of life care. 	<ul style="list-style-type: none"> Role model. Inter-professional working. Collaborative. Inclusive. Strong clinical leadership. Champions person-centred approaches. Challenges assumptions and accepted ways of working. Actively promotes better health for patients. 	<ul style="list-style-type: none"> Demonstrates a wide range of knowledge and experience of managing patients with acute and chronic liver disease. Advanced assessment skill course at degree or masters level. Formal liver education at degree or masters level. Independent prescribing course at degree or masters level. Presents patients and care plans to multi disciplinary team. Keeps up-to-date with new and changing treatments through study days such as: <ul style="list-style-type: none"> RCN Gastrointestinal Nursing Forum British Association for the Study of the Liver Nurses Forum (BASLNF) British Liver Nurses Forum (BLNPF). Or relevant medical conferences such as: <ul style="list-style-type: none"> British Society of Gastroenterology (BSG) British Association for the Study of the Liver (BASL) European Association for the Study of the Liver (EASL) American Association for the Study of Liver Diseases (AASLD). Relevant advanced clinical practice documents to support clinical role. Presenting work at conferences. Writing local and national guidelines.

Clinical nurse specialist role (continued)

Competence Number 3 – Undertakes a comprehensive clinical assessment including risk profiling and follows up with appropriate action, including referral to specialists, for relevant acute and chronic health care conditions

Examples of evidence

Level	Competence	KSF	Performance criteria	Knowledge and understanding of:	Attitudes and behaviours	Evidence to achieve competence
7				<p>Knows how to:</p> <ul style="list-style-type: none"> undertake a detailed clinical and nursing assessment undertake an abdominal assessment and other systems as appropriate explain significance of any investigations to patients initiate investigations appropriately act on investigations and interpret results including liver screen formulate an appropriate management plan including, where appropriate, end of life care identify acute alcohol withdrawal and safely provide pharmacological management of symptoms during an episode acute alcohol withdrawal administer treatment within their specialist role as a non-medical prescriber recognise, manage and refer patients in relation to their co-morbidities assess competence of nurses undertaking clinical assessments act as a role model. 		<ul style="list-style-type: none"> Publishing articles in nursing and /or medical journals. Demonstrating leadership and initiating change. Focused on patient outcomes, working with the patient or specific groups e.g. viral hepatitis, alcohol related liver disease and NAFLD.

Appendix 3: Blank competence sheet to produce own evidence for Caring for people with liver disease: a competence framework for nursing

Name _____ Role _____ Hospital _____

Level	Competence	Evidence to achieve competence

Has the competence been achieved? YES NO

Please make comments and if any further planning required:

Nurse signature _____ Assessor signature _____ Date _____

Blank competence sheet to produce own evidence for *Caring for people with liver disease: a competence framework for nursing*

Name _____ Role _____ Hospital _____

Level	Competence	Evidence to achieve competence

Has the competence been achieved? YES NO

Please make comments and if any further planning required:

Nurse signature _____ Assessor signature _____ Date _____

Appendix 4: References

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Appendix 5: Useful contacts

American Association for the Study of Liver Disease (AASLD)

www.aasld.org/Pages/Default.aspx

Autoimmune patient support group

www.autoimmunehepatitis.org.uk

British Liver Nurses Forum (BLNF)

<http://www.britishlivertrust.org.uk/health-professionals/british-liver-nurses-forum/>

British Society of Gastroenterology (BSG)

www.bsg.org.uk

British Association of the Study of the Liver (BASL)

www.basl.org.uk

British Association of the Study of the Liver Nurse Forum (BASLNF)

www.basl.org.uk

British Liver Trust (BLT)

www.britishlivertrust.org.uk

Children's Liver Disease Foundation (CLDF)

www.childliverdisease.org

European Association for the Study of Liver Disease (EASL)

<http://www.easl.eu/discover>

Liver4life

www.liver4life.org.uk

PBC Foundation

<http://www.pbcfoundation.org.uk/>

Royal College of Nursing Gastrointestinal Nursing Forum

www.rcn.org.uk/development/communities/rcn_forum_communities/gastro_and_stoma_care

The Hepatitis C Trust

www.hepctrust.org.uk

Appendix 6: The six Cs and how they fit into *Caring for people with liver disease: a competence framework for nursing*

Getting staffing right	Enabling knowledge, skills and attitudes that are required to develop person centred liver care
Positive staff experience	Improving knowledge and skills to develop quality care, teaching other members of the MDT on the liver / gastroenterology ward, day care, outpatients, A & Es, medical admission units, urgent care centres, primary care and as a professional standard to which to aspire.
Strengthening leadership	Working to support liver nurse leadership to integrate better pathways between primary and secondary care
Improving patient experience	The expert liver nurse / team has knowledge and understanding of liver care and is able to offer more information to help people to understand their choices.
Measuring levels of patient care	by improving nursing knowledge this should have a positive impact on patient care. For example day case paracentesis needs continuity of care, patient focus groups and patient experience at the heart of delivering world class care
Helping people to stay independent	better working partnerships between primary and secondary care enabling working towards earlier identification and end of life care planning

(Department of Health, 2013)



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Revised edition

September 2015

Review date September 2017

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code: 004 983



Norgine Pharmaceuticals Ltd have provided
financial support by way of sponsorship for the
production and distribution of this framework.
Norgine Pharmaceuticals Ltd had no editorial
input into the content of this framework other
than a review for medical accuracy.