HIV/ PID Nursing Competencies A. All Nurses working in HIV/PID

1 Assessment of health and well-being

Relevant KSF dimension:

HWB2: Assessment and care planning to meet health and well-being needs

Band 5	Band 6	Band 7	Band 8
Level 2:	Level 2:	Level 2:	Level 2:
Contributes to assessing the	Contributes to assessing the	Contributes to assessing the	Contributes to assessing the
health and well-being needs of	health and well-being needs of	health and well-being needs of	health and well-being needs of
an HIV-positive patient or	an HIV-positive patient or	an HIV-positive patient and	an HIV-positive patient and
patients with PID and plans	patients with PID and plans	plans how to meet those needs	plans how to meet those needs
how to meet those needs	how to meet those needs	-	-
		Demonstrates an awareness of	Demonstrates an awareness of
Demonstrates a Knowledge and	Accesses evidence-based	the impact of stigma on the	the impact of stigma on the
understanding of, and can	local/national clinical	social needs of a patient living	social needs of a patient living
identify the major presenting	guidelines on the care and	or dying with HIV.	or dying with HIV.
signs and symptoms of acute	management of HIV-related		
and chronic HIV-related	conditions, co-infections and	Refers patients to relevant	Refers patients to relevant
conditions and risks of illness	co-morbidities e.g. Hepatitis,	spiritual support as appropriate.	spiritual support as appropriate.
associated with relevant CD4	TB, and metabolic problems.		
counts.		Level 3:	Level 4:
	Identifies appropriate methods,	Assesses health and well-	Assesses complex health and
Accesses evidence-based	techniques and equipment	being needs of an HIV-	well-being needs of HIV
local/national clinical	necessary to carry out	positive patient and develops,	positive patients and develops
guidelines on the care and	assessment and prepares	monitors and reviews plans of	monitors and reviews plans of
management of HIV-related	appropriately, taking into	care to meet specific needs	care to meet those needs.
conditions, co-infections and	consideration any risk.		
co-morbidities e.g. Hepatitis,	Completes the nursing	Obtains clear and concise	Works autonomously to obtain
TB, and metabolic problems.	assessment of the patient's	information on the presenting	a clinical history form
	physical well-being and reports	physical signs and symptoms of	identified patients with

Demonstrates an understanding	relevant findings to the care	acute or chronic HIV related	complex physical needs as
of the assessment of a patient	team.	conditions and related co-	defined by local policy/national
presenting with palliative care	tourn.	morbidities and co-infections.	guidelines.
needs.	Records new information	Recognises signs and	garaetinesi
needs.	related to clinical assessment	symptoms of complex and	Provides advice and support to
Is aware of the assessment	and passes it on to relevant	unstable health problems	colleagues and students in the
needs of a patient who requires	colleagues in a timely manner.	requiring review by senior	use of different methods of
terminal care and the evidence-	Encourages the patient's	colleagues.	assessing an HIV positive
based tools available e.g. the	participation in the assessment		patient's physical well-being
Liverpool Pathway.	process	Makes a comprehensive	needs.
I I I I I I I I I I I I I I I I I I I	r	assessment of a patient's	
Identifies appropriate methods,	Demonstrates an awareness of	palliative care needs.	Works with education providers
techniques and equipment	the impact of stigma on the	1	to meet staff education needs
necessary to carry out	social needs of a patient living	Fully assess the physical needs	for patient assessment in HIV
assessment and prepares	or dying with HIV.	of a patient who requires	care.
appropriately, taking into		terminal care	
consideration any risk.	Demonstrates an understanding		Initiates and contributes to
Completes the nursing	of the different spiritual needs	Interprets all clinical	research partnerships to
assessment of the patient's	of patient living with HIV/PID.	information available including	develop the patient assessment
physical well-being and reports		that documented by colleagues.	evidence base in HIV.
relevant findings to the care	Ensures an individual patient's		
team.	beliefs are respected and their	Assess the psychological and	Develops, together with the
	wishes understood at all times	emotional barriers to effective	patient where possible, an
Records new information	throughout the assessment	health maintenance with living	appropriate plan of care to meet
related to clinical assessment	process.	with HIV especially when	those complex needs and
and passes it on to relevant		starting or switching HAART.	implements a monitoring and
colleagues in a timely manner.	Completes a nursing		evaluation process.
	assessment of these needs	Assess the aspects of	
Encourages the patient's	promptly and appropriately.	psychological and emotional	Works autonomously, in
participation in the assessment		well-being of patients	partnership with the MDT, to
process	Refers patients to relevant	presenting with an acute or	assess a caseload of clinically
	spiritual support as appropriate.	terminal illness.	stable patient with complex
Participates in the development	T 12		care needs, on or off HAART,
of a plan of care to meet the	Level 3:	Liaises with colleagues in	on an ongoing basis.
identified needs.	Assesses health and well-	referring clients for	
	being needs of an	psychological assessment and	

1.5				
	Participates in the assessment	HIV/PID-positive patient	support.	
	of clinically stable patients on	and develops, monitors and		Identifies complex social care
	and off therapy as part of	reviews plans of care to meet	Provides accurate information	needs and co-ordinates a
	routine follow-up	specific needs	to the team on the support that	package of care.
	care within the outpatient or	Obtains clear and concise	individuals will need and the	
	community setting	information on the presenting	impact on their own work.	Acts as a point of referral for
		physical signs and symptoms of		patients with more complex
	Demonstrates an awareness of	acute or chronic HIV/PID	Assesses a patient's spiritual	social care needs.
	the impact of stigma on the	related conditions and related	needs and incorporates these	
	social needs of a patient living	co-morbidities and co-	into the plan of care.	Coordinates the delivery of care
	or dying with HIV.	infections.	Assesses the impact of spiritual	plans feeding in relevant
			beliefs on the health and well-	information to support wider
	Completes a nursing	Makes a comprehensive	being of the patient.	service planning.
	assessment of the social care	assessment of a patient's		
	needs of a patient with	palliative care needs.	Ensures the assessment of	Improves coordination between
	HIV/PID.		spiritual needs and incorporates	health and social care provision
		Fully assess the physical needs	the needs of the patients	to enhance joint assessments of
	Is aware of the relevant	of a patient who requires	significant others, as	clients.
	agencies both statutory and	terminal care	appropriate, particularly	
	voluntary providing social care		regarding disclosure and end-	Works within the organisation
	and support for patients with	Develops a plan of care in	of-life issues.	and across networks to identify
	HIV/PID.	conjunction with the patient and		longer-term planning around
		implements ongoing monitoring	Level 4:	identified social needs.
	Understands the importance of	and evaluation of the care	Assesses complex health and	
	sensitively assessing the family	within the care team.	well-being needs of HIV	Works autonomously to
	responsibilities, social network		positive patients and develops	comprehensively assess
	and support of a patient with	Assesses a caseload of patient	monitors and reviews plans of	complex psychological and
	HIV/PID.	with non-complex care needs	care to meet those needs.	emotional needs of a newly
		off HAART, on an ongoing		diagnosed HIV patient, patients
	Understands the relevant social,	basis.	Develops, together with the	starting or switching therapy or
	cultural, lifestyle, diversity and		patient where possible, an	a patient with acute, chronic
	sexuality issues of patients with	Comprehensively assess the	appropriate plan of care to meet	(e.g. Hepatitis co-infection),
	HIV/PID that impact on their	social care needs of a patient	those complex needs and	terminal conditions or with
	health and well-being,	and develops a care plan to	implements a monitoring and	palliative care needs.
	including adherence and sexual	meet those needs.	evaluation process.	
L	health etc.			

 Demonstrates an awareness and understanding of the psychological and emotional impact of an HIV/PID diagnosis on a newly diagnosed HIV/PID patient, patients starting or switching therapy or a patient with acute, chronic or terminal conditions or palliative needs. Demonstrates an understanding of the impact of health beliefs on the self-management of HIV/PID, including adherence to medication. 	Assists and enables the patient to access the appropriate social care package and makes the relevant referral to the support agencies. Ensure the social care provision is co-ordinated, monitored and evaluated. Assess the psychological and emotional barriers to effective health maintenance with living with HIV/HIV/PID especially when starting or switching HAART. Assess the aspects of psychological and emotional wall being of patients	Works autonomously, in partnership with the MDT, to assess a caseload of clinically stable patient with complex care needs, on or off HAART , on an ongoing basis. Identifies complex social care needs and co-ordinates a package of care. Acts as a point of referral for patients with more complex social care needs. Coordinates the delivery of care plans feeding in relevant	Develops service links and MDT working with psychological/psychiatric services to enhance case by case assessment. Builds effective networks with relevant faith based organisations.
Demonstrates an awareness of the impact of stigma on the emotional and psychological needs of a patient living or dying with HIV. Provides an environment and opportunity to enable a patient with HIV/PID to express their emotional and psychological needs. Recognises own limitations and	 psychological and emotional well-being of patients presenting with an acute or terminal illness. Liaises with colleagues in referring clients for psychological assessment and support. Provides accurate information to the team on the support that individuals will need and the 	plans feeding in relevant information to support wider service planning. Works autonomously to comprehensively assess complex psychological and emotional needs of a newly diagnosed HIV patient, patients starting or switching therapy or a patient with acute, chronic (e.g. Hepatitis co-infection), terminal conditions or with	
seeks advice from senior colleagues and refers appropriately. Is aware of the requirement to assess capacity to make	impact on their own work. Assesses plans, delivers and evaluates PID patient care using a holistic and individualised approach based on principles of	palliative care needs.	

decisions within the terms of the Mental Capacity Act.	best practice with supervision by the Immunology Nurse Specialist.	
Understands the referral process to local statutory and voluntary professionals and agencies that provide HIV/PID specialist assessment, support and advice e.g. health.	Assists the Immunology Nurse Specialist in teaching patients and carers in relation to identified health needs and home therapy training. Home therapy is for PID, including immunoglobulin and c1inhibitor replacement	
Demonstrates an understanding of the different spiritual needs of patient living with HIV/PID.		
Ensures an individual patient's beliefs are respected and their wishes understood at all times throughout the assessment process.		
Completes a nursing assessment of these needs promptly and appropriately.		
Refers patients to relevant spiritual support as appropriate.		
Assesses plans, delivers and evaluates PID patient care using a holistic and individualised approach based on principles of best practice with supervision by		
the Band 6 Charge Nurse and Immunology Nurse Specialist.		

Assists the Immunology Nurse Specialist in teaching patients and carers in relation to identified health needs and home therapy training. Home therapy is for PID, including immunoglobulin and c1inhibitor replacement

2. Management of Antiretroviral Therapy (ART)

Relevant KSF Dimension: HWB7: Interventions and treatments

Band 5	Band 6	Band 7	Band 8
Level 2:	Level 2:	Level 2:	Level 2:
Contributes to planning,	Contributes to planning,	Contributes to planning,	Contributes to planning,
delivery and monitoring of	delivery and monitoring of	delivery and monitoring of	delivery and monitoring of
ART.	ART.	ART.	ART.
Demonstrates an understanding	Demonstrates an awareness of	Demonstrates an awareness of	Demonstrates an awareness of
of how ART works, drug	current clinical trials in ART	current clinical trials in ART	current clinical trials in ART
classes, administration, times,	and how patients can access	and how patients can access	and how patients can access
dietary restriction and key side	these trials within a service	these trials within a service	these trials within a service
effects.	network.	network.	network.
Demonstrates an understanding of relevant policies and protocols that relate to the provision of ART.	Level 3: Plans, delivers and evaluates ART interventions. Demonstrates and in-depth and	Level 3: Plans, delivers and evaluates ART interventions. Demonstrates ability to order	Level 4: Establishes Systems to plan deliver and evaluate ART and where complex clinical situations exist.
Recognises common side	up-to-date knowledge of ART	tests for surrogate markers,	Demonstrates advanced expertise in managing patients
effects particularly those	and mechanisms of different	ART-related toxicities and	
requiring urgent attention and	classes of antiretroviral drugs	routine monitoring tests	

has awareness that these may		according to local protocol.	on ART in line with local and
be similar to HIV disease	Demonstrates an in-depth		national policies.
manifestations.	knowledge of administration of	Applies the principles of	
	ART including times, dietary	adherence to therapy and	Identifies when changes to
Demonstrates awareness of the	restrictions, side effects,	describes the nurse's role in	ART may be indicated and
occurrence of drug interactions	adherence assessments for 2 nd	assessing and promoting	works with MDT to suggest
and knows how to access	Line Therapy.	adherence.	appropriate changes.
advice about interactions.			
	Demonstrates knowledge of	Assesses and triages problems	Demonstrates in-depth
Demonstrates an awareness of	key drug interactions and how	associated with all levels of	knowledge of drug interactions
ART related blood tests and	to access advice for nurses and	ART medications and side	and applies to nurse-led
other relevant investigations,	patients on drug interactions.	effects, both short and long	activities.
such as urinalysis, according to		term.	
national an local protocols	Demonstrates ability to order		Establishes Nurse-led clinics
	tests for surrogate markers,	Assesses the patients	for monitoring patients on
Demonstrates how to access	ART-related toxicities and	information needs and develops	therapy.
help and advice on HIV	routine monitoring tests	plan of care to address those	
treatments, their outcomes and	according to local protocol.	needs in relation to 2nd Line	Cares for patients on ART
side effects.		Therapy.	autonomously and in
	Interprets blood results for		partnership with the wider
Recognises when situations are	treatment outcomes, toxicities	Has ability to identify	MDT.
detrimental to the correct	and side effects.	challenges to adherence and	
administration of ART, such as		plan culturally and socially	Prescribes approved
nausea and vomiting and	Applies the principles of	appropriate interventions with	medications appropriately with
hospitalisation.	adherence to therapy and	patients to address their	the scope of supplementary or
	describes the nurse's role in	adherence issues.	independent non-medical
Facilitates correct	assessing and promoting		prescribing according to and
administration of ART in	adherence.	Able to implement and advise	national protocols.
specialist and non-specialist		on self-medication programmes	
settings, including self	Correctly administers or	for up to and including salvage	Establishes and monitors
administration of medication	advises patients on	therapy.	systems in place to ensure
according to local policies.	administration to 2 nd line ART		correct ART administration
		Able to assess physical and	across services when having
Reports appropriately to the	Anticipates any threats to ART	psychological needs of patients	clinical procedures.
HIV specialist nurse,	administration in the in-patient	presenting with long-term side	
pharmacist or doctor if there	and out-patient setting and	effects and formulate a plan of	Establishes effective systems of

are difficulties with ART	intervenes to facilitate optimal	car to address those needs.	adherence-assessment
administration.	adherence.	car to address those needs.	monitoring on conjunction with
administration.	adherence.	Refers for therapeutic	medical and pharmacy teams.
Asks appropriate questions	Assess effective adherence and	interventions for facial	medical and pharmacy teams.
about adherence in relation to	asks questions about adherence	lipoatrophy, such as polylactic	Establishes aloor patient
	and correct administration of	acid.	Establishes clear patient
local adherence protocol and		aciu.	referral pathways to allied
with regard to evidence base	medications.	T 1.4	health professionals, relevant
for health beliefs and other		Level 4:	inpatient and outpatient
factors that influence	Able to implement and advise	Establishes Systems to plan	departments and HIV
adherence.	on self-medication programmes	deliver and evaluate ART	community based
	for up to and including 2^{nd} line	and where complex clinical	organisations.
Identifies potential and actual	therapy.	situations exist.	
problems with adherence.			Promotes and/or facilitates
	Assesses and triages problems	Demonstrates advanced	inpatient self-medication
Explains treatments to a patient	associated with 2 nd line therapy	expertise in managing patients	programmes according to local
in a manner relevant to the	medications and side effects,	on ART in line with local and	policies.
patient's own knowledge and	both short and long term.	national policies.	
understanding.			Ensures appropriate pathways
	Assesses the patients	Identifies when changes to	are in place for referral to allied
Identifies the information needs	information needs and develops	ART may be indicated and	specialists with regard to long-
of patients in relation to ART.	plan of care to address those	works with MDT to suggest	term side effects.
	needs in relation to 2nd Line	appropriate changes.	
Identifies how to access help	Therapy.		Establishes systems for
for clients if they experience		Demonstrates in-depth	proactive assessment,
problems with ART both	Has ability to identify	knowledge of drug interactions	monitoring and treatment of
within and outside working	challenges to adherence and	and applies to nurse-led	long-term side effects within
hours.	plan culturally and socially	activities.	nurse-led services as agreed
	appropriate interventions with		locally.
Supports the administration and	patients to address their	Cares for patients on ART	
assessment of treatment	adherence issues.	autonomously and in	Demonstrates ability to address
regimens according to local		partnership with the wider	the long term side effects of
protocols and policies and in	Able to assess physical and	MDT.	ART within complex situations
conjunction with relevant	psychological needs of patients		and where co-infections and
members of the MDT.	presenting with long-term side	Establishes and monitors	co-morbidities exist.
	effects and formulate a plan of	systems in place to ensure	
Demonstrates and	car to address those needs.	correct ART administration	Establishes systems for

understanding of physical and		across services when having	prevention of long-term side
psychological needs of patients	Proactively assesses for long	clinical procedures.	effects where possible, such as
presenting with long-term side	term side effects of ART an		smoking cessation, dietary and
effects and where to refer	takes action to maximise	Establishes effective systems of	exercise interventions.
patients who need support.	prevention and monitoring of	adherence-assessment	
	long term side effects where	monitoring on conjunction with	Ensures systems, policies and
Demonstrates the ability to	possible, incorporating this into	medical and pharmacy teams.	procedures are in place to
recognise long-term side effects	nurse-led clinics an patient		deliver therapeutic
of ART, such as lipoatrophy,	group directions where	Establishes clear patient	interventions for lipoatrophy
lipodystrophy, raised lipids,	appropriate.	referral pathways to allied	under PGD or appropriate
cardiovascular disease risk	Refers to medical and other	health professionals, relevant	guidelines.
factors, renal and liver	healthcare professionals wither	inpatient and outpatient	
dysfunction, metabolic and	long term side-effects require	departments and HIV	
osteopenic disorders.	specialist advice and	community based	
	intervention according to local	organisations.	
Level 3:	protocols.		
Plans, delivers and evaluates		Establishes systems for	
ART interventions.		proactive assessment,	
		monitoring and treatment of	
Demonstrates an in-depth		long-term side effects within	
knowledge of administration of		nurse-led services as agreed	
ART including times, dietary		locally.	
restrictions, side effects,			
adherence assessments for		Demonstrates ability to address	
Kivexa/Truvada/Combivir with		the long term side effects of	
NNRTI first line therapy.		ART within complex situations	
		and where co-infections and	
Correctly administers or		co-morbidities exist.	
advises patients on			
administration of 1 st line ART		Establishes systems for	
(Kivexa/Truvada/Combivir		prevention of long-term side	
with NNRTI)		effects where possible, such as	
		smoking cessation, dietary and	
Able to implement and advise		exercise interventions.	
on self-medication programmes			
for first line therapy only			

(Kivexa/Truvada/Combivir with NNRTI)		
Assesses and triages problems associated with 1 st line therapy medications and short term side effects.		
Assesses the patients		
information needs and develops		
plan of care to address those		
needs in relation to 1 st Line		
Therapy.		

3. Health Promotion

Relevant KSF Dimension:

HWB1: Promotion of health and well-being and prevention of adverse effects on health and well-being.

Band 5	Band 6	Band 7	Band 8
Level 2: Plans, develops and implements approaches to promote health and well- being and prevent adverse effects on health and well- being.	Level 2: Plans, develops and implements approaches to promote health and well- being and prevent adverse effects on health and well- being.	Level 2: Plans, develops and implements approaches to promote health and well- being and prevent adverse effects on health and well- being.	Level 2: Plans, develops and implements approaches to promote health and well- being and prevent adverse effects on health and well- being.
Demonstrates knowledge or the transmission dynamics of HIV.	Demonstrates knowledge or the transmission dynamics of HIV.	Demonstrates knowledge or the transmission dynamics of HIV.	Demonstrates knowledge or the transmission dynamics of HIV.
Demonstrates an understanding of maintaining a healthy	Demonstrates an understanding of maintaining a healthy	Demonstrates an understanding of maintaining a healthy	Demonstrates an understanding of maintaining a healthy

| lifestyle and how this relates to HIV. |
|--|--|--|--|
| Accesses up-to-date
information and clinical
guidelines for the care and
management of HIV. | Accesses up-to-date
information and clinical
guidelines for the care and
management of HIV. | Accesses up-to-date
information and clinical
guidelines for the care and
management of HIV. | Accesses up-to-date
information and clinical
guidelines for the care and
management of HIV. |
| Demonstrates knowledge of
local referral pathways to
specialist HIV services e.g.
counselling, community care,
palliative care and outpatient
services. | Demonstrates knowledge of
local referral pathways to
specialist HIV services e.g.
counselling, community care,
palliative care and outpatient
services. | Demonstrates knowledge of
local referral pathways to
specialist HIV services e.g.
counselling, community care,
palliative care and outpatient
services. | Demonstrates knowledge of
local referral pathways to
specialist HIV services e.g.
counselling, community care,
palliative care and outpatient
services. |
| Recognises individual needs in
relation to how health
promotion, information and
education are provided to
client's partners, family and
friends. | Demonstrates an awareness of
own role in supporting the
learning environment (for
patients/staff/carers) in the
workplace. | Demonstrates an awareness of
own role in supporting the
learning environment (for
patients/staff/carers) in the
workplace. | Level 3:
Plans Develops and
implements programmes to
promote health and well-
being and prevent adverse
effects on health and well- |
| Demonstrates an awareness of
own role in supporting the
learning environment (for
patients/staff/carers) in the
workplace. | Assists in the assessment and
treatment of the sexual health
needs of patients living with
HIV.
Level 3:
Plans Develops and | Level 3:
Plans Develops and
implements programmes to
promote health and well-
being and prevent adverse
effects on health and well-
being. | being.
Is able to provide Sexual
Health screening to the level of
urethral discharge according to
agreed local pathways and
guidelines. |
| Reflects on, and evaluates, the
effectiveness of own health
promotion activity.
Makes appropriate referrals
when the limits of own health | implements programmes to
promote health and well-
being and prevent adverse
effects on health and well-
being. | Identifies health promotion
needs for groups of patients.
Develops and reviews
strategies to meet those needs. | Proactively discusses sexual
health with patients and
encourages regular
checks/screens as appropriate. |
| promotion knowledge are
reached. | Identifies health promotion needs for groups of patients. | Provides information, education and prevention | Describes treatment options for STI's in HIV according to |

	Develops and reviews	advice to individuals and/or	national protocols and
Demonstrates an awareness of	1		1
	strategies to meet those needs.	groups according to local need	guidelines.
the health screening needs of		and defined role.	T 14
people with HIV (e.g. Cervical	Provides information,		Level 4
Smears, hepatitis, sexual	education and prevention	Develops strategies to meet the	Promotes health and well-
health, lipids, blood pressure)	advice to individuals and/or	health screening needs of	being and prevents adverse
and ensures patients are aware	groups according to local need	individuals and/or groups	effects on health and well-
of the need and rationale for	and defined role.	according to local need and	being by contributing to the
health screening.		defined role	development, implementation
	Develops strategies to meet the		and evaluation of related
Demonstrates an awareness of	health screening needs of	Demonstrates an understanding	policies
the sexual health needs of	individuals and/or groups	of issues relating to the sexual	
people with HIV and	according to local need and	health needs of people living	Evaluates health promotion
understands the individual's	defined role	with HIV including: cultural	activity/strategies across a
right to sexual and reproductive		and belief issues;	service/clinical network.
fulfilment.	Demonstrates an understanding	confidentiality; role screening;	
	of issues relating to the sexual	women's and men's health	Undertakes a training needs
Demonstrates knowledge of	health needs of people living	issues; preconception advice;	analysis and plans interventions
relevant policies, protocols and	with HIV including: cultural	health promotion and is able to	to enable nursing staff across
guidelines, both local and	and belief issues;	articulate them to the rest of the	services to implement health
national, which relate to the	confidentiality; role screening;	MDT as appropriate	promotion strategies
sexual health needs of people	women's and men's health		
living with HIV.	issues; preconception advice;	Is able to provide Sexual	Develops strategies to meet the
6	health promotion and is able to	Health screening to the level of	health screening needs across a
Assists in the assessment and	articulate them to the rest of the	urethral discharge according to	service or clinical network.
treatment of the sexual health	MDT as appropriate	agreed local pathways and	
needs of patients living with		guidelines.	Ensure the incorporation of
HIV.	Is able to provide	8	sexual health issues into the
	Asymptomatic sexual health	Demonstrates and	routine provision of HIV
Undertakes nursing assessment	screening according to local	understanding of the relevant	nursing services.
in relation to maintaining	policy and guidelines.	national and local policies and	10151115 501 11005.
health and healthy lifestyle	ponej una guidennes.	guidelines relate to the	Develops, implements and
including: recreational drug	Demonstrates and	management of STI's and the	monitors pathways, protocols
use, smoking and alcohol; diet;	understanding of the relevant	sexual health needs of HIV	and referral routes that allow
exercise; weight; adherence;	national and local policies and	positive adults.	access to the assessment and
	guidelines relate to the	positive adults.	management of patients
stress management; sexual	guidennes relate to the		management of patients

health; travel health; hygiene	management of STI's and the	Proactively discusses sexual	presenting with sexual health
and prevention of infection.	sexual health needs of HIV	health with patients and	issues including: sexual health
	positive adults.	encourages regular	screening; preconception
Demonstrates an awareness of		checks/screens as appropriate.	advice; health promotion; and
HIV/STI transmission risk and	Proactively discusses sexual		is able to articulate them to the
the resources available e.g. free	health with patients and	Undertakes a sexual health	rest of the MDT as appropriate
condoms, leaflets, post	encourages regular	assessment as part of routine	and within agreed and defined
exposure prophylaxis and the	checks/screens as appropriate.	assessment of patients with	role.
potential criminalisation of		HIV.	
HIV transmission.	Undertakes a sexual health		Develops, plans, implements
	assessment as part of routine	Describes treatment options for	and evaluates learning and
Utilises effective	assessment of patients with	STI's in HIV according to	skills development programmes
communication skills for the	HIV.	national protocols and	
delivery of risk reduction		guidelines.	
messages.	Describes treatment options for		
	STI's in HIV according to	Using identified health	
Demonstrates awareness of	national protocols and	promotion techniques, enables	
national and local	guidelines.	patients to make informed	
immunisation policies for		choices relating to their sexual	
people with HIV and performs	Using identified health	health, working in a MDT	
appropriate risk assessment.	promotion techniques, enables	manner and referring the	
	patients to make informed	patient as necessary to enable	
Refers individuals to	choices relating to their sexual	them to meet their sexual health	
appropriate healthcare workers	health, working in a MDT	needs.	
(e.g. dietitian, health adviser,	manner and referring the		
smoking cessation adviser) for	patient as necessary to enable	Undertakes a detailed risk	
specific health promotion	them to meet their sexual health	assessment in relation to	
interventions and risk	needs.	smoking, CVD risk, sexual	
modification discussions.		health etc. Develops action plan	
	Undertakes a detailed risk	and makes onward referrals	
Identifies psychosocial factors	assessment in relation to	based on the assessment.	
that may affect the ability of	smoking, CVD risk, sexual		
individuals to adopt/maintain a	health etc. Develops action plan	Discusses issues around	
healthy lifestyle and reports	and makes onward referrals	disclosure of HIV status to	
findings to care team for further	based on the assessment.	sexual partners, post exposure	
management and onward		prophylaxis and the potential	

	Diagonage is seen a seen 1	anima aligation of LILLY	
referral.	Discusses issues around	criminalisation of HIV	
	disclosure of HIV status to	transmission.	
Enables people to learn and	sexual partners, post exposure		
develop skills	prophylaxis and the potential	Discusses individual attitudes,	
	criminalisation of HIV	beliefs, motivations and	
Demonstrates an understanding	transmission.	perceptions towards	
of the communication,		behavioural changes to improve	
negotiation, assertiveness skills	Discusses individual attitudes,	health in relation to HIV.	
and coping strategies required	beliefs, motivations and		
for individuals to self manage a	perceptions towards	Integrates individual	
long term condition.	behavioural changes to improve	behavioural, physical, social	
	health in relation to HIV.	and environmental risk-	
Demonstrates an awareness of		modifying factors into heath	
local referral pathways for	Integrates individual	promotion activities.	
individuals needing skills	behavioural, physical, social		
building support.	and environmental risk-	Plans delivers and evaluates	
	modifying factors into heath	interventions to enable people	
Demonstrates an awareness of	promotion activities.	to learn and develop skills	
and refers to external	_	_	
organisations providing skills	Plans delivers and evaluates	Engages in one-to-one skills	
building courses and	interventions to enable people	building support, e.g.	
workshops.	to learn and develop skills	negotiating safer sex,	
	_	adherence skills, managing	
Demonstrates collaborative	Engages in one-to-one skills	self-administration of	
working and facilities and	building support, e.g.	medication.	
supports decision making	negotiating safer sex,		
within the ethos of the expert	adherence skills, managing	Utilises methods for initiating	
staff and patient.	self-administration of	and supporting behavioural	
	medication.	change, e.g. motivational	
Level 3:		interviewing.	
Plans Develops and	Utilises methods for initiating	-	
implements programmes to	and supporting behavioural	Undertakes planned, formal	
promote health and well-	change, e.g. motivational	programme of skills building	
being and prevent adverse	interviewing.	for chronic disease	
effects on health and well-	_	management for individuals	
being.	Undertakes planned, formal	and/or groups.	

	the MDT as appropriate thin agreed and defined role.	

4. Working in Partnerships including clinical networks and multidisciplinary working.

Relevant KSF Dimension:

HWB5: Provision of care to meet health and well-being needs of patients.

Band 5	Band 6	Band 7	Band 8
Level 2 Contributes to multidisciplinary working	Level 3: Co-ordinates joint social and healthcare working	Level 3: Co-ordinates joint social and healthcare working	Level 4: Promotes and develops integrated social and
Understands role of MDT and own role within it.	Coordinates MDT working and facilitates MDTs and case	Coordinates MDT working and facilitates MDTs and case	healthcare working across boundaries.
Understands link between health and social care and the	conferences Attends network or subgroup	conferences Attends network or subgroup	Identifies nursing referral pathways across network for all aspects of HIV care provision
need to provide integrated care.	meetings to participate in identifying nursing pathways	meetings to participate in identifying nursing pathways	Leads and participates in the
Contacts appropriate HIV specialist personnel for advice and information about clinical	across sectors Ensures discharge plans are	across sectors Ensures discharge plans are	cultural changes required for successful integration of health and social care.
issues. Ensures patient access to the	based on the integration of health and social care according to patient needs and	based on the integration of health and social care according to patient needs and	Designs systems for patients to access network services.
relevant members of the MDT	within defined roles.	within defined roles.	Works with nursing leaders
Aware of the national standards on integrated health and social care in HIV	Monitors referral pathways in practice and liaises directly with network leaders when care	Monitors referral pathways in practice and liaises directly with network leaders when care	across the network and PCT to refine provision of shared services.

	I		1
Utilises referral pathways for	pathways are not seamless.	pathways are not seamless.	Contributes to the development
inpatient and outpatient care in	Identifies those patients with	Identifies those patients with	of a local multi-agency
line with local care pathways	increased needs who would	increased needs who would	planning group to evaluate joint
1 7	benefit from joint care	benefit from joint care	working.
Participates in MDT meetings	coordination and refers patients	coordination and refers patients	G
and discussions of patient care.	appropriately to MDT and	appropriately to MDT and	Develops consistent nursing
····· ································	across service networks.	across service networks.	policies and standards across
Acts as an advocate for the			the network.
patient as required.	Actively promotes appropriate	Proactively supports patients	
putient us required.	practice with regard to	where stigma and an impact on	Participates in network steering
Understands the issues around	confidentiality.	their health and well-being.	group at a senior nursing level
confidentiality affecting people	confidentianty.	then health and wen-being.	and informs sector-wide
with HIV and is able to apply	Proactively supports patients	Assists patients with disclosure	commissioning of nursing and
this to practice across a number	where stigma and an impact on	of diagnosis where required.	other clinical services.
of clinical settings.	their health and well-being.	of diagnosis where required.	other enfitear services.
of childen settings.	then health and wen-being.	Ensures that the patient's	Establishes systems and
Recognises the impact of	Assists patients with disclosure	wishes on disclosure after death	guidelines to appropriately
HIV/AIDS stigma on the	of diagnosis where required.	are known to the MDT and that	protect confidentiality.
patient experience of living	of diagnosis where required.	the patient's wishes are	protect confidentiality.
with HIV.	Ensures that the patient's	respected where possible.	Works with MDT across the
with III V.	wishes on disclosure after death	respected where possible.	
Identifies when a nationt	are known to the MDT and that	Level 4:	statutory and non-statutory
Identifies when a patient			services to tackle stigma and discrimination across the
disclosure of HIV diagnosis	the patient's wishes are	Promotes and develops	
can be difficult and engages the	respected where possible.	integrated social and	network.
MDT to assist patients with		healthcare working across	
disclosure issues.		boundaries.	Works with the wider MDT to
			develop robust systems to
Recognises difficulty in		Establishes systems and	protect confidentiality after
disclosing HIV diagnosis after		guidelines to appropriately	death.
death and acts as a patient		protect confidentiality.	
advocate when this arises.			

B. All Nurses working in HIV Outpatient Services

5. Triage of Minor Illness, Support and Management

Relevant KSF dimensions:

HWB2: Assessment and care planning to meet health and well being needs **HWB7:** Interventions and Treatments

Band 5	Band 6	Band 7	Band 8
Level 2 Contributes to the triage and assessment of patients presenting as unwell.	Level 3 Triages and assesses minor illness and delivers treatment plans according to local policy.	Level 3 Triages and assesses minor illness and delivers treatment plans according to local policy.	Level 3 Triages and assesses minor illness and delivers treatment plans according to local policy.
Identifies major signs and symptoms of HIV and risks of illness associated with relevant CD4 counts and PID Conditions	Discusses and identifies own role within the overall assessment of patients presenting as unwell and can identify the activities to be	Discusses and identifies own role within the overall assessment of patients presenting as unwell and can identify the activities to be	Discusses and identifies own role within the overall assessment of patients presenting as unwell and can identify the activities to be
Demonstrates the ability to carry out a nursing assessment of unwell patients, reports the assessment findings in the	undertaken through telephone and person-to-person assessment.	undertaken through telephone and person-to-person assessment.	undertaken through telephone and person-to-person assessment.
appropriate format to senior members of the team in a timely fashion.	Assess the presenting complaint and categorises the following: Urgency of the presenting problems; whether	Assess the presenting complaint and categorises the following: Urgency of the presenting problems; whether	Level 4 Establishes systems for the triage and assessment of minor illness where there are
Demonstrates an ability to offer own insights into the well- being needs and wishes of the	the problem is likely to be related to HIV/PID and/or side effects of ART; and refers	the problem is likely to be related to HIV and/or side effects of ART; and refers	complex health needs and autonomously develops and evaluates treatment plans
patient being assessed and offers own suggestions on the treatment that might be needed.	accordingly to GP/A&E/HIV/other appropriate professional.	accordingly to GP/A&E/HIV/other appropriate professional.	Demonstrates advanced knowledge in relation to the

Recognises the more urgent presentation of HIV/PID and associated urgent antiretroviral issues

Monitors individuals during assessment activities for significant change and acts appropriately.

Level 3 Triages and assesses minor illness and delivers treatment plans according to local policy.

Discusses and identifies own role within the overall assessment of patients presenting as unwell and can identify the activities to be undertaken through telephone and person-to-person assessment. Evaluates and records assessment findings according to agreed local/network protocols/pathways and in relation to patient's wishes and beliefs.

Identifies HIV/PID related emergencies with regard to: Urgent or life-threatening signs and symptoms; and toxicities, side effects or other consequences of ART that require immediate intervention or advice.

Monitors and evaluates the implementation of treatment plans and makes changes within agreed local/network protocols/pathways. Evaluates and records assessment findings according to agreed local/network protocols/pathways and in relation to patient's wishes and beliefs.

Identifies HIV related emergencies with regard to: Urgent or life-threatening signs and symptoms; and toxicities, side effects or other consequences of ART that require immediate intervention or advice.

Monitors and evaluates the implementation of treatment plans and makes changes within agreed local/network protocols/pathways. particular factors that contribute to the complex nature of HIV Triage and has ability to define an advise what may an may not be related to HIV and/or ART.

Demonstrates the ability to carry out a comprehensive assessment of unwell patients: including history taking: physical assessment and identification of abnormality: ordering relevant investigations and interpretation of results.

Carries out assessment in line with evidence-based practice, protocols, policies and legislation, monitoring individuals during the assessment and adjusting the approach in accordance with changing evidence.

Considers and interprets all information available using systematic processes of reasoning and makes a differential diagnosis as appropriate and explains outcomes to individuals.

Monitors and evaluates the

	implementation of treatment
	plans and makes changes in
	light of emerging evidence.

6. Management and Support of clinically stable patients on or off therapy.

Relevant KSF dimensions:

HWB2: Assessment and care planning to meet health and well being needs

HWB7: Interventions and Treatments

Band 5	Band 6	Band 7	Band 8
Level 2 Contributes to the management of clinically stable patients.	Level 3 Manages and supports own caseload of clinically stable patients	Level 3 Manages and supports own caseload of clinically stable patients	Level 4 Establishes systems for the nurse-led management of clinically stable patients and
Describes own role in relation to the support and management of clinically stable patients.	Identifies and describes in depth the relevant local policies for clinically stable patients including telephone and email	Identifies and describes in depth the relevant local policies for clinically stable patients including telephone and email	manages and supports own caseload of stable HIV patients with other complex health needs.
Describes the local/network policy relating to the inclusion/exclusion criteria for stable patients whether on or off ART.	clinics Identifies own role within the wider MDT in relation to the provision of clinically stable patient clinics and when to	clinics Identifies and implements essential aspects of managing stable patients such as adherence, toxicity	Identifies, implements and audits pathways for the development of nurse-led stable patient pre-therapy and on- therapy clinics.
Discusses with patients the pros and cons of accessing nurse-led stable patient clinics and advises regarding access appropriately according to local protocols	refer to other members of the MDT. Identifies and implements essential aspects of managing stable patients such as adherence, toxicity	 management and psychological and sexual health. Uses supervision effectively in managing own caseload of stable/well patients. 	Identifies own role within the wider MDT in relation the provision of stable patient clinics for people with HIV, including when complex health needs arise.

Is aware of the required routine	management and psychological	Level 4	Prescribes appropriately for
blood test appropriate for stable	and sexual health.	Establishes systems for the	own caseload of patients using
patients according to local		nurse-led management of	independent or supplementary
protocol.	Interprets HIV surrogate	clinically stable patients and	prescribing as per local policy.
	markers and routine blood test	manages and supports own	
Demonstrates an awareness of	results and explains their	caseload of stable HIV	Able to interpret blood
the needs of patients living with	relevance to the patient and	patients with other complex	investigations for stable patient
a long-term condition and the	other members of the MDT.	health needs.	with complex health needs and
National Service Framework			act on them appropriately for
for Long-term Conditions.	Uses supervision effectively in	Identifies own role within the	own clinical caseload.
	managing own caseload of	wider MDT in relation the	
	stable/well patients.	provision of stable patient	Provides advice and
		clinics for people with HIV,	supervision to junior staff
		including when complex health	looking after stable patients and
		needs arise.	uses supervision appropriately
			for own clinical caseload.
		Able to interpret blood	
		investigations for stable patient	Demonstrates extended skills in
		with complex health needs and	relation to physical
		act on them appropriately for	examination, including history
		own clinical caseload.	taking, investigation ordering
			and interpretation.

7. Support and management of patients with co-morbidities and co-infections

Relevant KSF dimensions:

HWB2: Assessment and care planning to meet health and well being needs

HWB7: Interventions and Treatments

Band 5	Band 6	Band 7	Band 8
Level 2	Level 3	Level 3	Level 4
Contributes to the support	Supports and manages	Supports and manages	Establishes systems for the
and management of patients	patient with co-infection and	patient with co-infection and	management of co- infection/co-morbidities
with co-infection.	co-morbidities according to	co-morbidities according to	
Demonstrates on understanding	local policy.	local policy.	where complex health needs exist.
Demonstrates an understanding	Demonstrates on understanding	Demonstrates relevant skills for	exist.
of own role in managing patient with HIV co-infection an co-	Demonstrates an understanding of HIV co-infection and co-		Demonstrates in death
		administration of treatment for	Demonstrates in-depth
morbidities.	morbidities and relevant	different HIV co-infections/co-	understanding of HIV co- infection and co-morbidities
Demonstrates on un denstanding	policies, guidelines and	morbidities and demonstrates	
Demonstrates an understanding	protocols.	the ability to explain treatment	especially where complex
of relevant policies and	Demonstration on the standing	issues including home	issues and situation arise.
protocols in relation to HIV co-	Demonstrates an understanding	administration where local need	
infection and co-morbidities.	of co-infection and co-	exists.	Establishes, monitors and
	morbidity screening and	T 14	evaluates pathways and
Demonstrates knowledge and	monitoring and can interpret	Level 4	procedures for the development
skills in relation to education	relevant investigations.	Establishes systems for the	and implementation of nurse-
patients about different		management of co-	led management and support of
common co-infections and co-	Demonstrates an understanding	infection/co-morbidities	HIV co-infection or co-
morbidities and healthy	of the administration, side	where complex health needs	morbidity in conjunction with
lifestyle choices.	effects and risks associated	exist.	the wider MDT in line with
	with treatment of different HIV		local policies.
Demonstrates an understanding	co-infection and the use of	Demonstrates in-depth	
of treatment choices open to	antiretroviral therapies.	understanding of HIV co-	Establishes, monitors and
people with HIV co-infections		infection and co-morbidities	evaluates education packages
and co-morbidities.	Demonstrates relevant skills for	especially where complex	around HIV co-infection and
	administration of treatment for	issues and situation arise.	co-morbidity for the wider
	different HIV co-infections/co-		nursing team and MDT.

morbidities and demonstrates	Establishes, monitors and	
the ability to explain treatment	evaluates pathways and	Demonstrates an in-depth
issues including home	procedures for the development	understanding of co-
administration where local need	and implementation of nurse-	infection/co-morbidities
exists.	led management and support of	screening, monitoring and can
	HIV co-infection or co-	interpret relevant results.
	morbidity in conjunction with	
	the wider MDT in line with	Demonstrates expert
	local policies.	practitioner skills in the
		management and support of
	Establishes, monitors and	HIV co-infections or co-
	evaluates education packages	morbidities according to local
	around HIV co-infection and	need, including assessment,
	co-morbidity for the wider	diagnosis, management, use of
	nursing team and MDT.	ARV and associated risks and
		interactions and can relay this
	Demonstrates an in-depth	knowledge to the wider team.
	understanding of co-	-
	infection/co-morbidities	Engages patient's views on the
	screening, monitoring and can	development of services
	interpret relevant results.	relating to the management,
	-	treatment and support of HIV
	Demonstrates expert	co-infection and relevant
	practitioner skills in the	resources.
	management and support of	
	HIV co-infections or co-	Demonstrates relevant skills in
	morbidities according to local	the prescribing and
	need, including assessment,	administration of treatment to
	diagnosis, management, use of	co-infected/co-morbidity
	ARV and associated risks and	patients and demonstrates the
	interactions and can relay this	ability to explain treatment
	knowledge to the wider team.	outcomes to patient and initiate
		and support patient self-
		administration.

8. Support and management of people taking post-exposure prophylaxis (PEP/SE) for HIV

Relevant KSF dimensions:

HWB2: Assessment and care planning to meet health and well being needs HWB7: Interventions and Treatments

Band 5	Band 6	Band 7	Band 8
Contributes to the support and management of patients accessing PEP	Contributes to the support and management of patients accessing PEP	Level 3 Supports and manages patients accessing PEP according to local guidelines	Level 4 Establishes systems for the management of patients accessing PEP and supports
Is aware and can describe local PEP/SE provision.	Is aware of national policies and guidelines that influence and inform PEP access and	and policies. Is aware of, and describes in	and manages patients where complex health needs apply.
Is aware of national policies and guidelines that influence and inform PEP access and	Describes own role in the	detail, what national policies influence and inform PEP/SE provision and access in the UK.	Identifies, agrees, implements and monitors systems for the nurse-led management of
Support.	support and management of people accessing PEP/SE.	Carries out patient assessments	PEP/SE patients.
support and management of people accessing PEP/SE.	Outlines what blood tests need to be taken and when in	in relation to identifying risk of transmission and need to access PEP/SE.	Develops local policies, competencies and protocols for the assessment, access and
Demonstrates awareness of how staff and patients can	relation to PEP/SE.	Level 4 Establishes systems for the	delivery of nurse-led access to PEP/SE.
access PEP/SE on a 24-hour basis across local and	how staff and patients can access PEP/SE on a 24-hour	management of patients accessing PEP and supports	Provides expert support and management of PEP/SE
networked services.	basis across local and networked services.	and manages patients where complex health needs apply.	especially when complex health issues apply.
	Level 3 Supports and manages patients accessing PEP	Provides expert support and management of PEP/SE especially when complex health	Develops PGDs and/or supports independent prescribing for nurse-led

according to local guidelines and policies.	issues apply.	support of patients accessing PEP/SE.
Explains the physical and psychological effects for patients needing to access PEP and provides support as necessary. Discusses the risks and side- effects associated with PEP. Discusses the management of toxicities relating to PEP and is able to explain these, using appropriate language, to support patients needing toxicity management.		Establishes and clarifies pathways for PEP/SE across departments, organisations and local community services ensuring provision for 24-hour access.