Field Specific Standards for Community Palliative and End of Life Care Nursing (SPQ)	NMC standards
Domain One **Clinical care**	
1.1 As an autonomous practitioner working at an advanced level demonstrate a broad range of specialist palliative end of life care nursing clinical expertise that supports high quality person-centred care for patients in a variety of community settings which may be a family home, care home, hospice, respite care or other community settings. 1.1.1 Ensure individual/relatable approaches of advanced communication are used to promote understanding enabling individuals to have the opportunity make an informed choice about their care.	1.1 1.3 3.14 3.18
1.2 Use appropriate physical and advanced clinical examination skills to undertake the holistic assessment of individuals requiring palliative or end of life nursing care, understanding and supporting neurodiverse patients and those patients who have complex needs and issues. 1.2.1 Support people to develop and review an advance care plan informed by their personal choices and wishes. 1.2.2 Use expertise and decision-making skills to support the activation of a person's advanced plan of care and end of life wishes and delivery of care which may include a personal health budget or notional budget.	3.9 3.10
1.3 Assess the health-related needs of carers and those people important to the patient, using palliative and end of life care nursing skills to develop therapeutic relationships and to discover what matters to the person about their health and wellbeing. 1.3.1 Apply open questions, reflection and active listening that enables shared decision-making conversations exploring all the risks and benefits of potential treatment options.	2.4 4.9
1.4 Support the terminally ill person and those important to them to confidently self-manage side effects and symptoms of condition.	2.5 4.7

1.4.1 Provide support for people important to the patient after death and refer to appropriate support/bereavement services where relevant.	4.15
1.5 Supervise, and promote, the delivery of anti-discriminatory, culturally inclusive person-centred care plans, to ensure complex, physical health, social, psychological, and medical interventions are integrated by the health and social care team, ensuring regular evaluation of care and develop systems to support staff interventions and care quality.	2.3 3.1 3.6 4.11
1.6 Demonstrate advanced therapeutic and other care management strategies, aiming to always ensure maximum effectiveness and patient concordance and evaluate the impact this has had on patients requiring palliative and end of life nursing care. 1.6.1 Display professional behaviours and exercise professional judgement when sharing decision making with those requiring palliative and end-of-life care.	7.6 1.13
1.7 Support and lead all staff to use tools to identify changes in health status and maximise the skills of the community palliative/end of life care nurse to support complex person-centred assessment where the individual is showing new symptoms or signs of deteriorating health. 1.7.1 Sensitively accommodate the preferences beliefs and cultures of those individuals at the end of life and demonstrate sensitivity with the bereaved.	3.6 5.1 2.13 4.15
1.9 Working at an advanced level to develop clear and effective partnership approaches with mental health professionals and GPs to promote the mental health and well-being of those requiring palliative and end of life nursing care and those people important to them, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making, and providing appropriate emotional support	2.3 2.7 3.3 3.5
1.10 Understand the effects of social media and influence of societal pressures within the scope of projected behaviour, mental health, disability and neurodiversity to support individual health needs for those requiring community palliative/ end of life care nursing.	

1.11 Empower and educate patients and those people important to them when delivering care to promote independence and self-care, considering developmental and cognitive ability, when assessing and providing informed choices and navigate any conflict when making decisions about their own palliative and end of life care needs. 1.11.1 Assess when additional expertise is necessary and make timely, objective, and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care for individuals requiring community palliative/end of life care nursing needs.	2.4 3.7 3.8 3.9 3.10 4.5
1.12 Understand ethical decision making when supporting people who are caring for individuals with complex health and social needs and/or disability, including life limiting and degenerative conditions, when considering palliative and end of life care interventions. 1.13 Demonstrate openness, honesty and transparency using sensitive language to discuss benefits and risks of treatment with the individual and those people close to them, ensuring cognitive ability is assessed and best interest is central to all decision making.	3.4 3.17
1.14 Use expertise and decision-making skills during holistic assessment of the patient (child, adolescent, adult), ensuring parental, carer knowledge and concerns and voice are considered throughout the assessment process.	1.4 1.9
1.15 Assess, manage, and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff working alone, and people in receipt of care and their carers within their home environments. Demonstrate awareness of safeguarding legislation and responsibilities.	1.4 3.6 3.7
1.16 Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff including environmental factors, and other pollutants which can affect health outcomes. 1.16.1 Exercise professional judgement to observe, recognise and respond to signs of abuse and neglect, recognising that individual safeguarding needs will differ.	2.14 4.4 6.3 3.7

1.17 Work in partnership with individuals, carers, multi-professional agencies and those people important to them, to promote the concept of person-centred and supported self-management at every opportunity providing appropriate education and utilising health coaching skills which enable the person to focus on what they would like to maximise in relation to their independence and utilising 'ask tell ask' techniques, chunking and reflection to check for the person's understanding of their condition(s), utilising goal setting techniques to empower them to achieve their health outcomes and choice of where to die. 1.17.1 Through effective multi-agency collaboration enable care to be delivered in the preferred place where possible and ensure care decisions are based on both the person's choices and best evidence.	1.1 1.2 1.4 1.9 2.8 3.4 3.15 3.16 4.3 4.10
1.18 Advocate and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the community palliative and end of life care nursing service.	1.12 3.11 5.11
1.19 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management. 1.19.1 Recognise and monitor health inequalities in digital access and raise issues with those in authority to ensure equity across the health care system.	3.11
1.20 Use critical reflection, advanced clinical reasoning and decision-making skills to make a differential diagnosis and provide an evidence-based rationale for holistic, person-centred palliative and end-of-life care management and care plans.	
1.21 Work in partnership with patients and those people important to them, and carers utilising sensitive and compassionate communication to develop and implement advanced care planning for those who are dying from life limiting conditions.	4.14
1.22 Apply advanced communication and develop effective therapeutic relationships to ensure patients have been listened to with respect and compassion. 1.22.1 Understand and practice principles to manage complex conversations, which may include delivering/receiving bad news, critically analysing the wider impact on individuals, those people important to them and carers.	1.9 2.12 3.2 4.5 5.13

1.23 Foster creative communication with problem solving, communicating uncertainty, and supporting health/wellbeing action planning. Negotiate and influence shared decision making when developing care and management plans and anticipatory care.	3.2
1.24 As an independent nurse prescriber prescribe from within the agreed scope of practice using the appropriate formulary following assessment of patient need and according to legislative frameworks and local policy including antimicrobial stewardship. 1.24.1 Prescribe and deprescribe within local and national policy within own scope of practice recognising that nurses working in palliative and end of life care have access to the whole BNF which includes controlled drugs.	4.7
1.25 Working at an advanced level to role model a biopsychosocial approach in providing advice, support, and education in a person-centred way for patients and carers. 1.25.1 Promote and facilitate health education and health promotion activities and appropriate health screening, understanding the role and application of genomics and epigenetics to inform and advise individuals about the implications for their personal health.	2.3 2.11 3.12
1.26 Maximise the advanced skills of the palliative end of life care nurse to demonstrate an understanding of, and an ability to critically reflect upon the potential impact of unconscious bias on clinical interventions and be cognisant of health inequalities experienced by patients, those people close to them, carers and communities, recognising the need to make reasonable adjustments to improve health outcomes, by using a person centred and a population health approach	1.7
1.27 As an autonomous practitioner, demonstrate advanced skills and competence around clinical judgement and decision-making and articulate the complexity of clinical decision making at this advanced level. Demonstrate critical thinking, reflection, and evidence-based care, enabling a high level of judgement and complex decision making. 1.27.1 Identify and respond to palliative care emergencies. Exercise professional judgement to manage risk appropriately, anticipating where there may be complex and unpredictable events. 1.27.2 Provide expert guidance and support to other teams and services providing care, particularly where complex issues are identified.	1.1 3.1 4.13 5.13

1.28 Understand availability of local and national support groups, charities, and financial grants for individuals requiring community palliative end of life care and signpost/refer to appropriate agencies	5.4

Domain Two **Leadership and management**	**NMC**
2.1.1 Effectively apply principles of delegation within the management of community palliative end of life health and social care teams, empowering staff to be autonomous, develop leadership and management skills as part of succession future workforce planning.	5.8
2.2 Demonstrate an understanding of working with multiple regulated professionals and respect the individual professional boundaries within the wider health and social care team.	7.4
2.3 Manage and co-ordinate programmes of care, for individuals requiring palliative and end of life care, ensuring their patient journey is seamless between mental health care, learning disability, neurodiversity and physical health care, hospital, and community services and between primary and community care	1.3
2.4 Lead, support, clinically supervise, manage, and appraise a mixed skill/discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs 2.4.1 Appraise those staff reporting directly to the Community Palliative End of Life Care Nurse whilst retaining accountability for the caseload and work of the team.	5.16
2.5 Critically reflect on the emotional impact working with patients who are requiring palliative care and nearing the end of their life in various community settings and the importance of maintaining professional boundaries, whilst working closely within the home environment or other community environment. 2.5.1 Establish therapeutic alliances whilst managing the physical, emotional, psychological, social, and spiritual needs of all those requiring palliative and end of life care.	1.10
2.6 Monitor the implementation and evaluation of care plans by the wider community palliative end of life care nursing team, ensuring regular evaluation of care is present, care plans are adapted when indicated and maximising independence for families and carers.	4.11

2.7 Advocate and contribute to public health initiatives and surveillance, working from an assets-based approach that enables and supports patients and carers to maximise their health and well-being at home, hospice, respite care increasing their self-efficacy and contributing to community developments.	2.10 2.13
2.8 Demonstrate problem solving and critical thinking when utilising data to demonstrate complexity, dependency and frequency of care required within the community palliative end of life care nursing caseload, to monitor and safely manage resource allocation.	5.6
2.9 Actively engage with restorative supervision to understand emotional intelligence and reflect on own and others' practice, identifying learning and protecting self from compassion fatigue, whilst enhancing wellbeing of self and others within the team. 2.9.1 Lead by example in promoting self-care and wellbeing amongst the palliative and end of life nursing team	1.11
2.11Demonstrate the values of high quality, compassionate service delivery which is centred on the voice and needs of the individual within community settings. 2.11.1 Actively listen to patient and their families to influence and advocate within community palliative end of life care nursing practice.	1.13
2.12 Demonstrate advanced leadership and management skills to optimise the continuity of palliative and end of life care 2.12.1 Demonstrate professional curiosity and confidence when advocating for the patient. For example, where doctors override a person's ReSPECT form or Advanced Care Plan	4.1 4.5
2.13 Ensure key stakeholders are included in service design which will include those people important to the patient, carers as well as the wider health and social care professional colleagues within the multi-disciplinary team.	7.4 7.10
2.14 Ensure the requirements for co-production and partnership working with patients requiring palliative and end of life care nursing and those people important to them are embedded in practice using age/development appropriate communication tools; easy read; augmented communication strategies; and appropriate feedback processes and forums.	

2.15 Explore and apply the principles of effective collaboration and professional influencing within a multi-agency, multi-professional context, facilitating integration of health, education, and social care services, ensuring person-centred care is anticipated and co-ordinated across the whole of the patients end of life journey.	3.1
2.16 Foster positive relationships and facilitate appropriate inclusion, recognising the potential impact of stigma, bias and assumptions that people may make about palliative care and patients requiring end of life nursing care, and how this may impact on the individual	1.7 4.2
2.17 Articulate the role and unique contribution of the community palliative and end of life care nursing service in population health management meeting health care needs of the population in the community and the evidence that supports this in local areas and reduces health inequalities	6.4
2.18 Lead on identifying vulnerable people, families, communities, and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed.	3.6
2.19 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of community children's nursing whilst establishing and maintaining the continuity of caring and therapeutic relationships.	5.5
2..20 Lead, manage, monitor, and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.	5.6
2.21 Participate in the collation of community profiling through engagement with networks and initiatives that support the delivery of relevant local resources for health improvement through analysis and adaptive practice.	2.6
2.22 Provide an advisory service where appropriate and collaborate with other agencies to evaluate public health principles, priorities and practice, utilising specialist communication to assess and promote healthier choices for patients requiring palliative and end of life care in line with Public Health data and recommendations.	2.12
2.23 Demonstrate receptiveness and preparedness to deliver and receive timely and constructive feedback, contributing to a positive learning culture within the community palliative end of life care nursing workforce.	1.9
2.24 Continually assess and skilfully adapt to different environments and complex situations to identify and advocate for those patients most at risk, while always safeguarding their welfare and others at risk.	4.8
2.25 Ensure clear lines of accountability with respect to delegation, supervision, and mechanisms for the assurance of clinical and care governance.	5.10

2.26 Develop an in depth understanding of relevant legislation relating to palliative end of life care nursing and policies around certification of death.	6.1
2.27 Use knowledge and awareness of social, legal, political and economic policies and drivers to analyse the strategic imperatives that may impact on the community palliative and end of life care nursing services.	
Domain 3 Facilitation of Learning	**NMC**
3.1 Promote and model effective team working within the palliative and end of life care team and the wider integrated team in primary and community care, encouraging a 'wrap around' team approach where cross pollination within integrated teams is practiced.	5.17 5.20
3.2 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for individuals and their carers in the community and the interdependency of integrated service provision for people receiving end of life care.	5.17
3.3 Collaborate with universities and other providers of PEoLC education to encourage opportunities to teach or facilitate learning in related academic programmes. 3.3.1 Evaluate and record the impact of any educational interventions. 3.3.2 Work with practitioners, students, carers and where possible service users in the delivery of specific areas of expertise required to understand the complexities of delivering education relating to palliative and end of life care.	5.18
3.4 Develop and facilitate action learning opportunities, encouraging reflection in and on practice, promoting a positive and supportive learning culture, recognising talents and opportunities for career development.	5.18
3.5 Facilitate and optimise digital literacy and support staff to engage with digital technology in monitoring the health and wellbeing of patients and carers. 3.5.1 Promote digital engagement and the use of clinical informatics to ensure the effective use of data and robust clinical record keeping and how to report serious incidents and safeguarding concerns.	

3.5.2 Facilitate and enable service user/family/significant others in the use of digital technology.	5.11
3.6 Inform and influence the development of new education and learning required to deliver safe and effective palliative and end of life care. 3.6.1 Critically assess own learning and development needs	5.21
Domain 4 Research and Evidence Based Practice	**NMC**
4.1 Critically appraise and synthesise available research and evidence base within palliative and end of life care and apply findings within care delivery, fostering professional curiosity within the wider team 4.1.1 Contribute to the evidence through research to inform and implement in practice, evaluating the underpinning evidence of successful approaches	4.6
4.2 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice including the process for investigations and robust report writing	6.9
4.3 Demonstrate an understanding of the principles of evaluation and audit to identify trends in the characteristics and demands on the palliative and end of life care service. 4.3.1 Where appropriate use data to inform workload and workforce planning and strategic decision-making including awareness of serious incident reviews and processes.	5.15
4.4 Recognise and understand how operational plans are produced, supported objectively by data that identify key risks and future management strategies within the community palliative and end of life care services. 4.4.1 Recognise and understand the principles of safer staffing to support operational plans for community palliative and end of life care services.	6.2
4.5 Demonstrate innovation and creativity to improve quality outcomes in palliative and end of life care. 4.5.1 Lead and develop a pro-active approach to research around palliative and end of life care	6.5

4.6 Engage and support staff in undertaking audit and developing Quality Improvement projects in practice, ensuring service users participate in the development, evaluation and impact of projects.	6.8
4.7 Apply the principles of project management to enable local projects to be planned, implemented, and evaluated.	6.7
4.8 Develop robust governance systems by contributing to the development and implementation of evidence-based protocols, documentation processes, standards, policies, and clinical guidelines through interpreting and synthesising information from a variety of sources and promoting their use in practice.	6.7