LEEDS TEACHING HOSPITALS NHS TRUST
TAILORED END-OF-LIFE CARE TRAINING

The organisation
Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest teaching hospitals in Europe with approximately 2000 beds. It includes a world-renowned biomedical research facility, a leading clinical trials research unit and a regional oncology and trauma centre.

Approximately 3000 patients die at LTHT each year, and are cared for by a significant proportion of its 16,000 staff. With such a large workforce, LTHT is committed to delivering wide-reaching training to achieve high-quality end-of-life care for patients and those closest to them.

Approach to end-of-life care
The trust’s training team consists of palliative care and end-of-life care specialists that work with the trust’s organisational learning teams to deliver training to all relevant staff groups.

The training activities include workshops, e-learning packages, drop-in sessions and experiential learning on the wards. End-of-life care education starts at induction in the trust and is included in continuing professional development (CPD), with attendance monitored through the appraisal system.

A learning culture
Training in end-of-life care has been endorsed by the LTHT board, and progress has been made in embedding it into the trust’s education agenda by:
• having specialist teams working clinically on the wards to build rapport with staff and support them with blended learning methods
• implementing a trust-wide quality and assurance end-of-life care improvement plan
• creating a lead nurse role to set standards and give assurance about end-of-life care and to influence senior members of staff to support the end-of-life care agenda
• supporting job planning for nursing and medical staff within the team to have dedicated time to oversee the end-of-life care education agenda
• consulting staff on how and when they receive training
• using an interactive approach to training, for example, using the simulation suite for clinical skills
• promoting training across a range of different communications channels in order to reach more staff
• offering staff a selection of modules to enable them to self-select topics based on gaps and needs in their knowledge.

Appraisal
Training in end-of-life care has been built into the trust’s appraisal system. This approach has not only sent out a strong message that the end-of-life care agenda is important, it has also improved the uptake of staff training across the trust.

Induction training
All new nursing staff and allied health professionals (AHPs) receive an interactive session about end-of-life care as part of the trust’s induction programme. This includes information on:
• where staff can access information and resources
• who the specialist palliative care team are
• how they can be contacted.

The induction training is provided in-house to ensure consistency and quality. This is being extended to cover induction of new medical staff. End-of-life care has also been included in the clinical support worker apprentice training.
Challenges

Being such a large organisation, it has been a challenge to deliver training to the numbers of staff who require education and, also, being able to release staff from the wards. The team have adapted their teaching methods to accommodate this by providing e-learning modules and coaching on the wards, rather than just in classrooms. This allows staff to learn by different methods that they can fit in around their working day.

Tailored training programmes

In addition to trust-wide training opportunities, the team offer bespoke departmental teaching and focused interventions to improve care within specific clinical areas. One recent example is a collaboration with the regional interstitial lung disease (ILD) team where a tailored training package was designed to help them better identify and meet patients’ holistic needs. Alongside up-skilling the team, the intervention also promoted greater links between the respiratory team and community palliative care teams with improved information provision and sharing of advance care planning.

Outcomes

Pre and post analysis of the six-month intervention found that the ILD team’s confidence had grown significantly following the tailored training in areas including symptom management, facilitating end-of-life care at home, recognition of end of life, and knowledge about community services. There was an improvement in the holistic assessment of patients and strengthened communication with the primary care team about patients’ appropriateness for Gold Standards Framework and focus of care around quality of life.
This collaborative approach to improvement is being rolled out to a number of other clinical areas, including chronic obstructive pulmonary disease, liver disease and Parkinson’s disease.

**Top tips**

- Provide tailored training according to the clinical needs of staff within different specialty areas.
- Listen to staff about what training they want and need.
- Be creative with training to engage staff.
- Be inclusive – train all staff members including apprentices to the appropriate level of end-of-life care for their role.
- Blended experiential learning is a good way to provide education and training using a variety of resources and firsthand experience.
- Gain board level support in order to demonstrate to staff the trust’s commitment to the end-of-life care agenda.
- Teach staff that end-of-life care is everybody’s business.
- Integrate training monitoring into the trust appraisal system and personal development plans for all relevant staff.
- Set up robust reporting systems to ensure uptake in training.

**Further information**

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