

# Leeds Palliative Care Communication Skills Training Strategy (2009 – 2014)

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## Introduction:

This five year strategy has been developed to support the improvement of access to communication skills training for all staff in Leeds Marie Curie Delivering Choice \*stakeholder organisations, who work with people with palliative care needs, their relatives and carers. The strategy encompasses feedback and experiences of those in the palliative care field, as well as incorporating local and national recommendations for communication skills training. Good communication is essential for the effective and efficient delivery of health and social care and will have a direct impact on the experience of individuals and carers at the end of life. In Leeds, communication skills' training is currently being delivered at various levels in individual organisations in an inconsistent manner. The purpose of this strategy is to develop a high quality standardised approach to palliative care communication skills training and promote equity of delivery across organisations.

## AIM:

The aim of the communication skills training strategy is to provide a consistent and co-ordinated approach to palliative care communication skills training across \*stakeholder organisations within Leeds. It will address key recommendations from the End of Life Care Strategy, Darzi's NHS Next Stage Review 'and Yorkshire and the Humber's response 'Healthy Ambitions' which stress the need for all health and social care staff, at all levels to have the knowledge, skills and attitude to improve end of life care, with communication skills training being of paramount importance.

This strategy aims to:

- Provide a framework for End of Life communication skills training in Leeds
- Map existing provision of training and identify the level of demand
- Identify a variety of learning opportunities mapped to competencies, which are accessible and appropriate for all health and social care staff providing palliative care.
- Provide information on;

- The associated expenditure and resources required to deliver communication skills training,
- Potential barriers and risks, including impact assessment
- Recommendations for implementation and sustainability beyond the life of the Marie Curie Delivering Choice Programme.

## National Drivers in support of Communication Skills Training

National Drivers	Recommendations						
<p><b>End of life Strategy 2008</b> is the main driver for improved access to communication skills training for health and social care staff and states that all people at the end of life will have the opportunity to discuss their personal needs and preferences with a professional who can support them and that ‘all health and social care staff will be trained in communication regarding end of life care’. The End of Life impact assessment document identifies associated costs for the modification of the advanced communication skills training available for senior cancer clinicians.</p>	<p>Training in communication skills has been identified as one of the core common requirements for workforce development. Workforce has been divided into 3 groups:</p> <table border="1" data-bbox="931 515 1890 893"> <tbody> <tr> <td data-bbox="931 515 1411 619">A: Staff working in specialist palliative care.</td> <td data-bbox="1420 515 1890 619">Highest level of knowledge, skills and understanding through specialist training.</td> </tr> <tr> <td data-bbox="931 625 1411 754">B: Staff who frequently deal with end of life care as part of their role.</td> <td data-bbox="1420 625 1890 754">Staff need to be supported to enable them to develop or apply existing skills and knowledge to end of life care.</td> </tr> <tr> <td data-bbox="931 761 1411 893">C: Staff working as generalists or specialists within other services who frequently have to deal with end of life care</td> <td data-bbox="1420 761 1890 893">Good basic grounding in principles and practice of end of life care.</td> </tr> </tbody> </table>	A: Staff working in specialist palliative care.	Highest level of knowledge, skills and understanding through specialist training.	B: Staff who frequently deal with end of life care as part of their role.	Staff need to be supported to enable them to develop or apply existing skills and knowledge to end of life care.	C: Staff working as generalists or specialists within other services who frequently have to deal with end of life care	Good basic grounding in principles and practice of end of life care.
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<p><b>The National Cancer Plan (2000): improving Care.</b> Many people receive excellent care from the NHS or from the voluntary sector in hospitals, hospices or at home at the end of their life, but some do not. Too many patients still experience inadequate communication from healthcare professionals during the final stages of an illness. This can have a lasting effect on carers and those close to the patient, who often carry the burden of care. The care of all dying patients must improve to the level of the best.</p>	<p>Recommends all cancer networks draw up training and development plans to ensure all professionals working in cancer centres and units are trained and supported in communication skills.</p>						

<p><b>The NICE Guidelines for Palliative and Supportive Care (2004): 3.0 Face to Face Communication</b></p> <p>Good face to face communication between health and social care professionals and patients and carers is fundamental to the provision of high quality care. Yet patients and carers frequently report communication skills of practitioners to be poor.</p>	<p>Communicating significant news should normally be undertaken by senior clinician who has received advanced level training and is assessed as being an effective communicator. More junior staff should be able to respond appropriately to patients' and carers' questions in the first instance before referring to a senior colleague.</p> <p>Provider organisations should develop mechanisms to identify individual staff who may benefit from communication skills training and should facilitate their participation in such training.</p>
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## Local Drivers

As part of the Marie Curie Delivering Choice Programme: Leeds Project – Phase I investigation ‘Understanding the current state of services’ – a wide information gathering and consultation exercise was undertaken. This included exploring the training needs of health and social care professionals that provide palliative care. It was reported that all professionals who provide palliative care expressed a need for further training with a focus on communication skills. It is acknowledged that the strategy and associated training programmes will be aimed at improving the patient and carer experience in palliative and end of life care.

Healthy Ambitions which is taking forward the Darzi review in Yorkshire and the Humber recommends that to achieve improvements in the End of life pathway one of the key elements that we need to focus on is ‘the appropriate timing of the conversation about end of life care, early enough to ensure that patient preferences are recorded, communicated and available to all services involved in providing care’. This report also recommends that education and training should be tailored for the range of workforces involved in providing services at the end of life. Key skills would include communications, palliative care and advanced planning.

## Scope

Communication skills refer to face to face, verbal and non-verbal communication, between health and social care staff, and people with palliative care needs, their families and carers.

## Training Framework

A training framework for palliative care communication skills has been developed for four different levels as detailed below. This framework is based on the NHS Knowledge and Skills Framework (KSF) core dimension one Communication and relates to face to face communications with people at the end of life, their relatives and carers. In addition to the courses identified in this strategy it is acknowledged that there are elements of communication skills training in other non-specific courses.

Level	Content	Local examples of existing roles mapped to levels	Method of delivery
1	Communicate with a limited range of people on day-to-day matters	Catering Admin and clerical Volunteers Portering Transport	Induction/customer services training Team meetings 1-2-1s Communication skills workshops including learning outcomes in table below Clinical supervision/reflective practice Level one learning package
2	Communicate with a range of people on a range of matters	Health and social care support workers Newly qualified staff Support supervisors	Communication skills training to include scenarios and learning outcomes in table below Pre and Post registration courses (Leeds University) Supported by clinical supervision/reflective practice
3	Develop and maintain communication with people about difficult matters and/or in difficult situations	Post register nurses Social workers	Communication skills training to include experiential approaches and learning outcomes in table below Train the trainer YCN cancer care programme Supported by Clinical supervision/reflective practice
4	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations	Advanced and senior practitioners	External courses (accredited and non accredited) Communication skills training to include experiential approaches and use of actors and learning outcomes in table below National Advanced Communication Skills Training Supported by Clinical supervision/reflective practice

### Leeds Palliative Care Communication Skills Training Strategy 2009 – 2014

\* Stakeholder Organisations – Leeds Teaching Hospitals NHS Trust, Yorkshire Ambulance Services NHS Trust, Leeds Primary Care Trust, St Gemma's Hospice, Sue Ryder Care Wheatfields Hospice, Leeds City Council

## SPECIFIC TRAINING REQUIRED TO MEET THE LEVELS AS OUTLINED IN THE FRAMEWORK

### Level 1

The individual has responsibility for communicating with a limited range of people on day-to-day matters.

#### Level 1 communication skills training will address the following learning outcomes

- a) Understand how to communicate with a limited range of people, on day-to-day matters in a form that is appropriate to the individual and the situation
- b) Recognise the need for timely communication
- c) Understand the process that leads to effective listening and information giving, including the importance of non-verbal communication
- d) Understand how to reduce barriers to effective communication, including environmental (noise/ privacy) personal (health of patient) and social (language, ability to understand)
- e) Recognise how culture and ethnicity can impact on communication styles, expectations and preference
- f) Understands the importance of presenting a positive image of her/him self and the service
- g) Understands how to accurately report and/or records work activities according to organisational procedures
- h) Understands the importance of communicating information only to those people who have the right and need to know it consistent with legislation, policies and procedures, for example confidentiality, data protection act, complaints resolution, language interpretation, family dynamics.
- i) Reflects on their limitations with regard to communication and involve appropriate colleagues as necessary
- j) Recognise subjects that are inappropriate for general discussion in front of others, i.e. own social life etc
- k) Understands the emotional impact on people when coping with their illness and how that influences communication.
- l) Recognise the importance of giving clear explanations and gaining permission prior to carrying out any activity, and to understand the reporting procedures if permission is not obtained.

### Competency elements and evidence

#### Any worker at level 1 will demonstrate the ability to:

1. Introduce themselves and discuss with the individual how they wish to be addressed.
2. Identify barriers to communication – environmental, personal, and social, demonstrating the ability to reduce these in practice.
3. Treat people with respect for cultural diversity when communicating with others.
4. Reflect on own behaviour and its effect on others.
5. Identify a communication problem, and show awareness of methods and aids to improve communication, seeking advice from a more senior member of staff where necessary.
6. Effectively communicate with people with palliative care needs, their relatives and carers as well as staff, in particular showing empathy and sensitivity.
7. Treat people with dignity and respect, with a non-judgemental approach.
8. Communicate effectively with colleagues.
9. Communicate a significant interaction/ events i.e. change in a person's condition, to an appropriate person in a timely manner.
10. Answer the telephone in an appropriate and professional manner.
11. Treat confidential information with respect and according to legislation and organisational policies and procedures.
12. Explain when permission is required to carry out an activity and the process to be followed if permission declined.

## **Target Audience**

All staff with a responsibility for communicating with a limited range of people on day-to-day.

(NHS KSF Core dimension 1 – Communication at level 1).

## **Types of Training / Methods to be used**

The Leeds palliative care communication skills training strategy recommends training for level 1 communication skills may be undertaken through local induction/customer services training. Training should cover all the learning outcomes as described. An **optional** supplementary learning package is available to support these learning outcomes; however it does not address local operational policies, procedures and guidelines.

## **Assessment process**

Assessment of competencies should be undertaken by the individual's line manager, supervisor or mentor as part of the normal appraisal/review process. Assessment should be based on evidence provided by the member of staff and can take a number of different forms.

This might include:

- Observation
- Verbal feedback from the individual, manager or others
- written work produced by the individual staff member
- electronic work produced by the individual staff member
- records of work (such as minutes/notes of meetings showing the individual's contribution)
- The individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

## Level 2

This level seeks to enhance the competences developed at level 1. The individual has responsibility for communicating with a range of people on a range of matters.

### Level 2 communication skills training will address the following learning outcomes

- a) Understand how to communicate with a range of people, carers and staff on a range of matters in a form that is appropriate to them and the situation
- b) Recognise the need for timely communication
- c) Understand the range of skills and interactions that underpin effective communication.
- d) Understand the impact communication has on the well being of the person receiving care, their relatives and carers
- e) Understand how to constructively manage barriers to effective communication. Be able to change form/style of communication and monitor effectiveness of own communication.
- f) Demonstrate knowledge of culture and ethnicity issues that can impact on communication styles, expectations and preference. Able to access appropriate resources to aid communication.
- g) Reflect on their own communication skills and involve other appropriate persons as necessary.
- h) Demonstrate awareness of the principles and aims of caring for people with complex needs. (I.e. physical, psychological, social and spiritual complex needs)
- i) Understands the importance of giving clear explanations and gaining permission prior to carrying out any activity, and to understand the reporting procedures if permission is not obtained.
- j) Understands how to keep accurate and complete records consistent with legislation, policies and procedures

### Competency elements and evidence

#### Any worker at level 2 will demonstrate the ability to:

- 1) Introduce themselves and discuss with the individual how they wished to be addressed.
- 2) Identify any barriers to communication – language, environment, personal, social and confidentiality and demonstrates the ability to overcome these in practice.
- 3) Treat people with respect for cultural diversity when communicating with others.
- 4) Takes account of own behaviour and its effect on others.
- 5) Assess and identify communication problems and discuss the appropriate form of communication to use and demonstrates an awareness of methods and aids to communication.
- 6) Effectively communicate with people with palliative care needs, their relatives and carers as well as staff, in particular showing empathy and sensitivity:
  - a. Verbal i.e. listening and questioning skills
  - b. Non verbal i.e. body language
  - c. Demonstrates an awareness of the language interpretation service and other services to improve communication, and how to use them.
- 7) Builds a rapport with others demonstrating a non-judgemental approach, treating them with dignity and respect.
- 8) Communicate effectively with colleagues within and outside of their team, showing awareness of the different roles and functions within the multi-disciplinary team (MDT).
- 9) Understand the importance of promptly communicating any deviation from the care pathway, significant interactions or concerns to the appropriate individual.
- 10) Demonstrates the ability to answer the telephone in an appropriate and professional manner, providing support and advice whilst maintaining confidentiality.
- 11) Treat confidential information with respect and according to legislation and organisational policies and procedures
- 12) Clearly document all care in accordance with legislation and organisational policies and procedures

## Target Audience

All staff with a responsibility for communicating with a range of people on a range of matters and can use a variety of communication skills e.g. verbal, written and non-verbal – and appreciate their complexity.

(NHS KSF Core dimension 1 - Communication at level 2).

## Types of Training / Methods to be used

The Leeds palliative care communication skills training strategy recommends training for level 2 should cover all the learning outcomes as described. An **optional** supplementary learning package and ½ day teaching pack (presentation slides and exercises) are available to support these learning outcomes.

It is **not** necessary to complete both the learning package and the ½ day workshop.

## Assessment process

Assessment of competencies should be undertaken by the individual's line manager, supervisor or mentor as part of the normal appraisal/review process. Assessment should be based on evidence provided by the member of staff and can take a number of different forms. This might include:

- Observation
- Verbal feedback from the individual, manager or others
- written work produced by the individual staff member
- electronic work produced by the individual staff member
- records of work (such as minutes/notes of meetings showing the individual's contribution)
- The individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

### Level 3

This level seeks to further enhance the skills of level 2. Individuals are able to develop and maintain communication with people about difficult matters and/or in difficult situations.

#### **Level 3 communication skills training will address the following learning outcomes**

- a) Identify the range of people likely to be involved in the communication.
- b) Identify any potential communication differences and relevant contextual factors.
- c) Understand where to apply appropriately a range of communication strategies with people in a form that is consistent with their level of understanding, culture, background and preferred ways of communicating.
- d) Understand the different communication styles that are appropriate to the purpose of the communication and the context in which it is taking place.
- e) Understand the strategies that can be employed to encourage the effective participation of all involved.
- f) Understand the contextual circumstances where it is appropriate to involve others in communication i.e. relatives.
- g) Understand the need to reflect during communication on barriers to its effectiveness and modify the context/structure/ environment accordingly.
- h) Understand the role of the professional as advocate in representing and communicating another persons view.
- i) Demonstrate a thorough understanding of the communication skills and behaviours expected of other workers in order to be able to assess and provide them with feedback on their communication at appropriate times.
- j) Demonstrates an understanding of legislation, policies and procedures relevant to communication including,
  - a. Complaints and issue resolution
  - b. Confidentiality
  - c. Data Protection
  - d. Disability
  - e. Diversity
  - f. Equality and good relations
  - g. Human rights
  - h. Information and related technology
  - i. Language
- k) Understand how to keep accurate and complete records consistent with legislation, policies and current organisational procedures.

### Competency elements and evidence

#### **Any worker at level 3 will demonstrate the ability to:**

1. Introduce themselves and discuss with the individual how they wished to be addressed.
2. Assess the individual's understanding of the subject (including contextual factors) of the communication to identify barriers.
3. Adapt communication style in response to cultural need and level of understanding when communicating with others.
4. Determine what information/ advice to give or not give as the communication proceeds, modifying the content and structure of communication as required.
5. Involve and engage significant others in communication according to relevant situational factors
6. Take account of and modify own behaviour to positively influence the communication interaction.
7. Effectively use of all forms of communication with others, in particular showing empathy and sensitivity using:
  - Verbal i.e. use of pacing, appropriate language, summarising and reflecting back, clarifying and challenging.
  - Non verbal i.e. body language
  - Demonstrates effective utilisation of the language interpretation service and other services to improve communication.
8. Use effective communication skills particularly regarding the management of fear, anger, collusion and denial.
9. Act as advocate, asserting a particular position or view.
10. Recognise situations where building rapport is difficult and reflect on own ability to manage this demonstrating a non-judgemental approach, treating individuals with dignity and respect.
11. Assess the skills and behaviours of members of the multi-disciplinary team (MDT) providing support and feedback as appropriate.
12. Recognise own limitation of communication skills and when it is appropriate to refer to other services e.g. psychology
13. Respect for skills and competencies within the multi-professional team, contributing to multi-disciplinary planning and decision making meetings.
14. Treats confidential information with respect and according to legislation and organisational policies and procedures.
15. Comprehensively and accurately keep records in line with legislation, policies and procedures

## **Target Audience**

All staff with a responsibility for developing and maintaining communications with people about difficult matters and/or in difficult situations (NHS KSF Core dimension 1 – Communication at level 3) and/or staff who frequently deal with end of life care as part of their role.

## **Types of Training / Methods to be used**

The Leeds palliative care communication skills training strategy recommends training for level 3 should cover all the learning outcomes as described. An **optional** supplementary pre-course learning package and 1 day experiential course are available to support these learning outcomes. The pre-course learning package **must** be completed prior to attending the course.

## **Group Size**

Taught sessions should be for a maximum of 12 people with a minimum of 2 facilitators.

## **Assessment process**

Assessment of competencies should be undertaken by the individual's line manager, supervisor or mentor as part of the normal appraisal/review process. Assessment should be based on evidence provided by the member of staff and can take a number of different forms. This might include:

- Observation
- Verbal feedback from the individual, manager or others
- written work produced by the individual staff member
- electronic work produced by the individual staff member
- records of work (such as minutes/notes of meetings showing the individual's contribution)
- The individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

## Level 4

This level seeks to further enhance the skills of level 1 – 3. Individuals working at level 4 are expected to develop and maintain communication with people on complex matters.

### **Level 4 communication skills training will address the following learning outcomes**

- a) Identify the range of people likely to be involved in the communication.
- b) Identify any potential communication differences and relevant contextual factors.
- c) Identify broader situational factors, issues and risks within more complex communication interactions.
- d) Understand where to apply appropriately a range of communication strategies with people in a form that is consistent with their level of understanding, culture, background and preferred ways of communicating.
- e) Understand the different communication styles that are appropriate to the purpose of the communication and the context in which it is taking place.
- f) Have a comprehensive understanding of how to communicate with people in a form and manner which is appropriate to the sensitivity and complexity of the context.
- g) Understand the principals and process of breaking bad news and supporting those receiving it.
- h) Understand strategies to facilitate effective communication between a number of different parties.
- i) Understand the need to reflect during communication on barriers to its effectiveness and modify the context/structure/ environment accordingly.
- j) Understand the interpersonal and behavioural barriers to communication and is able to identify when and how to challenge these.
- k) Identify more complex communication issues and understand a range of strategies that can be employed to address them.
- l) Understand the role of the professional as an advocate in representing and articulating a range of different viewpoints.
- m) Understand the communication skills and behaviours expected of other workers and is able to identify how to guide and support others to improve communication skills.
- n) Demonstrate an understanding of legislation, policies and procedures relevant to communication (see level 3 a-i)

## Competency elements and evidence

### Any worker at level 4 will demonstrate the ability to:

1. introduce themselves and discuss with individual how they wished to be addressed
2. assess the individual's understanding of the subject (including contextual factors) of the communication, and broader situational factors, issues and risks to identify barriers
3. adapt communication style in response to cultural need and level of understanding when communicating with others
4. determine what information/ advice to give or not give as the communication proceeds, modifying the content and structure of communication as required
5. present and explain complex concepts, ideas and issues to others who are unfamiliar with them in a sensitive manner
6. utilise the principles and process of breaking bad news, and actively support those receiving it
7. lead the involvement and engagement of appropriate parties in communication according to relevant situational factors
8. Effective use all forms of communication with others in particular showing empathy and sensitivity using:
  - Verbal i.e. use of pacing, appropriate language, summarising and reflecting back, clarifying and challenging.
  - Non verbal i.e. body language
  - Demonstrates effective utilisation of the language interpretation service and other services to improve communication.
9. recognise own limitation of communication skills and when it is appropriate to refer to other services e.g. psychology
10. Effective use of communication skills particularly regarding the management of fear, anger, collusion and denial.
11. Recognise complex situations where building rapport is made difficult by the behaviour of others and reflect on own ability to manage this, challenging as appropriate whilst demonstrating a non-judgemental approach, treating individuals with dignity and respect
12. act as advocate, articulating and asserting a particular position or view, even during times of adversity
13. assess the skills and behaviours of members of the multi-disciplinary team (MDT) and providing support and feedback and teaching as appropriate
14. Treat confidential information with respect and according to legislation and organisational policies and procedures.

## **Target Audience**

All staff with a responsibility for developing and maintaining communication with people on complex matters, issues and ideas and/or complex situations; and/or staff working in palliative care requiring the highest level of knowledge, skills and understanding through specialist training.

(NHS KSF Core dimension 1 – Communication at level 4).

## **Types of Training / Methods to be used**

The Leeds palliative care communication skills training strategy recommends training for level 4 should cover all the learning outcomes as described. Training for level 4 communication skills will be undertaken through the national accredited training programme(s) and will be determined by individual organisations and departments.

An Advanced Communication skills programme for senior clinicians in cancer is in the process of being rolled out nationally. It is expected that the programme will form part of continuing professional development programmes and will be run both via Universities and stand alone, and is the only national accredited model. It is based on an amalgamated model from the Maguire, Wilkinson and Fallowfield variants and runs for 3 consecutive days, containing both theoretical input and practical role play using actors and video feedback. Consideration is being given to broadening the target audience to include all end of life care.

## **Group Size**

Determined by the national programme.

## **Assessment process**

Assessment of competencies should be undertaken by the individual's line manager, supervisor or mentor as part of the normal appraisal/review process. Assessment should be based on evidence provided by the member of staff and can take a number of different forms. This might include:

- Observation
- Verbal feedback from the individual, manager or others
- written work produced by the individual staff member
- electronic work produced by the individual staff member
- records of work (such as minutes/notes of meetings showing the individual's contribution)
- The individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

## Potential barriers and risks

Barriers and risks	Likelihood	Impact	Potential solutions
Inconsistent and unreliable ways of identifying training needs and levels	H	M	Work in partnership with all stakeholders and gain greater understanding of training needs at all levels
Timescales and lack of places for national advanced communication skills training as the only accredited and recognised model.	H	H	Explore alternative models as a stop gap. Submit application for proposed pilot. Understand the criteria for inclusion on the training and how we might influence the process in the future to secure funding and places for Leeds
Restrictions placed on advanced communication skills training - Method of delivery, use of limited number of theatre groups, lack of YCN trained trainers and maximum number per course	H	H	
Lack of commitment from stakeholder organisations to adopt the communication skills training strategy	M	M	Work in partnership with all stakeholders to develop and write communication strategy and gain approval initially through PEGS (Representative Palliative Education Group) Present to executive board
Lack of trainers and facilitators to deliver training at all levels	H	M	Source funding for additional resources and/or backfill. Consider more effective use of trainers The completion of the learning packs as an alternative method of delivery
Raising awareness will lead to increased needs being identified.	M	M	Ensure flexible approaches to training Maximise attendance at all courses Develop systematic and consistent method of capturing and recording training needs
The lack of commitment to implement the strategy after March 2009.	L	H	Continue the Communication skills steering group Monitor the implementation of agreed programmes Stakeholder organisations to adopt strategy and have ownership National drivers emphasise the need to continue this work
The cost of providing level 4 training in line with the national recommendations eg. using acting companies and releasing staff over a 3 day period	H	H	To work in partnership with the SHA and Leeds University to identify funding opportunities Consider creative ways of delivering training e.g. blended learning
Staff turnover	H	H	The strategy has developed and encourages generic learning outcomes and transferable skills

## Summary and recommendations

This training strategy has been developed in consultation with all \*stakeholder organisations, making recommendations based on national and local drivers, and the learning outcomes outlined in the NHS Knowledge and Skills Framework for levels 1- 4 communication skills.

The level of training should be relevant to the responsibilities and issues that will be faced by the grade of staff in their role and within the limits of their experience. Where KSF outlines are available, staff should consider this in line with the strategy to determine the level of training required. Communication skills training should be built into the induction for all new staff and the annual appraisal for all existing staff.

If organisations already have existing training which meets the learning outcomes for each level, it is not essential to implement the learning packages. However the packages have been developed to support the outcomes and are available on [www.leedspalliativecare.co.uk](http://www.leedspalliativecare.co.uk)

The implementation of the strategy will be undertaken through the managed clinical network. The network will ensure access to training courses are consistently available for staff throughout the \*stakeholder organisations, as well as being flexible and sustainable.