



# Leeds Palliative and End of Life Care Outcomes Framework *Draft*

Outcome	Type	Impact on People (“National Ambitions I statements”)	What would we include?	Possible Metrics
1. Each person is seen as an individual who is able to influence their care in a way that matters to them	People	“I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what’s possible.”	ReSPECT Personalised care plan Advance Care Planning Shared decision making Preferred Place of Care	% of People at EOL with EPaCCS / ReSPECT Number of People achieving Preferred Place of Death
2. People in Leeds with palliative and end of life care needs are recognised and have fair access to services	Systems Recognition	“I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.”	Increasing Recognition Health Inequalities Vulnerable Groups Clinical Audit and Popn data Access to medicines	% Cancer: Non cancer Patients on EOL Register/ EPaCCS /ReSPECT Age breakdown of those with EOL Register/ EPaCCS / ReSPECT <a href="#">Other diversity measures?</a>
3. People in Leeds are supported to live well as long as possible, maximising comfort and wellbeing	Systems Staff	“My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible”	Pain & symptoms managed effectively; Holistic care Mental well being Care reviewed as needed	Bereaved Carers Survey <a href="#">IPOS reporting (future development)</a>
4. Palliative and end of life care in Leeds is well coordinated	People System	“I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.”	24/7 care services Single Point Access EPaCCS Transfer of Care Anticipatory Medicines	Number of People achieving Preferred Place of Death % of People at EOL on EPaCCS / ReSPECT Bereaved Carers Survey
5. People providing palliative and end of life care are well equipped to do so	Staff	“Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.”	Workforce Skilled Staff – Training LPCN Website Resources Guidelines - medicines	<a href="#">Education Numbers?</a> Bereaved carers Survey <a href="#">Website Activity</a>
6. Communities are ready, willing and able to support people with palliative and end of life care needs	People	“I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.”	Dying matters Social Prescribing Leeds Directory LPCN Website	<a href="#">Dying Matters Stats?</a> <a href="#">Others?</a> <a href="#">Website Activity</a>
7. Family carers, relatives and others close to dying people are well supported during and after their care	Carers	“I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what’s possible.”	Carers assessment and Support Respite care Bereavement Services	<a href="#">Leeds Carers Stats for EOLC and Bereavement</a> <a href="#">Cruse Stats</a> <a href="#">LBF stats</a>