



WOLFSON PALLIATIVE CARE RESEARCH CENTRE

ANNUAL REPORT 2025



UNIVERSITY
of HULL

WOLFSON PALLIATIVE
CARE RESEARCH CENTRE

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A Welcome from the Director

I hope you find our Annual Report interesting – rather than presenting all of our work, we have focused on key highlights and achievements. 2025 has been a strong year for our research and education, with major research awards, influential publications, successful delivery of projects and teaching, expanded international collaborations, and continued building of research capacity. We completed the SUPPORTED Study, which researched homecare workers supporting people and their families at home towards the end of life. Key findings showed how undervalued this important workforce is, with inadequate training, exclusion from wider care teams, and poor working conditions. The team created freely available training resources - co-designed with homecare workers - to help address their training needs.



We have continued to work on reducing inequities in palliative care, and I am glad to say we have published some of the first consensus principles for researching ethnicity in palliative and end-of-life care. People with advanced illness and delirium are often poorly served and have unaddressed needs; we secured £2.4 million NIHR funding (2025-2028) to evaluate a national implementation strategy to improve delirium prevention, detection and management – therefore addressing this inequity in care.

Our Research England-funded I3 International Investment Initiative, supporting collaboration with the University of Technology Sydney, Australia, came to a close, but we have built a strong collaborative partnership and continue to work closely with the IMPACCT (Improving Palliative, Aged and Chronic Care through Clinical Research and Translation) centre at UTS. Overall, this collaboration has encompassed 37 researcher exchange visits, jointly supported 4 PhD students, and leveraged nearly £2.85 million in grant income.

We have hosted 13 PhD students during the year, with several successful PhD completions, delivered 8 undergraduate medical research modules, and our MSc in Palliative Care welcomed its second cohort, recruiting students from the UK and internationally.

We were also invited to deliver a showcase of our work in Westminster and have contributed extensively to parliamentary understanding of palliative care, with several invited visits to talk to MPs and Lords, presentations to the Commission on Palliative Care, and the provision of evidence to Parliamentary Committees.

Donna Wakefield was awarded The Lancet Wakley Prize for her essay highlighting links between poverty and healthcare inequalities, and Professor Mark Pearson delivered his inaugural lecture: "Opening the lid on implementation: the gap between what is known and what is done." At the same time, we have been sad to say goodbye to Professor Miriam Johnson, as she retires – although she continues to contribute as Emeritus Professor. Altogether, a busy and eventful year; productive in terms of evidence and teaching to improve care and outcomes for people with advanced illness and their families.

WOLFSON PALLIATIVE CARE RESEARCH CENTRE

2025 AT A GLANCE

World-leading research to improve the quality,
equity and delivery of palliative and end-of-life care



OUR PEOPLE

- 25+** academic, research and professional services staff
- 13** Research Fellows and Associates
- 4** Research Assistants
- 4** senior academic leaders
- 13** doctoral researchers



RESEARCH FUNDING

- £19.2m** research funding secured
- £1.13m** research income to the University of Hull
- 21** grant applications submitted



RESEARCH EXCELLENCE

- 80** peer-reviewed collaborative publications through the I3 partnership
- 17** conference presentations at the European Association for Palliative Care
- 28** Wolfson researchers presenting at EAPC
- 42** hospices expressed interest in DAMPen-Delirium II
- 20** hospices recruited to the national trial



DEVELOPING FUTURE RESEARCHERS

- 13** doctoral researchers
- 8** MSc students recruited
- 8** undergraduate SSIP research modules
- Academic Clinical Fellows and Foundation Doctors supported



NATIONAL & INTERNATIONAL IMPACT

- Research showcased at the House of Lords
- National media coverage across **175+** news outlets
- International collaborations across **Europe, Australia and Israel**
- Leadership in reducing inequalities in palliative and end-of-life care



HIGHLIGHTS OF 2025

- ✓ NIHR-funded DAMPen-Delirium II national implementation trial
- ✓ Major work tackling inequalities in palliative and end-of-life care
- ✓ SUPPORTED resources influencing workforce policy
- ✓ Continued leadership in implementation science
- ✓ Growing international partnerships and capacity building



Working together with patients, families, communities
and partners to generate evidence that **improves lives**



WOLFSON PALLIATIVE
CARE RESEARCH CENTRE

www.hull.ac.uk/wolfson-centre

Who We Are



The WPCRC team at our away day in February 2025

Palliative and end-of-life care research has never been more important. As populations age and more people live with advanced illness, health and care systems face increasing challenges in providing compassionate, equitable and evidence-based care. High-quality research is essential to improve the experiences of patients and families, address persistent inequalities in access and outcomes, and equip the workforce to deliver excellent care in increasingly complex environments.

The Wolfson Palliative Care Research Centre (WPCRC) exists to meet these challenges. Based at Hull York Medical School, University of Hull, we are an internationally recognised centre of excellence, bringing together researchers, clinicians, implementation scientists, educators and professional services colleagues with a shared commitment to transforming palliative and end-of-life care through outstanding research, education and implementation science.

Working in partnership with patients, families, communities, healthcare organisations and policymakers, we generate evidence that advances clinical practice, shapes national and international policy, and supports the delivery of high-quality, equitable care. Our research addresses some of the most pressing challenges facing people living with advanced illness, ensuring that discoveries made through research lead to meaningful improvements in care.

During 2025, the Centre experienced one of its strongest years to date. Major research awards, influential publications, successful implementation programmes, growing international collaborations and sustained investment in developing future researchers further strengthened our position as one of the UK's leading centres for palliative and end-of-life care research. Throughout this report, we highlight how our work is improving care, influencing policy and helping to shape the future of palliative care, both nationally and internationally.

Leadership

The Wolfson Palliative Care Research Centre is led by Professor Fliss Murtagh, Director, working alongside Professor Jonathan Koffman and Professor Mark Pearson, who provide strategic leadership

across the Centre's research, education and implementation portfolio. Professor Liz Walker, Associate Director, continues to play a central role in the Centre's strategic development alongside her wider leadership responsibilities within the University of Hull. Together, the senior leadership team provides scientific vision, strategic direction and academic leadership across an internationally recognised programme of research, education and implementation science.

At mid-career level in the team are Dr Cindy Forbes, who is Senior Lecturer and Dr Joseph Clark, Lecturer in Global Palliative Care

Research Fellows and Research Associates:

The Centre has a strong and expanding research workforce comprising thirteen Research Fellows and Research Associates, whose expertise spans implementation science, symptom management, health inequalities, global palliative care and complex intervention development. Together, they provide methodological leadership and deliver a diverse portfolio of NIHR-, MRC- and charity-funded research.

- Dr Gillian Jackson
- Dr Ann Hutchinson
- Dr Assem Khamis
- Dr Jane Deville
- Dr Steph Meddick-Dyson
- Dr Caroline White
- Dr Michael Patterson
- Dr Flavia Swan
- Dr Alex Bullock
- Ciaran McNaughton
- Dr Helene Elliott-Button
- Dr Lucia Crowther
- Marsha Dawkins

Supported by four Research Assistants—**Chukwuebuka Okwuosa, Sarah Mitchell, Lubna Ferdowsi and Sophie Law-Clucas**—the team plays a vital role in study coordination, participant engagement, data collection and project delivery.

Professional Services

Professional Services colleagues are integral to the success of the Centre, providing the administrative expertise that enables a large and complex research portfolio to flourish. Dawn Wood and Rebecca Corridan provide research administration and senior administrative support across the Centre, while Alison Waring provides strategic administrative leadership across both the NIHR Policy Research Unit in Palliative and End-of-Life Care and the North Yorkshire Health Determinants Research Collaboration. Their expertise underpins the effective delivery of the Centre's research, education and partnership activities.

Clinical Academic Partnerships

Strong clinical partnerships are fundamental to the Centre's interdisciplinary approach. WPCRC continues to strengthen the integration of research and clinical practice through close collaboration with clinical academics, including Dr Joe Cuthbert, Consultant Cardiologist and Senior Lecturer, whose work contributes to improving care for people living with advanced illness.

Overall, the Wolfson Palliative Care Research Centre now brings together more than twenty academic, research and professional services staff, reflecting both the breadth of its research portfolio and its collaborative model of working.

International Visitors and Collaborations

International collaboration remains central to the Centre's research strategy. During 2025, WPCRC strengthened partnerships across Europe, Australia and Israel, creating new opportunities for collaborative research, researcher exchange and capacity building.



Dr Inbal Halevi-Hochwald and Dr Gila Yakov from Max Stern Yezreel Valley College, Israel,

Team Changes

Like many successful research centres, WPCRC continued to evolve during 2025. We said goodbye to Sebastian Hernandez, Justine Krygier, Zana Bailey and Dr Jordan Curry, each of whom made important contributions to the Centre before moving on to new opportunities. The year also marked the retirement of Professor Miriam Johnson, founder and former Director of the Wolfson Palliative Care Research Centre.

Professor Johnson's leadership over many years established the Centre as an internationally recognised leader in palliative care research. Her contribution to the Centre, to Hull York Medical School and to the wider field of palliative and end-of-life care has been profound, and her legacy continues through the research programmes, collaborations and people she helped to develop.

Our Mission

Our Mission and Strategic Priorities

We conduct world-leading research to enhance wellbeing and quality of life for individuals facing advanced illness, particularly those with life-limiting conditions, and their families

We believe that all those with advanced illness have the right to high-quality palliative and end-of-life care, wherever and whoever they are. Research is the lifeblood of high-quality care, and so we strive to deliver world-class research which supports equitable access and high-quality palliative and end-of-life care for all people with advanced illness and their families. We actively work to reduce inequalities in palliative care.

Our strategic objectives are:

1. To study under-researched symptoms and problems of those with advanced illness and their families
2. To reduce inequalities in palliative care outcomes, through research on improving access and optimising delivery of palliative care services, both in the UK and globally
3. To research health and social care systems to inform and improve palliative care services and outcomes in low- and middle-income countries
4. To develop, research and report measurement of individual-level palliative care outcomes and implementation of these measures into practice to improve care
5. To research the social and psychological aspects of palliative care
6. To develop better methods and test novel approaches for palliative care research
7. To advance education and research on the implementation of palliative care evidence into policy and practice

We are committed to involving people affected by advanced illness, their families and local communities, as active partners in shaping our research. We want to make sure that people with different experiences of advanced illness and end of life have the chance to influence what we do and how we do it. This helps us to focus our research on what really matters to people and their families.

In addition, we want to build palliative care research capacity to help sustain and underpin high-quality palliative care for the future. Palliative and end-of-life research is poorly resourced, with very limited capacity; it is important to us to expand future capacity for research as the need for palliative care increases over the coming years.

Commitment to equity

Research inclusion and diversity have become an increasing priority for us, to improve our research and ensure relevance to all of society. We are a very diverse and inclusive research team in many senses – with a wide diversity of disciplines, research methods expertise, and cultural backgrounds. More details can be found at:

<https://www.hyms.ac.uk/research/research-centres-and-groups/wolfson/our-research>

Partnership with patients and communities

The voices of individuals with lived experience of advanced illness are crucial for conducting high-quality, impactful research that not only enhances care but also aligns with the needs and priorities of those most affected. This inclusion is especially important for people with advanced illnesses, who may face significant challenges in finding the time and energy to make their voices heard. We are committed to actively involving patients, families, and public partners throughout all stages of our work. Each project is enriched by the invaluable contributions of our patient and public involvement and engagement (PPIE) partners, whose insights are instrumental in shaping and guiding our research. We also extend our sincere gratitude to Helen Roberts, the Patient and Public Involvement Co-ordinator at the University of Hull, whose exceptional support has been pivotal in transforming and enhancing our collaborative efforts with PPIE partners. Below, we highlight examples of how the perspectives of those with lived experience inform and drive our work, along with an overview of some of our ongoing projects

Public Involvement in SUPPORTED

We involved 23 people with personal experience of the topic in different roles in our study. We set up two advisory groups to support and inform the study (homecare workers, service users and family carers). One of these groups was set up specifically to give a voice to the workforce being studied. We also included lay people in research team management meetings and in an oversight/ governance role. Our public contributors had a significant impact on the study, its design and delivery, on the researchers themselves and the success of the study. In collaboration with a local artist, the public contributors developed a [comic](#) depicting their contribution to and involvement in SUPPORTED.

Two of our public contributors spoke at an event in the House of Lords with us about SUPPORTED and other Wolfson research on 16 September 2025. It was an incredible opportunity to highlight the role and value of homecare workers directly to policymakers, through the voice of homecare workers and carers themselves. Here is a short [video](#) of the SUPPORTED study, its findings and training resources:



Emeritus Professor Miriam Johnson and PPI colleague for the SUPPORTED study, Michelle Dale

Research That Changes Lives

The Wolfson Palliative Care Research Centre undertakes research that addresses some of the most important challenges in palliative and end-of-life care. During 2025, our work focused on improving care for patients and families, reducing inequalities, supporting the workforce, strengthening implementation of evidence into practice, and building international research collaborations. The following highlights illustrate the breadth and impact of the Centre's research programme.

Research Spotlight 1 Supporting the Health and Care Workforce (SUPPORTED)

The SUPPORTED study aimed to inform improvements in the quality and sustainability of homecare at end-of-life, through exploring the experiences of paid homecare workers and developing support and resources to address training gaps. Homecare workers provide essential care at end of life to enable people to remain at home, but little is known about their experiences and training and support needs. Our initial [Rapid Review](#) highlighted significant challenges, including the inadequacy of their training.

In the SUPPORTED study, we undertook a policy document review, interviewed 133 stakeholders and held 12 workshops across England to capture a wide range of experience. We found:

- Homecare workers face a unique range of very demanding situations
- They provide essential support to families
- They do not feel valued or part of the wider care team (this is expanded in our paper in [Palliative Medicine](#), which highlights inadequate communication between practitioners, impacting on quality of care)
- Their knowledge and training needs are often unmet
- They feel they have little control over their working lives

In co-design workshops with homecare workers and managers, we developed a suite of training resources, including 'what if' cards, slide decks, narrated video on important topics, such as understanding and respecting different cultural and religious needs at the end of life and what the final days of life look like. The codesign process is explored in our paper in [Research Involvement and Engagement](#). All our [training resources](#) are freely available on our study website and accessible on national platforms. Our study has made three core policy recommendations:

The homecare workforce should be recognised in end-of-life care policy and professional networks
National policy should stipulate minimum end-of-life training requirements for homecare workers
The homecare workforce should be given mandated time, during their usual working hours to access high-quality end-of-life training

Research Spotlight 2 Reducing Inequalities in Palliative and End-of-Life Care

Reducing inequalities in palliative and end-of-life care is a central priority for the Wolfson Palliative Care Research Centre. Our research, this last year, demonstrates that access to care is shaped not only by illness, but by social and structural factors such as deprivation, ethnicity and the presence of complex and severe mental health.

Recent work led by PhD student, Dr Donna Wakefield, published in *The Lancet eClinicalMedicine*, provides strong evidence (see below) that people living in more socioeconomically deprived circumstances are significantly less likely to receive palliative care, despite having greater symptom burden and need. This confirms that an “inverse care law” operates in palliative care, with those who need care most often receiving it least.

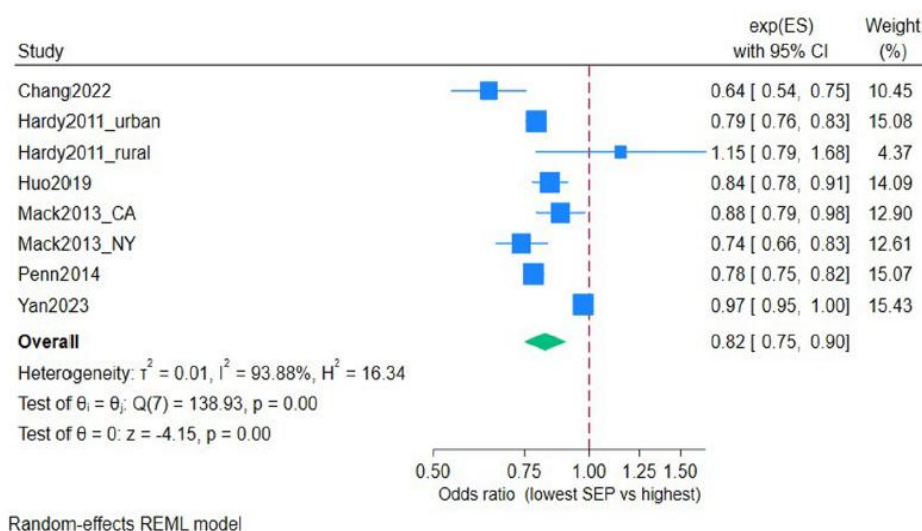


Fig. 2: Forest plot showing the odds of receiving palliative care for people with lung cancer in the lowest area-level Socio-Economic Position (SEP) group compared to those in the highest SEP group. Multivariable analysis adjusted for: Chang 2022 (age, race, type of insurance, number of comorbidities, illness severity, whether they had surgery, radiotherapy or chemotherapy), Hardy 2011 (age, sex, ethnicity, marital status, tumour stage, comorbidity score, urban/rural), Huo 2019 (age, sex, ethnicity, marital status, rurality, region), Mack 2013 (age at diagnosis, sex, ethnicity, marital status, comorbidities, year of diagnosis, long-term care enrolment), Penn 2014 (age, sex, race, marital status, tumour type), Yan 2023 (age, sex, Elixhauser comorbidity index, rural/urban, diagnosis year).

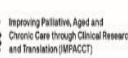
Complementing this, a mixed-methods systematic review led by Gilli Erez, published in *Palliative Care and Social Practice*, found that people with severe mental illness receive less analgesia for pain when living with life-threatening disease. Barriers included stigma, diagnostic overshadowing, fragmented services and restrictive prescribing practices

New national survey research published under the umbrella of the NIHR Policy Research Unit in *Future Healthcare Journal* further shows that people from Asian and Black, Caribbean and African ethnic backgrounds in the UK are significantly less likely to be aware of palliative care, to have accurate knowledge of what it involves, and to trust healthcare professionals to provide high-quality end-of-life care. These findings contribute to explaining persistent ethnic inequalities in access to services and highlight the need for public-facing and system-level solutions

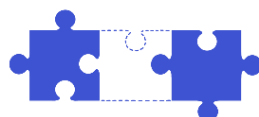
The Centre is also strengthening how inequalities are studied. A national MRC-funded Delphi study led by Dr Helene Elliott-Button and published in *Palliative Medicine* established the first consensus-based principles for researching ethnicity in palliative and end-of-life care, promoting inclusive, culturally responsive and methodologically robust approaches. Building on this work, the Centre is leading an NIHR-funded study examining the cultural acceptability of the Carer Support Needs Assessment Tool Intervention (CSNAT-I) for carers from minority ethnic communities in Bradford, Leicester and Sheffield. The study is co-produced with carers and community partners and will develop an adapted version of CSNAT-I and training resources for professionals

Together, this work advances the Centre’s mission to deliver research that supports equitable access to high-quality palliative care for all.

Research Spotlight 3 Transforming Delirium Care



DAMPen-Delirium II



Are you the missing piece?

Delirium is one of the most distressing complications experienced by people approaching the end of life. Despite national guidance, its prevention, recognition and management remain inconsistent across palliative care services. Improving delirium care therefore represents one of the most important opportunities to improve quality of care for patients, families and staff. Delirium also leads to rapid declines in people's day-to-day abilities, increasing care needs in the community and contributing to unplanned and costly hospital admissions.

There is clear national guidance on how delirium should be prevented, detected, assessed and managed. However, in practice, this guidance is difficult for hospices to implement. Delirium care is complex and involves many people, including family members, friends and health professionals, making consistent delivery of best practice challenging. To address this, the Wolfson Palliative Care Research Centre has been awarded £2.4 million over four years (2025–2028) by the NIHR Health & Social Care Delivery Research programme. The DAMPen-Delirium II study will evaluate the effectiveness and cost-effectiveness of a clinical guideline implementation strategy, CLECC-Pal Delirium, designed to improve the early detection, management and prevention of delirium among inpatients in palliative care units. The study is co-led by Professor Fliss Murtagh and Professor Mark Pearson, with day-to-day delivery led by Dr Gillian Jackson as Lead Research Fellow and Grant Constable as Trial Manager (Hull Health Trials Unit). The wider study team includes Chukwuebuka Okwuosa and Sarah Mitchell (Research Assistants), Professor Miriam Johnson (Emeritus Professor), Helen Roberts (Patient and Public Involvement Co-ordinator), Julie Halliwell (Public Co-Investigator) and Dawn Wood (Project Administrator).

Alongside the trial, a detailed process evaluation will explore how and why the strategy works differently across settings. During its first year, the study has focused on set-up and foundations. This has included securing regulatory and ethical approvals (from the Health Research Authority Research Ethics Committee and the Confidentiality Advisory Group), strengthening and diversifying the study's public involvement group (chaired by public co-investigator Julie Halliwell), and engaging with palliative care units across the UK. Interest in the study has been strong, with 42 geographically diverse units formally expressing interest. From these, 20 sites have now been recruited to take part in the trial.

The first pilot sites opened for baseline data collection in November 2025. The coming year will be a major phase of delivery. Work will focus on assessing sites' readiness to implement the intervention, delivering the study-day training component of the implementation strategy, and providing structured support to intervention sites. The study will also make substantial progress in data collection, capturing 1,200 episodes of delirium (600 at baseline and 600 at follow-up).

DAMPen-Delirium II aims to provide practical, scalable evidence on how best to improve delirium care in hospices and palliative care units. By supporting staff, families and organisations to implement national guidance more effectively, the study has the potential to reduce distress, improve quality of care at the end of life, and prevent avoidable hospital admission.

Research Spotlight 4 I3: Building Critical Mass for Palliative Care Research through Collaborative Support, Exchange and Challenge £403,510, UK Research and Innovation (UKRI), 2019 – 2025



The **International Investment Initiative (I3) fund** aimed to scale up existing strategic, international collaborations. We were one of only 8 **UKRI fund** grant recipients in England in partnership with the **IMPACCT research group at the University of Technology Sydney** (Australia).

The International Investment Initiative transformed the Centre's international partnerships, creating lasting collaborations in research,

doctoral supervision, implementation science and knowledge exchange between Hull and Sydney.

How did we get on?

- 21 visits to UTS by UoH researchers and 16 researcher visits from UTS;
- 4 PhD students jointly supervised/supported through in-kind funding (2 from each university). Other PhD students from both UTS and UoH also benefited from support/mentorship from visiting senior researchers.
- \$793,273 AUD (UTS), and £2,849,869.59 (WPCRC) leveraged research grant income.
- ~80 peer-reviewed papers co-published
- 5 Creating Connections Palliative Care Conferences attended by 718 delegates
- 7 masterclasses on research methods, attended by 149 delegates from UoH, and 155 from UTS in total. One included Patient and Public Involvement delegates working with the respective research groups.
- Formed sustainable partnerships with honorary/adjunct appointments at the 'opposite' institution, ongoing mentoring arrangement, postgraduate supervision, co-investigator-ship of funded projects.
- Formed new areas of collaboration between:
 - Cindy Forbes (UoH), Jordan Curry (UoH), and Christina Capercione (UTS) and Nic Hart (UTS) in the field of exercise oncology;

- Mark Pearson (UoH) and David Lim (UTS) have formed a world-first collaboration in implementation science in palliative care;
- Jonathan Koffman and Rayan Salah Mousa are progressing work on equity in end-of-life care



Early career researchers

ECRs, Sophie Pask and Helene Elliot Button particularly benefited from this exchange. You can read personal blogs by some of the WPCRC team [here](#)

Developing People and Research Capacity

Building research capacity is central to the Wolfson Palliative Care Research Centre's mission. Alongside delivering world-leading research, we are committed to developing future researchers, supporting clinical academics, educating healthcare professionals, and working in partnership with patients and the public to strengthen palliative and end-of-life care research nationally and internationally.

Doctoral Training

Doctoral researchers are central to the Centre's future. We aim not only to supervise excellent doctoral research but also to develop independent researchers who will become future leaders in palliative and end-of-life care research. During 2025, the Centre supported **13 PhD students** at different stages of their doctoral journey, from early candidature through to thesis submission and examination. Current doctoral researchers include:

- Kate Binnie
- Mary Kimani
- Yinyin Phyo
- Dr Donna Wakefield
- Laura Jenkinson
- Marsha Dawkins
- Dr Stephanie Meddick-Dyson
- Maddie Bond

- Dr Tara Dehpour
- Lauren Beadle
- Sarah Kearsley
- Dr Beth Gulliksen

A significant milestone during the year was the successful PhD defence of **Susanne (Su) De Wolf-Linder**, reflecting both her individual achievement and the Centre's continued investment in developing future research leaders.

The Centre also contributes to doctoral supervision beyond Hull through collaborations with partner institutions. Current externally based doctoral researchers supervised by WPCRC staff include:

- Miki Fujimoto (King's College London)
- Alice Firth (King's College London)
- Mark Kitching (University of Hull)

During 2025, both **Lucia Crowther** and **Alice Firth** successfully completed their doctoral examinations, further demonstrating the Centre's wider contribution to doctoral education and collaborative supervision across institutions.

Academic Clinical Fellows and Foundation Doctors

Alongside its research portfolio, the Centre is committed to supporting the development of future clinical academics through Academic Clinical Fellowships and the Specialised Foundation Programme. The Centre currently hosts **Dr Jenny Young**, Academic Clinical Fellow, supervised by Professor Fliss Murtagh. During the reporting period, Foundation doctors supervised by WPCRC staff included:

- **Dr Grace Farnworth**, supervised by Professor Jonathan Koffman, who undertook a systematic review examining referral to palliative care among patients from minority ethnic communities.
- **Dr Elisha De-Alker**, supervised by Professor Fliss Murtagh, who analysed national NHS and Hospice UK financial datasets examining expenditure on long-term healthcare and palliative care. Elisha has subsequently been appointed to an Academic Clinical Fellowship commencing in 2026.
- **Dr Rebecca Hatton**, supervised by Professor Miriam Johnson, undertook a systematic review and narrative synthesis examining terminology and management of agitation and delirium in the last days of life published in *BMJ Supportive & Palliative Care*
- **Dr Sonya Bushell**, whose work has contributed to several conference presentations and peer-reviewed publications, including a paper published in the *British Journal of General Practice* examining attitudes towards earlier advance care planning.

Feedback from Foundation doctors consistently highlights the Centre's supportive and collaborative research environment. One trainee described the Wolfson Palliative Care Research Centre as "*the best group she has worked with*", reflecting the Centre's strong culture of mentorship and investment in early-career researchers.

Undergraduate Education

The Centre makes a substantial contribution to undergraduate medical education through the delivery of Scholarship and Special Interest Programmes (SSIPs) at Hull York Medical School.

During the past year, Wolfson Centre academics delivered **eight SSIP modules**, each involving small groups of medical students exploring topics in palliative and end-of-life care research. These modules provide students with an early introduction to research methods and the importance of evidence-informed clinical practice.

During 2024–2025, Cindy Forbes supervised **Abigail Jefferson, Namitha Thottiyil, Isik Celik and Ihsaan Ahmed**. For 2025–2026, **Emma Hitchcock** commenced a Long SSIP under the supervision of Professor Fliss Murtagh.

Many former SSIP students subsequently return to the Centre to undertake electives, summer research projects and Foundation Programme research attachments, demonstrating the lasting impact of these opportunities.

Beyond SSIP teaching, Wolfson Centre academics contribute extensively to the Hull York Medical School MB BS programme through lectures, critical appraisal teaching and ethics workshops delivered as part of the Health & Society curriculum.

Postgraduate Education

Education remains a key component of the Centre's mission to strengthen palliative care research capacity.

The Centre's online **MSc in Palliative Care: Implementing Best Practice**, also available as a Postgraduate Diploma and Postgraduate Certificate, welcomed its **second cohort** in September 2025. The programme recruited **eight students**, including international students from Malaysia and the Seychelles, exceeding recruitment expectations despite significant sector-wide challenges facing UK higher education.



Designed for healthcare professionals, researchers, educators and policymakers, the programme equips students with the knowledge and skills needed to improve palliative care and the management of long-term conditions through evidence-informed practice. Students study a range of core and optional modules, including:

- Palliative Care Research and Practice
- Introduction to Implementation Science

- Global Palliative Care
- Qualitative Research Skills for Palliative Care
- Development and Evaluation of Complex Interventions

The programme culminates in a supervised research project involving either secondary data analysis or a systematic review, providing students with practical research experience under the supervision of Wolfson Centre academics.

Building on the success of the **Introduction to Implementation Science** module, which attracted seven Continuing Professional Development (CPD) participants during 2025, individual MSc modules are now available as standalone CPD opportunities. This development supports Hull York Medical School's strategic commitment to lifelong learning and enables a wider range of health and social care professionals to access specialist education in palliative care and implementation science.

Influencing Policy, Practice and Society

The Wolfson Palliative Care Research Centre is committed to ensuring that research leads to meaningful improvements in policy, clinical practice and public understanding. During 2025, Centre members engaged with policymakers, healthcare professionals, patient organisations and the wider public to share evidence, stimulate debate and support improvements in palliative and end-of-life care. The following highlights illustrate the breadth of the Centre's national and international influence.

Influencing National Policy

Spotlight: Beyond the Headlines – Evidence for Better Palliative Care

On 16 September 2025, the Wolfson Palliative Care Research Centre showcased its research at the House of Lords in an event titled ***“Beyond the headlines: what evidence really says about good palliative care.”*** The event was held by invitation of **The Lord Norton of Louth**, on behalf of the University of Hull and Hull York Medical School, and brought together parliamentarians, policymakers and sector leaders to consider what high-quality palliative and end-of-life care looks like when guided by evidence rather than assumption.



Presentations from WPCRC researchers highlighted four key messages. First, Professor Fliss Murtagh presented evidence that specialist palliative care works: robust trial and economic evidence show it improves patient experience, supports families, and can substantially reduce hospital use and costs. Yet it is still delivered too late and to too few people who would benefit.

Second, Emeritus Professor Miriam Johnson demonstrated the central role of family caregivers and the paid home care workforce. Research showed the enormous contribution made by families—

effectively subsidising health and social care by billions of pounds each year—and the urgent need to better recognise, train and support homecare workers who provide end-of-life care in people’s homes.

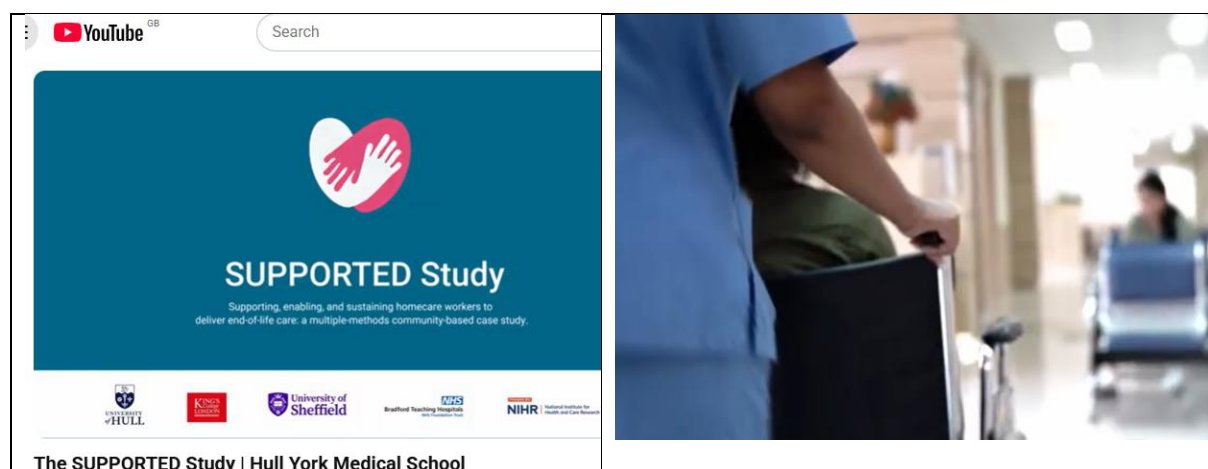
Third, Professor Liz Walker presented findings from the **SUPPORTED study**, which focused on the experiences of homecare workers delivering end-of-life care in the community. This research showed that homecare workers provide essential support to enable people to remain at home, but often lack training, feel excluded from professional teams, and have limited access to structured end-of-life education. The study identified clear priorities for policy and practice, including recognition of the homecare workforce within end-of-life care policy, minimum training standards, and protected time for education during working hours.

Finally, Professor Jonathan Koffman addressed persistent inequalities in end-of-life care. Evidence was presented on how ethnicity, socioeconomic status, geography and serious mental illness shape access to pain relief, place of death and overall experience of care. These disparities are not inevitable: they reflect systems that fail to recognise need early enough and to deliver care equitably.

The event concluded with clear implications for policy and practice: earlier identification of palliative care needs, fairer funding based on need rather than postcode, investment in community and home-based care, and commissioning culturally safe and inclusive services. Together, the presentations demonstrated how rigorous research from WPCRC can inform practical, system-level solutions to improve care for people approaching the end of life and those who care for them

From Research to Practice THE SUPPORTED study

The **SUPPORTED** study aimed to improve the quality and sustainability of homecare at the end of life by exploring the experiences of paid homecare workers and developing resources to address training gaps. Through **12 co-design workshops** with homecare workers and managers, the project developed a suite of training resources to support high-quality end-of-life care in domiciliary settings. These resources include narrated videos, slide decks and ‘what if’ cards that present common challenges faced by homecare workers alongside practical solutions. The training materials are freely available via national platforms (SUPPORTED resources for homecare workers and managers and have been widely shared with health and care practitioners and policymakers. A short animated video summarising the study and its outputs has also been produced and is available online:https://youtu.be/7e_J7VmvZ7c



Contribution to international conferences

The Wolfson Palliative Care Research Centre had a strong presence at the European Association for Palliative Care (EAPC) Conference in 2025, with 28 team members attending and presenting. In total, the Centre delivered 17 poster presentations covering a wide range of topics, including person-centred outcome measures, the contribution of nurses and homecare workers to palliative care, mind–body interventions, clinician training, and estimating the costs of palliative care.

Wolfson staff also delivered a substantial programme of oral presentations, including contributions from Dr Donna Wakefield, Dr Alison Bravington, Professor Christina Ramsenthaler, Dr Zana Bayley, Dr Helene Elliott-Button, Professor Mark Pearson, Susanne de Wolf-Linder and Dr Sophie Pask. These presentations addressed key issues such as inequalities in access to palliative care; optimising care for people with malignant bowel obstruction; shaping the language used in interventions; psychometric evaluation of a children’s outcome measure; co-production of training resources for homecare workers; development of a consensus statement on principles for research on ethnicity and palliative care; application of implementation science in palliative care; person-centred outcome measurement in dementia; and carers’ perspectives on safe and high-quality end-of-life care.



Wolfson presence at the EAPC, Helsinki 2025

Professor Jonathan Koffman chaired and presented within a themed session entitled “Redefining Patient Information Needs in a Changing World: Global Expert Perspectives.” His presentation, “Meeting Diverse Information Needs in Life-Threatening Illnesses: A Comprehensive Framework for Information Provision,” drew on international evidence to show how information provision must be tailored to patients’ preferences, cultural context and changing needs over time, and proposed a unifying framework for improving communication in life-threatening

In addition, Professor Mark Pearson led a 90-minute Implementation Science Masterclass with the contribution of Prof. Gill Harvey (Flinders University, Australia) enabled through the Research England i3 programme. Drawing on examples provided by colleagues from the Netherlands, Denmark, and Ireland, the Masterclass introduced EAPC participants to Implementation Science and demonstrated its importance for palliative care. Over 240 conference attendees took part in the workshop, with their active engagement and subsequent conversations showing the appetite in the palliative care community for utilising Implementation Science in improving care delivery



Prof. Mark Pearson presenting at EAPC Implementation Science Masterclass

In addition to the EAPC, Professor Mark Pearson and Dr Gillian Jackson were invited to deliver two workshops at the Strathcarron Conference in Edinburgh (October 2025). Their sessions, entitled *“Piecing it together: From ideas to impact in hospice research”*, engaged a predominantly clinical audience through interactive, café-style group discussions focused on collaboration, research fidelity and translating research into hospice practice.

Collectively, these contributions demonstrated the breadth and depth of the Centre’s work across measurement, equity, implementation science and workforce development, and reinforced WPCRC’s role as a leading international contributor to palliative care research.

Media Engagement and Public Reach

A major NIHR-funded study led by Professor Jonathan Koffman examined inequities in end-of-life pain management for adults with cancer from minority ethnic backgrounds. Analysing health records for more than 230,000 people who died between 2011 and 2021, the study found that Black, South Asian, mixed and other minority ethnic groups were consistently less likely to receive opioid prescriptions and received lower doses than White patients, even after adjustment for clinical and demographic factors. These disparities were accompanied by higher rates of emergency department attendances and hospital admissions in the final months of life, suggesting under-treated pain in the community. The findings, published in the *British Journal of Cancer*, generated extensive national media coverage, including interviews with Professor Koffman by PA Media, ITV Calendar/ITV News, Radio News Hub and LBC, and reporting across approximately 175 outlets, including *The Guardian*, *The Times*, *The*

Independent, Daily Mail, The Standard, The Herald and the *Belfast Telegraph*. The study highlights the urgent need to address inequities in pain relief and ensure compassionate, high-quality end-of-life care for all

Public Involvement and Global Engagement

Dr Joseph Clark was invited to contribute to a Special Session on Public Involvement in Research at the European Respiratory Society (ERS) Conference in Amsterdam (October 2025). He shared experiences of working with professional and public stakeholders in a low-resource setting as part of an international research collaboration and participated in a panel discussion on the benefits and challenges of public involvement. Discussions emphasised the importance of creative approaches to engagement across differences in culture, language and diagnosis. Dr Clark reflected on how public involvement in the Breathe-India project strengthened the quality of the research by ensuring that the best available evidence was adapted appropriately to local context

Awards and Recognition

In recognition of this programme of work, Dr Donna Wakefield was awarded *The Lancet* Wakley Prize for her essay *Home*, which powerfully connects lived experience of poverty with inequalities in healthcare and medical and medical careers.

	Wakley Prize essay Home Donna Wakefield With stipendation, I stood frozen to the spot, holding the cold, metal key between my fingers. Bracing myself, I slid the key into the lock and turned it. Threading lightly up the stairs, heart pounding in my ears. My daily ritual, walking on eggshells, never sure what awaited me at home each day when I returned from school. Life at home was hard. I was born in a coal mining town during the 1984-85 miners' strikes in the UK. My father was a coal miner and had been on strike for almost a year when I was born, on a bitter cold, snowy Sunday in January. Despite being one of the largest strikes in British history, it was unsuccessful and marked the end of the era of British coal mining. Aged 9 years, I was led with my school classmates to join the rest of the town crowded in front of the colliery, to witness its demolition. The loud explosions startled me, then I watched as the tall red shaft tower, which had dominated the skyline, crumbled before us, dust billowing everywhere. Some adults cheered, with memories of the harsh conditions working in the mine, whereas others were sombre at the demise of our coastal town's main source of employment. The closure of the pit resulted in the loss of about 2000 jobs, and there were few alternative employment bricks and mortar, it was an entirely different home to me, with many happy memories. My grandfather always provided warmth, humour, and endless stories. Unfortunately, one of his stories was about when he started working at the local shipyards and, together with his colleagues, had "snowball" fights with soft balls of asbestos. What he did not know was that they were inhaling deadly asbestos fibres. Many years later, this led to his death from mesothelioma—an incurable cancer of the pleura caused by asbestos. The same disease led to the preventable deaths of many other local shipyard workers. With his death came a disenfranchised grief for the loss of a beloved parental figure, as people often presume a family set-up of not being so close to a grandparent. At school, I often heard it said "people like you do not become doctors". Unbeknownst to them, these words only triggered my curiosity further and became a source of motivation over the years. Through a mix of stubbornness and good fortune, I was accepted into a UK medical school. This was a major culture shock. Only about 5% of medical students came from a similarly disadvantaged background. While only around 7% of people in the UK are privately educated, more than 30% of medical school Lancet 2025; 406: 2509-30 See Commentaries page 2507 Wakley Prize Essay, 2025 Research Centre, Health York Medical School, University of Sheffield, UK. Health Inequalities Team, Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK; North Tynes & Harlowdon NHS Foundation Trust, Stockton-on- Tees, UK (Donna.Wakefield@ncl.ac.uk) © 2025, BPS (Edin) Correspondence to: Specialist Palliative Care Team, Farncliffe House, University Hospital of North Tynes, North Tynes & Harlowdon NHS Foundation Trust, Stockton-on- Tees, TS20 9PL, UK donna.wakefield@ncl.ac.uk
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Inaugural Lecture -Professor Mark Pearson

In October 2025, Professor Mark Pearson delivered his Inaugural Lecture, entitled "*Opening the lid on implementation: the gap between what is known and what is done.*" Drawing on his extensive contributions to implementation research in palliative care including work on delirium assessment and management, breathlessness, and person-centred outcome measures, Mark explored why translating evidence into practice remains one of the central challenges in healthcare.

The lecture reflected on what it means to conduct engaged science with, rather than for or on, people, highlighting the importance of partnership with clinicians, patients and carers in shaping meaningful research. Mark also addressed the role of the philosophy of science in implementation research,

arguing that how we think about knowledge and evidence fundamentally shapes how change happens in practice. The lecture concluded with reflections on the importance of intellectual humility



[Watch the lecture](#)

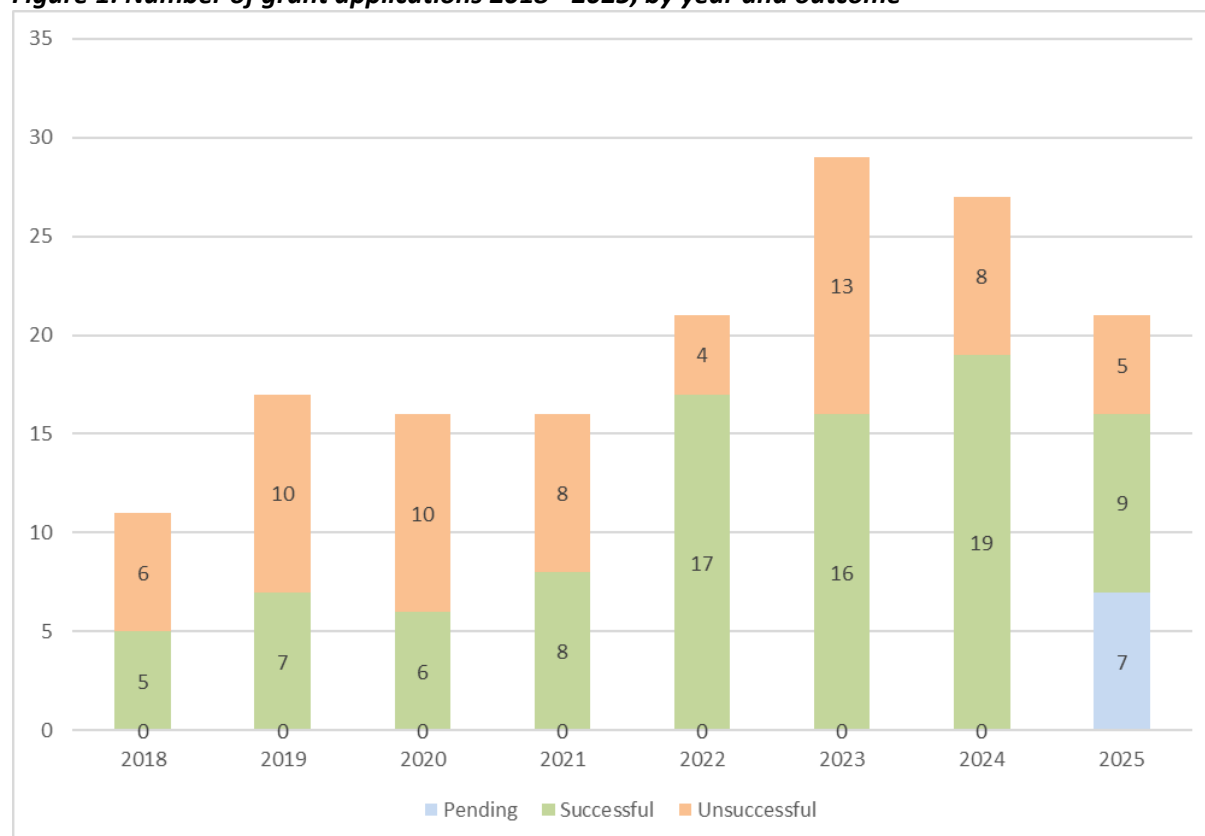
The event, held on Wednesday 22 October 2025, where Emeritus Professor Miriam Johndon introduced Mark and the University of Hull Interim Vice-Chancellor, Professor Kevin Kerrigan, gave the vote of thanks and fielded questions from colleagues from across the University and local clinical partners

Research grant income

While we have continued to build on our grant success of previous years, we have over the last 12-24 months moved into a period of consolidation. Before 2024, we had grown rapidly, with continual expansion of the group and the grant income between 2018 and 2024. We have not planned for continued expansion into 2025 and 2026 but instead have focused on consolidation and capacity building. We have aimed to support Fellowship applications where possible (three submitted; two outcomes pending). With the retirement of Professor Miriam Johnson, there are also fewer senior investigators in the group. Nationally, there has also been an increasingly adverse funding environment, with flat or reduced budgets for a number of funders.

During 2025, we have a smaller overall number of grants (21 submitted, compared to 27 in 2024). We have had similar success rates, proportionate to the number of submissions (see Figure 1).

Figure 1: Number of grant applications 2018 - 2025, by year and outcome



In 2025, members of the WPCRC team have led or been co-applicants on bids to a total of more than **£19 million** (this high figure is largely due to successful participation in the very large Yorkshire & Humber Applied Research Collaboration award) and have brought grant income to University of Hull of over **£1.1 million**. Detail of the successful awards in 2025 can be seen in Table 1. Where bids are co-led in partnership with colleagues from other Universities or where we are co-applicants with them, then 'co-lead' or 'co-applicant' is noted the Table.

We have been running several large programmes in 2025 (the DAMPen-D II trial, co-leading the Policy Research Unit in Palliative and End of Life Care, and the North Yorkshire Health Determinants Collaborative) which have reduced the capacity of the senior investigators in the group to work on major Programme applications in 2025

'Full details of our projects are available on our webpages at
<https://www.hyms.ac.uk/research/research-centres-and-groups/wolfson/projects/>

Table 1: Details of successful research grant awards in 2025

Funder, project title and lead investigator	Grant income to the University of Hull	Total grant income awarded
NIHR BE CLEAR: Development and refinement of a clinician consultation-aide intervention to support effective chronic breathlessness discussions with patients and family carers <i>Flavia Swan</i>	£184,974	£184,974
[CRN Yorkshire and Humber - Palliative Care]* <i>Fliss Murtagh</i>	£3,450	£3,450
NIHR The care of people at the end of their lives in the rural and coastal communities of the South West Peninsula of England: A participatory realist evaluation <i>Mark Pearson</i>	£38,260	£38,260
Yorkshire Cancer Research CanBenefit3: Implementation of tailored wellbeing advice as standard care among people diagnosed with lung cancer <i>Cindy Forbes</i>	£352,694	£352,694
Yorkshire Cancer Research BE SPeCiaL: Brain tumours: Enhancing Supportive and Palliative Care in patients And Loved ones	-	£961,538
NIHR EPIC-PC: Equitable Palliative care In the Community through Primary Care (EPIC-PC): a realist study to propose a new integrated neighbourhood team approach to palliative care. <i>Fliss Murtagh</i>	£30,896	£1,117,501
NIHR Complexity and outcomes among children and young people with life-limiting/life-threatening conditions	£11,408	£11,408
University of Hull Internal: Time, inclusivity, and research culture in the Wolfson Palliative Care Research Centre (WPCRC): A Case Study <i>Jonathan Koffman</i>	£6,266	£6,266
NIHR ARC2: Ageing Society theme – palliative care strand <i>Fliss Murtagh</i>	£202,965	£16,249,302
ESRC: There's no place like home? Exploring dying at home in urban poverty <i>Liz Walker and Fliss Walker</i>	£303,430	£303,430
TOTAL	£1,134,343	£19,228,823

* This is funding for a regional palliative care research role (supporting the delivery of palliative care research in Yorkshire) rather than for a research project

Scholarly Outputs

Publications 2025

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Conference Presentations 2025

Keynote and invited presentations

1. Invited Plenary Speaker, Hull York Medical School Year 4 SSIP Conference, March 2025. Hull in person. Stephanie Meddick-Dyson. Progression to PhD as an NIHR clinical academic.
2. Invited Plenary Speaker, 16th Asia Pacific Hospice Palliative Care Conference, April 2025. Online. Stephanie Meddick-Dyson. Implementing Palliative Care in the Intensive Care Unit.
3. Invited Plenary Speaker, Palliative Care in Critical Care National Conference. June 2025. Stephanie Meddick-Dyson. Palliative Care in the Intensive Care Unit: Models of Care and Implementation.
4. Invited plenary, Danish Association for Palliative Care Nurses: Palliation of chronic breathlessness May 2025. Miriam Johnson
5. Invited abstract, ALERT session, European Respiratory Society Congress, Amsterdam, Sept 2025. Miriam Johnson. Morphine for chronic breathlessness (MABEL) in the UK: a multi-site, parallel group, dose titration, double-blind, randomised, placebo-controlled trial.
6. Invited presentation. Homecare Association Conference, London, May 2025. Miriam Johnson. SUPPORTED study: Homecare at end-of-life

7. Invited presentation. Leeds Clinical Trials Research Unit Clinical Trials Workshop, Leeds. May 2025. Miriam Johnson. How to be a great Chief Investigator: experiences and lessons learnt, CANAssess Trial.
8. Invited Conference Session Speaker, Bristol Patient Safety 12th Annual National Conference, May 2025. Online. Stephanie Meddick-Dyson. Quality Improvement Tools, when and how to use them.
9. Invited Conference Session Speaker, Intensive Care Society State of Art International Congress, July 2025. Stephanie Meddick-Dyson. Palliative care on the Intensive Care Unit: Challenges in research and practice.
10. Invited Oral presentation, Yorkshire & Humber Palliative Care Research Network Conference, March 2025. York in person. Stephanie Meddick-Dyson. Palliative Care in the ICU: What works and how do we get this into practice?
11. Invited speaker, iREX-LUNG International Research & Exercise Workshop. Santa Cruz de Tenerife. 2025. Jordan Curry. Barriers and facilitators to exercise for those receiving Immune Checkpoint Inhibitor Therapy.
12. Invited Oral Presentation to the Yorkshire & Humber Palliative Care Research Network, September 2025. Liz Walker. SUPPORTED: The experiences and training and support needs of homecare workers delivering end of life care.
13. Invited Oral Presentation to the Nuffield Trust Roundtable on Social Care, November 2025. Liz Walker. SUPPORTED: The experiences and training and support needs of homecare workers delivering end of life care: lessons learned.
14. Invited Oral Presentation to the NIHR Policy Research Unit in Palliative and End of Life Care: Roundtable to discuss social care and PEOLC, November 2025. Liz Walker. The experiences and training and support needs of homecare workers delivering end of life care: future research questions.
15. Invited Oral Presentation to the Home Care Forum, King's College, London, May 2025. Cat Forward. The SUPPORTED study: the experiences, support and training needs of homecare workers providing end-of-life care.
16. Invited Oral Presentation to the Home Care Association, London, May 2025. Miriam Johnson. SUPPORTED study: Homecare at end-of-life.
17. Invited oral presentation, University of Oxford Palliative Care Research Showcase, September 2025, Oxford, UK. Kate Binnie. Using Critical Realism to develop causal explanations for how mind-body interventions can support people living with breathlessness-distress in palliative care contexts
18. Invited workshop, Strathcarron Conference, October 2025. Edinburgh, UK. 2 x 1hour workshops. Workshop co-leads: Mark Pearson, Gillian Jackson. Piecing it together: from ideas to impact in hospice research.
19. Invited presentation, NHS England, London, UK, 6th November 2025. Fliss Murtagh & Sophie Pask. (on behalf of the PRU in Palliative and End-of-Life Care). Roles, responsibilities and integration of district and community nurses in palliative and end-of-life care in the community setting. Presented as part of the 'Realising the potential of the nursing workforce in palliative and end-of-life care' event.
20. Invited presentation, as part the Institute for Clinical & Applied Research Patient and Public Involvement Programme [Online Event], University of Hull, Hull, UK, 30th April 2025. Sophie Pask (on behalf of the PRU in Palliative and End-of-Life Care). The role of district and community nurses in palliative care.
21. Invited presentation, University of Technology Sydney, Sydney, Australia, 5th February 2025. Sophie Pask & Helene Elliott-Button. Reflections on a proactive multi-disciplinary care intervention for older people with frailty and PhD programmes of research.
22. Invited presentation, University of Hull and University of York 2025. Jordan Curry. How to develop your skills for public involvement.

23. Invited Plenary Speaker, Policy Workshop in Sydney, Australia. 6th March 2025. In person. Fliss Murtagh. 'Policy research – benefits and challenges in the UK'.
24. Oral abstract, UK Palliative Care Congress, Belfast, UK. 20th March 2025. In person. Fliss Murtagh. 'Using the Integrated Palliative Care Outcome Scale (IPOS) and other palliative care outcome measures'.
25. Invited guest lecture (one of four prestigious invited lectures annually), The Samuel Gee Lecture, Royal College of Physicians, London, UK. 14th April 2025. In person and online, and disseminated nationally after the event. Fliss Murtagh. 'Less medicine and more care: the role of palliative care in the NHS'.
26. Invited speaker: When Integration Works: A Showcase of Excellence and Evidence from Palliative Care and End-of-Life Care, Wednesday 23rd April 2025, NHS England, Wellington House. London, UK. Fliss Murtagh. 'Costs and cost-effectiveness of adult palliative and end-of-life care'.
27. Invited speaker. Round table on palliative and end of life care at House of Lords, Westminster, London, UK. 5th June 2025. Fliss Murtagh. By invitation of Baroness Illora Finlay.
28. Invited speaker. Evidence on palliative and end of life care. Invited presentation at House of Commons, Westminster, London, UK. Fliss Murtagh. Wednesday 23 July, Committee Room 1.
29. Invited speaker. Briefing in relation to the Terminally Ill Adults (End of Life) Bill. Invited presentation at House of Commons, Westminster, London, UK. Fliss Murtagh. 3rd Sept 2025.
30. Showcase of the work of the Wolfson Palliative Care Research Centre. Invited presentation at House of Lords, Westminster, London, UK. Fliss Murtagh, Miriam Johnson, Jonathan Koffman, Liz Walker, Mark Pearson. Hosted by Lord Norton. 16th Sept 2025.
31. Measuring What Matters: Outcomes in Palliative Care 2025. Fliss Murtagh. 10th October 2025, national presentation to Malaysia palliative care colleagues, online.

Oral presentations

1. Oral symposium presentation, ISBNPA (International Society for Behavioural Nutrition and Physical Activity) June 2025. Auckland, New Zealand. Cindy Forbes. Using digital technology to support wellbeing and independence among people living with incurable cancers: a systematic review. In: Innovative methods in designing and delivering activity and nutrition programmes to people with a cancer diagnosis.
2. Oral presentation, Hull York Medical School PGR Symposium. Online March 2025. Stephanie Meddick-Dyson. Co-developing an Implementation Toolkit for Palliative Care in the Intensive Care Unit.
3. Oral presentation, Annual Meeting of the International Society for Behavioral Nutrition and Physical Activity 2025. Jordan Curry, Using digital technology to support wellbeing and independence among people living with incurable cancers: a systematic review.
4. Oral Proffered Paper, Multinational Association of Supportive Care in Cancer Annual Meeting 2025. Jordan Curry. Digital Interventions to Support Well-Being and Independence In People Living With Incurable Cancer.
5. Oral Presentation, European Association of Palliative Care (EAPC) Conference, Helsinki, Finland, May 2025. Helene Elliott-Button. Principles for developing, undertaking, and reporting research with minority ethnic populations in palliative and end-of-life-care: a modified Delphi study.
6. Oral Presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025, Helsinki, Finland. Zana Bayley. SUPPORTED study: Co-production of training resources for homecare workers providing end-of-life care (EoLC)
7. Oral Presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025, Helsinki, Finland. Cat Forward. The SUPPORTED study: Support and training needs of homecare workers providing end-of-life-care
8. Oral presentation, EAPC (19th World Congress of the European Association for Palliative Care), Helsinki, Finland, 29th – 31st May 2025. Sophie Pask. Understanding safe and high-quality care at

- the end of life from a family carer perspective: An analysis of free-text responses from a national post-bereavement survey in England and Wales. Presented by Sophie Pask at the
9. Oral presentation, Centre for Death and Society Conference, June 2025, Bath (online), UK. Laura Jenkinson. No One Talks About Death and Dying: Developing and Evaluating a Serious Game to Facilitate Conversations Around Death and Dying Among Non-Religious Individuals
 10. Oral presentation, THIS Space Lightning Talks November 2025. Marsha Dawkins. Personal values and value-based healthcare for an aging population with multiple conditions
 11. Oral presentation. Hospice Architecture and Design in the UK Workshop, January 2025. Hull, UK. Lucia Crowther. Homeliness and homelike design in hospice spaces in England.
 12. Oral presentation, Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST) Research Forum March 2025, Sydney (Australia). Mark Pearson. Improving the Detection, Assessment, Management and Prevention of Delirium in Palliative Care Units (DAMPen-D): Integrating co-design and process evaluation in a feasibility study.
 13. Oral presentation, Health Determinants Research Collaboration North Yorkshire conference, Harrogate, 10 November 2025. Mark Pearson - Health Determinants Research Collaboration North Yorkshire: A perspective from academia.

Poster presentations

1. Poster presentation at American Thoracic Society 2025, San Francisco, USA. Gill Doe on behalf of Ann Hutchinson. "Help humans make the right decisions...." Patient perspectives on Artificial Intelligence (AI) supporting clinicians in the interpretation of spirometry: a qualitative study.
2. Poster presentation at the Allam Lecture, Hull, UK. Ann Hutchinson. Breathlessness self-management in people with long-term conditions: using a realist review to develop theory and work with stakeholders to codesign an implementation strategy
3. Poster presentation at ISBNPA (International Society for Behavioural Nutrition and Physical Activity) June 2025. Auckland, New Zealand. Cindy Forbes. A phase II randomised controlled basket feasibility trial of a personalised, home-based exercise programme on disease-free survival among early-stage, high-risk cancers in Yorkshire: CANFit study protocol.
4. Poster presentation, UK Knowledge Mobilisation Forum April 2025, Online. Jane Deville Using Rapid Literature Searches in Local Authority Decision Making.
5. Poster presentation, Annual Health Determinants Research Collaboration (HDRC) National Conference, June 2025 Leeds, UK. Jane Deville. Using Evidence in Local Authority Decision Making
6. Poster presentation, Palliative Care Congress, Belfast, March 2025. Stephanie Meddick-Dyson. Multidisciplinary collaboration to develop a tailored tool for identifying and considering ICU patient and family palliative care needs.
7. Poster presentation, NIHR Academy Members Conference, Leeds, October 2025. Stephanie Meddick-Dyson. Patient and family perspectives about palliative and end-of-life care in the intensive care unit: a narrative review
8. Poster presentation, EAPC (19th World Congress of the European Association for Palliative Care) May 2025 Helsinki, Finland. Sunitha Daniel. Enhancing palliative care in medical wards: Training nurses to identify patients with unmet palliative care needs using the supportive and palliative care indicators tool (SPICT™): A quality Improvement project
9. Poster presentations, EAPC (19th World Congress of the European Association for Palliative Care) May 2025 Helsinki, Finland. Sunitha Daniel. Individualized plans of care: Do they make a difference? A quality improvement project evaluation
10. Poster presentations, EAPC (19th World Congress of the European Association for Palliative Care) May 2025 Helsinki, Finland. Elisha De-Alker, Sunitha Daniel. Improving documentation of individualized care plans for dying patients in the hospital setting - Quality improvement Project
11. Poster presentation, EAPC (19th World Congress of the European Association for Palliative Care) May 2025 Helsinki. Tara Dehpour. Patient-centered education interventions for assessing and

- managing cancer-related pain relevant to patients from minority ethnic communities: a mixed-method systematic review
12. Poster presentation, Allam Lecture, UoH, September 2025. Jordan Curry. Using digital technology to support wellbeing and independence among people living with incurable cancers: a systematic review.
 13. Poster presentation, Allam Lecture, UoH, September 2025. Jordan Curry. Utilising the Pillar Integration Process to Assess A Digital Exercise Intervention for Individuals Living with and Beyond Lung Cancer.
 14. Poster presentation, Allam Lecture, UoH, September 2025, Jordan Curry. Feasibility and Acceptability of the Cancer Behavioural Nutrition and Exercise Feasibility Trial: CanBenefit 2.
 15. Poster presentation, Allam Lecture, UoH, September 2025. Jordan Curry. Facilitators, Barriers, and Acceptability of Digitally-Delivered Lifestyle Advice Among Cancer Clinicians: A Systematic Review.
 16. Poster presentation, Cancer in Primary Care Research International (Ca-PRi) Conference. Jordan Curry. A Systematic Review of Patient and Healthcare Professional Perceptions of the Barriers and Facilitators to Embedding Exercise in the Adjuvant Cancer Treatment Pathway.
 17. Poster presentation, Multinational Association of Supportive Care in Cancer Annual Meeting 2025. Jordan Curry. Utilising the Pillar Integration Process to Assess A Digital Exercise Intervention for Individuals Living with And Beyond Lung Cancer.
 18. Poster presentation, Hull York Medical School Student Special Interest Conference 2025. Jordan Curry. Exploring the Barriers and Facilitators of Movement Tracking Technology in Palliative Care in Germany: A Qualitative Study.
 19. Poster presentation, Society of Behavioural Medicine 2025. Jordan Curry. Assessing the Feasibility and Acceptability of ExerciseGuide UK: A Digital Intervention for Those Living With and Beyond Lung Cancer Using the Pillar Integration Process.
 20. Poster presentation, Society of Behavioural Medicine 2025. Jordan Curry. Using digital technology to support wellbeing and independence among people living with incurable cancers: a systematic review.
 21. Poster presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025. Caroline White. The experiences of homecare workers when supporting clients at end-of-life: findings from the SUPPORTED study.
 22. Poster presentation. EAPC (19TH World Congress of the European Association for Palliative Care) May 2025, Helene Elliott-Button. Policy Gaps Regarding Social Homecare in the Context of End-of-Life: A Policy Document Analysis.
 23. Poster presentation. Allam Lecture, University of Hull, September 2025. Helene Elliott-Button. Policy Gaps Regarding Social Homecare in the Context of End-of-Life: A Policy Document Analysis.
 24. Poster Presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025. Kate Binnie. Explaining how trauma-informed mind-body interventions can reduce distressing breathlessness and be implemented: Critical Realist interviews with professionals and people with lived experience.
 25. Poster presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025. Sophie Pask. Models, components, and outcomes of palliative and end-of-life care provided to adults living at home: A review of narrative, scoping and systematic reviews
 26. Poster presentation, EAPC (19TH World Congress of the European Association for Palliative Care) May 2025. Sophie Pask. The roles, responsibilities, contributions and integration of community-based general nurses in the provision of palliative and end-of-life care: a scoping review.
 27. Poster presentation, 19th World Congress of the European Association for Palliative Care Conference May 2025, Helsinki, Finland. Chukwuebuka Okwuosa. Models, components and outcomes of palliative and end-of-life care provided to adults living at home: A systematic umbrella review of reviews
 28. Poster presentation, Allam lecture, September 2025, Hull, UK. Chukwuebuka Okwuosa. Poster one: Models, components and outcomes of palliative and end-of-life care provided to adults living

- at home: A systematic umbrella review of reviews. Poster two: Using the integrated palliative care outcome scale (IPOS) and other palliative care outcome measures: a systematic review.
29. Poster presentation, Future of Evaluation conference, Northumbria University (Newcastle, UK), January 2025. Mark Pearson. How, when, and in which contexts should (dis)continuance of anti-thrombotic medicines be discussed with patients living with cancer in their last phase of life? A realist synthesis

APPENDICES

Wolfson Palliative Care Research Centre - Staff

Researchers and Professional Services		
Name		Role
Bailey	Zana	Research Associate Band 6 on SUPPORTED – in School of Psychology and Social Work and affiliated to WPCRC – left June 2025
Bullock	Alex	Clinical Research Fellow
Clark	Joseph	Lecturer in Global Palliative Care
Corridan	Rebecca	Research Administrator
Crowther	Lucia	Research Associate
Curry	Jordan	Research Associate
Dawkins	Marsha	THIS PhD Fellowship
Deville	Jane	Embedded Researcher
Elliott-Button	Helene	Research Associate
Forbes	Cindy	Senior Lecturer, in Physical Activity
Harvey	Kathryn	Admin support (social work)
Hernandez	Sebastian	Research Associate - left April 2025
Hutchinson	Ann	Research Fellow in Chronic Breathlessness
Jackson	Gillian	Research Fellow
Johnson	Miriam	Professor of Palliative Medicine – retired July 2025
Khamis	Assem	Research Associate (Data)
Koffman	Jonathan	Professor of Palliative Care
Krygier	Justine	Research Associate – left June 2025
Law-Clucas	Sophie	Research Associate
Meddick-Dyson	Stephanie	NIHR PhD Fellowship
Mitchell	Sarah	Research Assistant
Murtagh	Fliss	Professor of Palliative Care
McNaughton	Ciaran	Research Associate
Okwuosa	Ebuka	Research Assistant
Pask	Sophie	Research Associate
Patterson	Michael	Research Associate
Pearson	Mark	Professor in Implementation Science
Swan	Flavia	Research Fellow in Cancer Rehabilitation
Walker	Liz	Professor of Health and Social Work (University of Hull), Associate Director WPCRC
Waring	Ali	PRU Administrator & HDRC Administrator
White	Caroline	Research Fellow
Wood	Dawn	Research Administrator Lead/PA to Profs Johnson, Koffman & Murtagh

Wolfson Palliative Care Research Centre - PhD Fellows

PhD students			
Name		Primary supervisor	Year
Binnie	Kate	Miriam Johnson	Year 4 – part-time
Kimani	Mary	Fliss Murtagh	Writing up
De Wolf Linder	Su	Fliss Murtagh	Writing up/successful viva December 2025
Phyo	Yinyin	Meera Agar	UTS 3 rd year
Wakefield	Donna	Jonathan Koffman	Year 2/3
Jenkinson	Laura	Mark Pearson	Year 2/3
Dawkins	Marsha	Fliss Murtagh	Year 2/3
Meddick-Dyson	Stephanie	Fliss Murtagh	Year 2/3
Bond	Maddie	Joseph Clark	Year 2/3
Dehpour	Tara	Jonathan Koffman	Year 2/3
Beadle	Lauren	Fliss Murtagh (2 nd supervisor)	Year 2/3
Kearsley	Sarah	Liz Walker (1 st supervisor) Miriam Johnson/Sophie Pask (2 nd supervisor)	Year 4 – part-time (University of Hull – School of Psychology and Social Work, rather than HYMS)
Gulliksen	Beth	Fliss Murtagh	Year 2/3

External PhD Fellows co-supervised by WPCRC Staff

PhD students			
Name		Supervised by	University
Fujimoto	Miki	Jonathan Koffman (2 nd supervisor)	King's College London
Firth	Alice	Fliss Murtagh (2 nd supervisor)	King's College London
Crowther	Lucia	Miriam Johnson (2 nd supervisor)	University of Hull – Dept of Human Geography (writing up)
Kitching	Mark	Miriam Johnson (2 nd supervisor)	University of Hull 3 year part-time

Wolfson Palliative Care Research Centre – Other Fellows and attached students

Academic Clinical Fellow			
Name		Supervised	Year
Young	Jenny	Fliss Murtagh	Maternity Leave

Specialised Foundation Programme			
Name		Supervised by	Year
Farnworth	Grace	Jonathan Koffman	Aug 25 -Dec 25
De Alker	Elisha	Fliss Murtagh	Dec 24 – Mar 25
Hatton	Rebecca	Miriam Johnson	Aug 23 – Aug 25

Yr4 Long SSIP		
Name	Supervised by	Year

Jefferson	Abigail	Cindy Forbes	2024-2025
Thottiyil	Namitha	Cindy Forbes	2024-2025
Celik	Isik	Cindy Forbes	2024-2025
Ahmed	Ihsaan	Cindy Forbes	2024-2025

Elective Medical Students			