

Leeds Palliative Care Network Group Meeting

Actions of the meeting held on Wed 24th March 2021 via Zoom

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Sarah McDermott	SMc	LPCN Clinical Executive Team Member	LCHT
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Sue Waddington	SW	LPCN Clinical Executive Team Member	SRWFH
Tom Daniels	TD	Senior Commissioner	CCG
Lesley Charman	LC	LPCN Clinical Executive Team Member	
Gill Warner	GW	Service Manager Health Case Management	LCH
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Nicola Walmsley	NW	Clinical Supervisor ABL	YAS
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Clare Russell	CR	Head of Transformation	SGH
Elaine Hill	EH	Director	SRWFH
Valerie Shaw	VS	Head of Day Services	SGH
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Lindsay Cotterill	LCo	Clinical Practice Facilitator	SRWFH
Melody Goldthorp	MG	Clinical Service Manager Continuing Care	CCG
Janice Edgar	JE	CNS Palliative Care	SRWFH
Rachel Lodge	RL	CNS Palliative Care	SRWFH
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Angela Gregson	AG	Clinical Development Lead, Virtual Ward (Frailty)	LCHT
Nicky Hibbert	NH	Senior Nurse Practitioner	SGH
Catherine Malia	CM	Consultant Nurse Specialist	SGH
Apologies			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Moira Cook	MC	LPCN Medicines Management Lead	SRWFH/SGH
Dave Green	DG	Head of PTS Service & Standards	YAS
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Jim Barwick	JBa	Leeds GP Confederation	GP conf
Andrea Dobson	AD	Head of Continuing Care	LCC
Alex Irvine	AI	Practice Development Nurse	LYPFT

No.	Action	Lead(s) for action
1. Welcome and Apologies		
	Adam welcomed everyone to the meeting. Apologies were received as shown above.	
2. Approval of Previous Action Log and Matters arising		
	The Action Log of the Meeting held on 27th January was agreed as a correct record.	

<p>Matters Arising Prev action 178 – Gill will liaise with Lesley C about Fast Track regarding uptake from LTHT – carry forward action Prev action 179 – A date is being agreed for LL Links to attend an LPCN Exec Team Meeting Prev action 180 – The Q3 Finance report was circulated and attached with the meeting papers.</p>		
181	Gill Warner to look at data available on the source of FastTrack referrals and liaise with Lesley C to understand the uptake from LTHT	GW/LC
<p>3. Chair's Update</p>		
<p>West Yorkshire ICS The workstreams groups are meeting and taking forward projects, however the Palliative and EoLC Group itself has not yet been formally recognised by the Executive Group of the ICS as part of its structure. It was agreed to circulate the minutes of the WY&H Palliative and EOLC Group to the members of the LPCN Group for information.</p> <p>Strategy The Strategy was developed over the Covid period and has been approved by the CCG. It was presented to a sub group of the Health and Wellbeing board who have agreed to produce it with HWB branding. The Strategy is currently with colleagues from the council who are formatting it and producing a 'plan on a page'. This should be ready in 3- 4 weeks. There will then need to be a separate discussion about dissemination of the Strategy.</p>		
182	The minutes of the WY&H Palliative & EOLC Group Meeting will be circulated to the LPCN Group Members for information	DB/AS
<p>4. Network Manager's Update</p>		
<p>MOU/ToR Refresh The LPCN MOU and Terms of reference are due for renewal at the end of March. They have been reviewed and the final versions will be agreed by the Exec Team when they meet tomorrow (25th) The MOU and ToR will then be circulated for signature from the LPCN Partner organisations.</p> <p>Exec Team Update Sarah has now come to the end of her time of office as a member of the Exec Team having served for 5 years. Gill Warner has been identified as the new representative from LCH. There will be a transition period and Sarah will still be involved in many of the project groups. Adam welcomed Gill to the LPCN Exec Team on behalf of the LPCN and formally thanked Sarah for her contribution and hard work both in the setting up and continuing work of the LPCN.</p>		
<p>5. Risk Register and System Issues Log</p>		
<p>Risk 2 – Capacity in Education Workforce An education post job description is currently going through the internal HR processes in St Gemma's; (Band 7 4 days / week). The recruitment process can then begin. Funding for an admin support role is also included, this may be incorporated into a wider post in the AUPC.</p> <p>Systems Issue 1 - Palliative Care Ambulance It is hoped that the replacement Ambulance will be on the road in April. It will be branded with just the symbol from the LPCN logo omitting the wording.</p> <p>Systems Issue 4 - Patient Information Systems A piece of work is being done working with NHS Digital to look at the structure and coding of the EPaCCs record. Within Yorkshire & Humber there is a project to look at how this data is shared as a Y&H Care Record. Within March there will be an attempt to share EPaCCs data from Harrogate Palliative care Team with YAS. If this is successful this can then be scaled up. Adam has recommended that Leeds would be a good area to pilot this.</p>		

System Issue 5 – Syringe Drivers

There are still 9 new drivers held by LTHT available to the hospices to enable them to release version 2 drivers to LCH.

System Issue 7 – EPaCCs Report Metrics Returns

A timetable has now been established. Q2 has been distribute and Q3 has been received this week in draft.

5. Finance Report

The LPCN financial position remains good.

We have recently received some bids to look at an audit on the LTHT ReSPECT data and to also look at routinely pulling the LTHT ReSPECT data in to the citywide reports. These have been approved.

The LPCN would still welcome any internal bids to support citywide projects particularly any that support the new strategy.

6. Programme Overview

Diane highlighted the substantial amount of work that has still progressed despite the challenges of Covid and expressed thanks to everyone who has helped to achieve this.

EOLC Metrics

Work is underway to make the information collected from the ReSPECT forms truly citywide by including LTHT.

There is now a regular timetable for the reports which is working well

The data sharing agreement has been reviewed to include information on learning disabilities and mental illness, deprivation and ethnicity to begin to look at some of the equity of access issues that were flagged up in the Health Needs Analysis and through the Strategy

An additional report is being looked at to pull out a subset of the data for people living with dementia.

Improving EPaCCs its use and reporting.

Community services have now gone live with the Planning Ahead template which incorporates EPaCCs, RESPECT and What matters to me.

Training is being planned to increase the number of signatories throughout April and May.

The ambition is to move away from a focus on EoL and have a single template to capture any planning ahead for any patient. This makes it easier to include Dementia and Frailty.

Bereaved Carers' Survey

The report has been published and action plan devised.

Work is underway to try and produce a more unified survey across all the settings including the Mount and LYPFT. The aspiration is to run the survey in Q2 or Q3 of 21-22.

Transfer of Care Hospital to Hospice

Lesley Charman has taken over as project lead for this group from Clare Russell. A meeting is planned for April.

Adam thanked Clare for her work on the project.

Community Flows Improvement Group

A number of Stakeholder groups were held throughout November. The outcomes from these are being mapped. Healthwatch have also interviewed relatives providing 15 more in depth case studies.

The next steps will be to decide what area should be the focus of the next stage.

Dementia & EoLC

Admiral Nurses – the outline bid has been supported by the LPCN Exec.

Tim Sanders has agreed to transcribe they key points into a business case for commissioners should funding become available. Sarah M and Ruth are looking at costings to support this.

Frailty

A recent workshop was held to focus on advance care planning which colleagues fed into. Colleagues from the frailty workstream will also be attending the next Informatics & Metrics meeting.

8. Member's Updates

LCH

Pressures remain within NTs. Everything is being reviewed at the end of the month with the hope that some reduced services can be re-commenced.

Referrals are coming back into normal ranges, more people are choosing to die at home. The number of people choosing to go into a care home for EoLC has dipped significantly.

SGH

The hospice is open for admissions. Community remains busy but has stabilised. We also had a CQC monitoring call which went well

SRWFH

Community remains busy, the Hospice is open for admissions.

LTHT

Referrals have settled but at a high level with High complexity

Pressures remain on acute medicine.

CCG

The CCG restructure continues, a new structure has been out for consultation. There will be some changes of focus and roles.

There is also a potential abolition of the CCG with commissioning carried out through ICS structures from April 2022.

9. Leeds Virtual Ward Service

Angela Gregson from LCHT gave an informative presentation about the Leeds Virtual Ward for Frailty. (slides attached)

The ward is one of the five elements of the Clinical Frailty Strategy for Leeds.

It provides rapid assessment and wrap around care to people in their usual place of residence if they become suddenly unwell or can support early discharge from hospital.

The ward is a 24/7 enhancement of the Neighbourhood Team and Neighbourhood Night Service.

It is a collaborative across Leeds with Geriatricians working on the ward on a daily basis.

The pharmacists are also key. Medication is often a cause of referral to the Service

Leeds Oak Alliance, adult social care and the voluntary sector are also involved.

As 17th January:

- **Total Number of referrals:** 518
- **Numbers admitted to the Virtual Ward:** 389 (75%)
- **Average length of stay:** 4-5 days
- **Numbers of referrals known to Neighbourhood team:** 282 (54%)
- **Referral source** – GP: 212 (40%), NT: 147 (28%) LTHT: 50 (9.6%) YAS: 24 (4.6%)
- **2 hour response** - 77% (of those waiting over 2 hours, 50 seen within 3 hours with 60 late referrals agreed to be seen the next day).
- **Referral reasons**– most common are falls, confusion, chest infections and UTIs
- **Bed days saved:** - 1650
- **38** patients either palliative on admission or became palliative on the ward and discharged back to the care of the NT for ongoing care

10. Homelessness EoLC project

Nicky Hibbert gave an interesting presentation about the work of the Homelessness project .(slides attached)

The aim of the project was to widen access to Palliative and End of Life Care for homeless and vulnerably housed people in Leeds.

Improving End of life care for Homeless people was in St Gemma's Quality account and Leeds city council recognised the need for improved joint working in their Homeless rough sleeping charter in 2018.

A bid for funding from Masonic Charitable Foundation in partnership with Hospice UK and the Forrester Trusts was successful.

The aims of the project were to:

- Increase the confidence and skills of key workers through specialist reciprocal palliative care and homelessness education and training
- Increase the number of patients with an Advanced Care Plan
- Increased likelihood that individuals will die in their preferred place of death
- Reduce the barriers to patients accessing health services
- Early identification of health issues
- Improved 'end of life' experiences for patients who understand how to access support and therefore die with dignity, comfort and choice
- Improve knowledge and education about how to optimally support this complex group
- Improved Multi Agency collaboration.

Two teaching resources have been developed and links have been made across the city
The project will be looking for further funding from August.

11. Any Other Business

Forward Leeds have invited the LPCN to a meeting to look at how they engage with Palliative Care.

12. Next Meeting

The next meeting is planned for Wednesday 19th May 10:00 via Zoom