

LEEDS PALLIATIVE CARE NETWORK												
PROGRAMME OVERVIEW 2022 / 2023												
Objective:	To capture progress of the LPCN projects and work during 2022- 2023 To enable monitoring of achievement and provide targeted support as required. To provide evidence of activity that supports achievement of the Outcomes set within the Leeds Palliative and End of Life Care Strategy 2021-2026			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #6aa84f; color: white; font-size: 8px;">on track</div> <div style="border: 1px solid black; padding: 2px; background-color: #0070c0; color: white; font-size: 8px;">on hold</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; background-color: #e69d00; color: white; font-size: 8px;">delayed</div> <div style="border: 1px solid black; padding: 2px; background-color: #d9534f; color: white; font-size: 8px;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; background-color: #999999; color: white; font-size: 8px; margin-top: 5px; width: fit-content; margin-left: auto; margin-right: auto;">complete</div>		Chair Name: A Hurlow		Start Date: April 2022		End Date: March 2023		
				Jul-22								
Project title and Purpose	Key Milestones	Project Lead	LPCN Executive Lead Support	Update	Next Steps	Risks	Start date	End date	Supports Outcome 1-7 Enablers	Funding?	Progress	
<b>1 LTHT ReSPECT Audit</b> AUPC Audit of LTHT ReSPECT data to give further detailed understanding of use and implementation and to inform future improvement work	- Bid for funding - Agree IG and DSA required to enable data transfer - Transfer data to AUPC - Audit and analysis by AUPC - Draft Report - Final Report - Agree next steps	Chetan Patel	Adam Hurlow	All agreements in place for transfer of LTHT data to secure data storage at UoL for analysis by AUPC. Data uploaded 11.1.22	AUPC team checking data and preparing initial analysis		Apr-21	?	1 PN	LPCN	on track	
<b>2 Improving Planning Ahead (ReSPECT/EPaCCS), its use and reporting</b>  Improve personalised approach to planning ahead through use of What Matters to Me, ReSPECT and EPaCCS  Increase the use of Planning Ahead template across Leeds Providers to improve 1. The identification of patients with P EoLC needs 2. Coordination and management of Palliative & EOL Care. 3. The reporting of ReSPECT/EPaCCS data to further improve use, monitor EOL outcomes and inform system planning. 4. The use of and access to the ReSPECT document and process. (Recommended Summary Plan for Emergency Care and Treatment)	1. Work with WY&H ICS to explore options for shared palliative care view within Leeds/ WY&H Care Record  2. Evaluate Planning Ahead (ReSPECT/EPaCCS) to inform further quality improvements required  3. Work collaboratively to :- - Audit the number and quality of ReSPECT forms across care settings - Identify training needs to support Planning Ahead implementation - Develop and review the Planning Ahead (ReSPECT/EPaCCS) template - Develop and maintain ACP links across work streams e.g. frailty - Seek patient and public involvement and feedback - Make available patient information about the ReSPECT process within Planning Ahead - Review 2021 national changes to EPaCCS - Raise awareness about Planning Ahead and ACP.	Sarah McDermott	Gill Pottinger	Planning Ahead Template further revised in light of practitioner feedback re CPR/DNACPR recording (task button to request a review added). Delivered training for new community ReSPECT signatories / signatories who have not previously Key messages for CPR stat and mand training reviewed and agreed. To develop joint Planning Ahead general awareness raising using Living & Ageing Well with LTC monies with personalisation Group - materials being developed and will be aimed at third sector Review and production of Position Statement against CQC ReSPECT / DNACPR guidance complete – Group discussed the Governance and where ReSPECT should sit going ahead. Discussions about communicating ReSPECT issues between Community and LTHT. Proposed LTHT process considered by ReSPECT Steering Group - feedback provided and awaiting response from LTHT on points raised. To consider future Audit of use of ReSPECT / Planning Ahead templates. This will require a business case to the LPCN for funding. This may now also include ReSPECT forms completed by LTHT. Training sessions reviewed and further dates arranged for 2022.	ReSPECT Steering Group task and finish group to provide a summary of achievements / celebrations. Continuing to work with citywide Personalisation Group on roll out of WMTM and other public communications plan Citywide ReSPECT Steering Group to submit a bid - Business case being finalised and to be submitted to LPCN Exec. A Task and Finish Group will meet to review the new Information Standards.	Lack of shared record results in risk ReSPECT Form seen is not the most recent.	Jan-21	Mar-23	1 4	N	on track	
<b>3 Equality Diversity and Inclusion</b> To develop an oversight group for the LPCN	Develop a EDI Group Agree TOR and membership Agree initial purpose and plan of work.	Chris Kane	Heather McClelland	TOR agreed and initial conversations started. Diverse Leadership training proposal supported and circulated to LPCN Group. Group met 21 June Agree membership is probably about right now. First year work plan out for final approval. Bid for SOM successful. To develop a sub group to take forward. Discussed 'Trauma informed care'. To invite speaker to learn more. Equality Impact Assessment doc being trialled by Seacroft Integration pilot. List of EDI projects produced and shared with WY ICS lead for national team.	Group members including PH to pursue options available to gather EDI data; may need to update HNA. Chris to help with Equality Impact Assessment trial Invite speaker re Trauma informed care Finalise and publish plan.		Oct-21	March 2023	2	LPCN for Diverse Leadership Training	on track	

<p><b>4 Timely Recognition of EOL</b> To help develop an early identification tool for patients approaching the end of life to use in primary care in Leeds</p>	<ul style="list-style-type: none"> <li>- Secure funding to support the project</li> <li>- Establish working group</li> <li>- Agree resources required – Exec Lead, GP clinical leads, academic evaluation, data quality</li> <li>- Gain agreement to undertake project from National EARLY Team</li> <li>- Clarify scope, agree methodology and project plans</li> <li>- Appoint GP's to undertake project</li> <li>- Agree PCN and practices that will be within initial project phase</li> <li>- Review / Audit existing tool performance within Practices</li> <li>- Modify Tool as required</li> <li>- Test Modified Tool in same practices.</li> <li>- Review and adjust as required</li> <li>- Academic review of process, findings and report produced</li> <li>- Agree next phase and roll out into Primary Care if tool effective and validated</li> </ul>	<p>TBA</p>	<p>Gill Pottinger</p>	<p>Bids to Regional SCN and Leeds Ageing Well funds successful Meeting with regional colleagues regularly to share learning and experience. Data Quality support (Martel Brown- CCG) and Academic Support ( Matthew Allsop- UOL) secured Agreement to go ahead and develop a local search tool 3 Clinical Leads ( GP's) appointed to provide 4 sessions per week for 6 months Validation questionnaire complete but difficulty retrieving from EMIS - To commence testing within EMIS practices first as this produces more manageable list. All Central PCN practices and Clinical Leads waiting to start Comparison of searches started but not yet finalised</p>	<p>To agree search trial process To finalise Ethics approval documentation Agree solution for retrieving data from EMIS. Meet with IG team about holding questionnaire in practices prior to running search in EMIS practices To build S1 search tool using EMIS codes.  To attend regional meetings quarterly to share experience</p>		<p>Jan-22</p>	<p>Mar-23</p>	<p>2 1 Popn Needs</p>	<p>£33,024 + £19,500 = <b>£52,524</b></p>	<p>on track</p>
<p><b>5 Homelessness</b> Widening access to palliative and end of life care for homeless and vulnerably housed people in Leeds.</p>	<ul style="list-style-type: none"> <li>• Establish project steering group.</li> <li>• Develop project plan.</li> <li>• Develop Job descriptions.</li> <li>• Recruit project Lead and project worker</li> <li>• Set up regular GSM</li> <li>• Develop educational sessions/teachings.</li> <li>• Develop a hand held easy read information tool.</li> <li>• Review existing system to enable identification of homeless people with palliative care needs.</li> </ul>	<p>Catherine Malia</p>	<p>Heather McClelland</p>	<p>Case load continues to increase. Currently 12 patients being supported via the service. Job descriptions written for the service and are waiting to be banded. Nicky has been asked by Marie Curie Bradford to speak at a city wide meeting to discuss the service. Nicky has been interviewed by Hospice UK. For examples of best practice.</p>	<p>Continue to increase referrals from across the city . Finalise Job descriptions and put them out to advert.</p>	<p>Financial Risk to service continuation beyond project period as not recurrently funded Demand outstripping project capacity. Bid made for Health Inequalities funding successful for additional £90K non recurrent funding for this year.</p>	<p>Apr-20</p>	<p>Mar-23</p>	<p>2 3</p>	<p>Y The Masonic Charitable Foundation via Hospice UK Gwyneth Forrester Trust  LPCN Funding To extend for further year Health Inequalities £</p>	<p>on track</p>
<p><b>6. Bereaved Carer's Survey:</b> To gain feedback on experience of EOLC delivered from carers of recently deceased patients.</p>	<ul style="list-style-type: none"> <li>-Work with Healthwatch on design, promotion and analysis</li> <li>-Review and refine survey for scientific rigour</li> <li>-Finalise survey to be delivered annually with CCG funding</li> <li>-Agree distribution process and dates for survey</li> <li>-Analyse returned surveys</li> <li>-Produce annual report of findings</li> <li>-Agree subsequent actions required for improvement</li> <li>- Carry out agreed actions and report</li> </ul>	<p>Liz Rees Helen Syme Claire Iwanisak</p>	<p>Gill Pottinger</p>	<p>Received latest draft of report and circulated to group.</p>	<p>Report to be discussed at August meeting To start developing survey for 22/23  To Report to the EOL Population Board Sept / Oct</p>	<p>Electronic death certificate process impacts on face to face communication with family members. Reduces response rate? Registrars office may decline to help in future surveys Delay in report publication</p>	<p>Apr-22</p>	<p>Mar-23</p>	<p>3 Popn Needs 6</p>	<p>Y Core LPCN Funding</p>	<p>on track</p>
<p><b>7. Respiratory /Breathlessness Pathway</b></p>	<p>TBA following transfer to LPCN</p>	<p>TBA</p>	<p>TBA</p>	<p>A single point of referral for breathlessness management has been developed alongside a standard referral process. Additional Specialist Palliative Consultant sessions have been provided to expand the breathlessness MDT capacity to enable advice to be provided to a wider cohort of people and to extend the length of the MDT sessions available.  New guidelines for the use of opioids for breathlessness in advanced disease have been produced and published on LHP and LPCN website .  First LPCN hosted meeting held on 20th July. Initial meeting group agreed they would like the group to continue and key overarching purpose. No Clinical / Project Lead or Chair person identified. To meet 3 monthly. To discuss further at next meeting in October.</p>	<p>Clinical MDT pathway meeting already planned for 30th September. Group to meet after this. To start to formalise TOR and clarify group plans further at next meeting.</p>	<p>Lack of clinical capacity to lead and engage will result in no / limited action</p>	<p>Apr-22</p>			<p>Wheatfield's Consultant Post  Funding to LTHT for learning event</p>	<p>on track</p>

<p><b>8. Leeds Palliative Care Ambulance</b> To provide support to the Operational Group and deliver service improvements identified</p>	<ul style="list-style-type: none"> <li>- Review SOP as required</li> <li>- Continue to deliver relevant training for the service</li> <li>- Monitor the Activity Reports each quarter</li> <li>- Add service information to YAS website</li> <li>- Develop and distribute service leaflet</li> <li>- Determine how best to gain user feedback</li> <li>- Ensure new ambulance is operational</li> <li>- Agree service improvement plan for 22/23 (Contracting and Commissioning is with CCG)</li> </ul>	<p>Gareth Sharkey</p>	<p>Lesley Charman</p>	<p>New Leeds Palliative vehicle was operational from 1st December 2021.Meeting on 13th July. SOP being updated and will be circulated to the group 2nd Ambulance to be replaced - LPCN logo will be added then. Poster and leaflet updated ready for use. Training by Dobson's and St Gemma's being scoped and agreed Capacity and availability still remains very challenging for all. Subsequent impact on hospice Dr availability being monitored. To consider how declined transfer request data is collected.</p>	<p>Circulate SOP Circulate Poster and Leaflet Training will be agreed / planned Improvement plan will be updated YAS to start monitoring data on lack of Palliative Care ambulance availability i.e.- "unable to book due to capacity" Group to interrogate this data to inform provision of service TOC group to receive data from hospices re issues around late transfers Meet again in October.</p>	<p>High utilisation periods impacting on outflow and Dr availability in Hospices - Monitoring.  Covid and Capacity still affecting YAS ability to deliver improvements planned and attend meetings.</p>	<p>Ongoing</p>		<p>3 W Resources</p>	<p>N But YAS / Leeds Ambulance is funded by CCG</p>	<p>on track</p>
<p><b>9. Improving EOLC for people living with Dementia</b> Through a collaborative and whole system approach implement evidenced based practice and influence system wide workforce, training and development.</p>	<ul style="list-style-type: none"> <li>-Secure funding for project lead</li> <li>-Establish a citywide project group</li> <li>-Develop project plan for priorities agreed.</li> <li>-Establish links with regional/ national groups</li> <li>-Identify gaps in workforce and propose solutions</li> <li>-Share Evidenced Base Practice</li> <li>- 3 key projects: Increase specialist support capacity, improve understanding and use of pain and symptom management tools, increase use of ACP</li> </ul>	<p>Ruth Gordon</p>	<p>Heather McClelland</p>	<p>The Dementia and EoL care group met in May. Updates on the three areas of work were received and the following work is progressing: <b>End of Life Admiral Nurse post(s)</b> the need for funding of the business case for an Admiral Nurse team will be proposed to the EoL population board. <b>Symptom recognition</b> for people with dementia group - the group will address the recommendations of the unsuccessful NIHR grant application and resubmit in the Autumn. <b>Advance Care Planning</b> – the My Future Wishes document is being reviewed at an ICS level and the easy read version will be reviewed in light of any changes made.</p>	<p>We will meet again in November to review progress  We will take the easy read documents to a people living with dementia and their families to see if they are suitable for their use.  The easy read documents will be reviewed once the "What Matters to me" document has been updated.</p>	<p>None</p>	<p>Apr-21</p>	<p>TBA</p>	<p>3 2</p>	<p>Y Historical NR</p>	<p>on track</p>
<p><b>10 Transfer of Care - Hospital to Hospice</b>  <b>To identify and work towards eliminating delays in the transfer of care, from hospital to hospice, of patients receiving palliative and end of life care.</b></p>	<ul style="list-style-type: none"> <li>- Refresh Terms of Reference</li> <li>- Refresh the SOP for the referral process</li> <li>- Agree new areas for improvement and prioritise</li> <li>- Monitor impact of daily patient transfer meeting process.</li> <li>- Monitor ED transfer pathway impact</li> </ul>	<p>Lesley Charman</p>	<p>Lesley Charman</p>	<p>Key work streams are: - Monitoring TOC data to inform new work streams - Emergency Department (ED) TOC Project - Scope and discussion re implementation of Trusted Assessor Model - Referral processes to hospices - Optimising transfer process in conjunction with ambulance group - Act on relevant information from other LPCN groups (horizon scanning approach) - Adapt to new / unpredicted challenges to patient flow - Regular review of themes identified by all agencies re TOC "issues" or "complaints" Meeting held on 14th June Partners to present data together on a quarterly basis to identify trends. Evaluation of Wheatfields joining meeting very positive but timing and logistics challenging currently. Shared impact of PCT supporting ED.</p>	<p>To monitor impact on transfers and Hospice Dr availability when Palliative To look at data available to monitor discharge issues and trends at next meeting. To establish T&amp;F Group to consider Trusted Assessor model - Catherine M LHT Project CNS to scope out Palliative Care needs in ED. Hospice Transfer Checklist requires more in-depth review. LC to liaise with hospice colleagues and will update and circulate.</p>		<p>Ongoing</p>		<p>4 3</p>	<p>N</p>	<p>on track</p>
<p><b>11a Leeds Dying Well in the Community Phase 2</b>  <b>Service Offer / Integration project</b>  To work collaboratively within LCP to learn how services might be redesigned</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Gill Warner</p>	<p>We have now moved into the service redesign or Phase 2 of the project. Updating service offer – we are testing how integration of community services can improve efficiency and quality of care. This work is being piloted initially in Seacroft. The Seacroft Pilot Group was formally established and initial "kick off" meeting has been held. An agreement of key outcomes that the group will consider as success was agreed.  Conversations to pilot the integration offer in Armley have started.</p>	<p>A final report of Phase 1 is being prepared by Leeds Beckett University including findings from a survey and key stakeholder interviews.  A review of the glossary of terms will continue.  Seacroft project actions will be agreed and data required for evaluation will be agreed.  Conversation regarding Armley continue</p>	<p>That staff are too fatigued to engage with the work.  That the present increase in activity in the community is not supported by increasing resources</p>	<p>Apr-22</p>	<p>Mar-23</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>

<p><b>11b Leeds Dying Well in the Community Phase 2</b></p> <p><b>Scoping a P&amp;EOL SPA for Leeds</b></p> <p>To gather intelligence from across Leeds, ICS and nationally to determine the preferred service model for a SPA in Leeds</p>	<p>Phase 2</p> <ul style="list-style-type: none"> <li>- Agree best way to improve model of care</li> <li>- Agree actions required and way forward</li> <li>- Implement changes agreed.</li> </ul>	<p>Ruth Gordon</p>	<p>Gill Warner</p>	<p>We have secured funding from the national NHSE EoLC team to enable the scoping of a SPA for EoLC in Leeds. A project manager has been appointed and has met with a wide range of individuals and looked at similar existing services in other areas.</p>	<p>Gathering intelligence from partners across Leeds and region to inform our understanding of existing infrastructure and possible opportunities is ongoing.</p> <p>A first draft of the key findings will be prepared in August.</p>	<p>That staff are too fatigued to engage with the work.</p> <p>That the present increase in activity in the community is not supported by increasing resources.</p>	<p>Apr-22</p>	<p>Mar-23</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p><b>11c Leeds Dying Well in the Community Phase 2</b></p> <p><b>Adequate Resources</b></p> <p>Once future model clear to develop business case for investment required. To ensure partners and Board aware of project progress as it develops.</p>	<p>Phase 2</p> <ul style="list-style-type: none"> <li>- Agree best way to improve model of care</li> <li>- Agree actions required and way forward</li> <li>- Implement changes agreed.</li> </ul>	<p>Ruth Gordon</p>	<p>Gill Warner</p>	<p>High level information about the Dying Well Project shared with the board and via the LPCN annual Report.</p>	<p>Conversations with the Board about increasing Community resource ongoing</p>	<p>That the present increase in activity in the community is not supported by increasing resources.</p>	<p>Jun-22</p>	<p>Mar-23</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p><b>12 Communication Skills Training</b></p> <p>To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care</p>	<ul style="list-style-type: none"> <li>- meet with the LAHP to discuss support for the project</li> <li>- outline current communication skills training provision</li> <li>- to who, how and what level and identify gaps</li> </ul>	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>Met with LHHT OD representative to discuss the need for a sustainable model of communication skills training in the trust and capacity to deliver. Meeting with the LAHP to discuss their support in developing a training model that would be delivered across all health/ social care providers in Leeds in palliative and end of life care.</p>	<p>To review the goal and outcome of this and then form a steering group to look into what we want to develop and how. This is not a priority and will be taken forward in September.</p>	<p>Time/ capacity/ funding</p>	<p>Sep-22</p>		<p>5 W</p>	<p>N</p>	<p>on track</p>
<p><b>13 Planning Ahead Training</b></p> <p>To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<ul style="list-style-type: none"> <li>- Plan ongoing delivery of training</li> <li>- Agree on facilitators</li> <li>- Deliver training</li> <li>- Evaluate</li> </ul>	<p>Leigh Taylor</p>	<p>Trish Stockton</p>	<p>Training group Established Cohorts agreed and training planned. 1st set of training delivered to new signatories and refresher to existing signatories. 2nd set of dates set for training programme around planning ahead (ReSPECT/ACP/DNACPR) in Oct 22/Jan and March 23. New signatories and signatories for a refresher booked</p>	<p>Potential new dates for 23 will be Circulated to facilitators Sept 22.  Update initiatives and disseminate information to key people. Plan delivery of programme.</p>	<p>Capacity of facilitators to train and workforce being able to attend the training due to pressures.</p>	<p>Jan-21</p>	<p>ongoing</p>	<p>5 W</p>	<p>Y NR</p>	<p>on track</p>
<p><b>14 ECHO System / Tele-education</b></p> <p>To continue to deliver and develop the use of ECHO / tele-education in Leeds</p>	<ul style="list-style-type: none"> <li>- Continue to deliver established programmes</li> <li>- to programmes in response to workforce development need</li> <li>- evaluate and amend accordingly to maintain high standard of education</li> <li>- develop feedback reports</li> </ul>	<p>Jane Chatterjee</p>	<p>Trish Stockton</p>	<p>ECHO is now a key aspect of the LPCN Education administrator and LPCN Clinical Practice Educator. They will undertake Immersion training in September and then the team will produce a plan of how to take ECHO forward in Leeds. CNS regional ECHO, a third programme has commenced and a fourth programme is being advertised.</p>	<p>Immersion training in September</p>		<p>Ongoing</p>		<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>
<p><b>15 Care Home Education Strategy</b></p> <p>This group has been formed with representatives across the city to formulate a strategy and plan to co-ordinate education for care homes in Leeds. There are a number of training programmes in place and a number being developed and this will ensure a collaborative approach.</p>	<ul style="list-style-type: none"> <li>- Establish Care Home Education 'Core LPCN Projects' group</li> <li>- Agree TOR</li> <li>- Scope out current Education offer and agree training gaps</li> <li>- Agree Actions required to meet education need identified</li> </ul>	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>The strategy group has had an initial meeting to set out the plan to develop the strategy. LT will be carrying out 121 interviews with key stakeholders; there will be carers and staff involvement. There will be a workshop in December following this work to agree key goals for the strategy.</p>	<p>1:1 meetings and focus groups to be arranged.</p>		<p>Jun-21</p>	<p>Mar-22</p>	<p>5 W</p>	<p>N</p>	<p>on track</p>
<p><b>16 Review Advance Care Planning training in Leeds</b></p>	<ul style="list-style-type: none"> <li>- Mapping out city wide ACP education provision.</li> <li>- Scope out current resources used.</li> <li>- Aim to promote consistent and standardised training throughout the city</li> </ul>	<p>Leigh Taylor</p>	<p>Trish Stockton</p>	<p>Contact key people throughout different organisations to gain insight into current education provision and resources used.</p>	<p>Map out current provision, look for any gaps in provision, and compare resources and materials used. Report on findings</p>		<p>Jun-22</p>	<p>ongoing</p>	<p>5</p>	<p>N</p>	<p>on track</p>
<p><b>17 Support Homelessness Citywide Training</b></p>	<ul style="list-style-type: none"> <li>- Schedule 5 dates for the programme to deliver training to those organisations that work with homeless people.</li> <li>- Work on the actions of meeting in order to ensure training is delivered.</li> </ul>	<p>Leigh Taylor</p>	<p>Trish Stockton</p>	<p>During the teams meeting in April we decided to hold a Pilot day where training will be delivered around resilience training, advanced care planning and the basic overview of palliative care, pre/post bereavement etc. The plan was to have the initial Pilot day in June, however it has now been postponed till July. Once the initial pilot day has been set then the plan is to schedule them once a month after.</p>	<p>Arrange Initial Pilot day and contact the people that will be delivering the training on the day. The Team will meet again in August to decide on the next steps</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>Ongoing</p>		<p>N</p>	<p>on track</p>

<p><b>18 Anticipatory Medications</b> To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<p>- Audit of S/C medication administered in last days of life - Present Results to Anticipatory Meds Group - Discuss issues identified at National Anticipatory Study Days - Review Anticipatory Syringe Driver Guidance - Identify next Steps - Unify anticipatory prescribing across the city</p>	<p>Moira Cookson Karen Neoh</p>	<p>Chris Bonsell</p>	<p>To undertake a further 3 month audit within LCH: Audit form redesigned and approved by PCL's at LCH Karen Neoh briefed PCL's about form completion. Audit to commence Jan 2020 for 3 months to include pre and post death medication quantities Anticipatory Syringe Driver Guidance redrafted as appendix to LCH last days of life guidance. To circulate to LPCN Group once comments received from working group. First Audit work being presented as Poster to Palliative Care Congress - March 2020; was cancelled. Develop link with Ben Bowers (Cambridge) to share learning through audit work and influence national agenda.</p>	<p>Capacity within LCH due to Covid requires project to be temporarily put on hold Karen Neoh, Moira and Sarah McD arranging meeting to consider re-starting this project. Meeting on 15th August 2022</p>		<p>TBA</p>		<p>5 4 Meds</p>	<p>N</p>	<p>on hold</p>
<p><b>19 Review and Refresh Existing Guidance</b> Ensure all existing and approved guidance is updated within agreed timescales and redistributed across the system</p>	<p>- Ensure all approved guidance have review dates agreed - Establish review groups for guidelines as required  Review Opioid Conversion Guide for Adult Palliative Care Patients by 19th June 2022</p>	<p>Chris Bonsell</p>	<p>Chris Bonsell</p>	<p>Bleeding and Seizure Plans to review Opioid Conversion Guide to review Comments received. No changes to Opioid Wheel - to amend date and review in 2 years To convene sub group to discuss and agree amendments for Bleeding and Seizure Plans.</p>	<p>To establish task and finish group</p>		<p>Ongoing</p>		<p>5 Meds</p>	<p>N</p>	<p>on track</p>
<p><b>20 Electronic Prescribing in the Hospice Out Patient / Community setting</b>  Improve prescribing and recording of medicines prescribed on System1 so reducing risk of medication errors</p>	<p>- Acceptance as a pilot site with TPP - Link with TPP to identify if System One developments required in order to plan timescale of project - Produce internal LPCN bid for funds to support project - Produce Leeds Hospices Community Formulary - Implement EPS to allow paper less prescribing in community by Specialist Palliative Care Teams - Support LCH in developing a formulary for use by their prescribers as they too implement EPS</p>	<p>Moira Cookson</p>	<p>Chris Bonsell</p>	<p>Will request LPCN funding as / when required. Capacity due to Covid resulted in some delay but links with TPP made. TPP do not have capacity to support the Hospice project currently. They have prioritised a project within LCH and community services. As the hospices use a different version of System1 they can not be delivered together TPP have been approached by Senior Managers locally to try to lever support.</p>	<p>TPP have informed the project their support will not be revisited until March 2023 therefore project on hold.  NB LCH clinicians can now e-prescribe via System1</p>	<p>TPP do not support the project</p>	<p>Mar-23</p>		<p>5 2 4 Meds</p>	<p>Y NR</p>	<p>on hold</p>
<p><b>21. Carers page in website</b> To improve useful information available to the public</p>	<p>Agree purpose and likely content for this page Develop content Build page Promote website</p>	<p>Emma Marshall</p>	<p>Emily Curran</p>	<p>Initial meeting on 4th August. Carers Leeds will ask bereaved carers known to them what information would be helpful and what they would like to see on the website. Positive feedback on existing pages and leaflets available. To consider how we promote this via professionals once frontline capacity allows Website and communications group meeting 27th July. Actions agreed</p>	<p>Review layout, design and content of Website and Bulletin Review Information for Patients and Carers leaflet; Redesign new Review Coronavirus Pages Education Pages are being updated by Salma &amp; Leigh Group to share tweetable information.</p>		<p>August 21</p>	<p>March 2023</p>	<p>6</p>	<p>N</p>	<p>on track</p>
<p><b>22. Dying Matters</b> A citywide programme of initiatives and activities to enable people in Leeds to: • Feel more comfortable about death and dying • Discuss their end of life wishes with family members and/or health and social care professionals • Plan for their death including writing their will, registering as an organ donor and communicating their funeral wishes.</p>	<p>This programme will be delivered through 3 work streams:  - Stakeholder and community Engagement - Building Capacity - Communications and Marketing - Supporting communities dealing with grief and bereavement  The work is coordinated by the Leeds Dying Matters Partnership</p>	<p>Rachel Brighton  Liz Messenger</p>	<p>Gill Warner</p>	<p>Dying Matters web page was updated with all local DM events and activities. A press release was sent out the week prior to the national DM week starting, giving details of events that were happening – including Kirkgate Market and the grant funded activities.  Internal and external LCC channels were utilised to promote the DM week, including: • Tom Riordan's blog and vlog • Housing Leeds Matters newsletter • Internal and external newsletters • WY Metro digital bus stop adverts • Voluntary Action Leeds newsletter • Sharing with comms networks including NHS CCG • LCC signatures  Social media tweets and posts were added to LCC channels and shared with the partnership. Editorial, social media messages, artwork and images were also shared with the dying matters partnership group to ensure a joined-up approach. News articles on Leeds. gov website and in Yorkshire Evening Post</p>	<p>To follow up with website hits  Discussion with DM partnership on planned HNA and data refresh, future events and year round grant opportunities.  Public resource to be developed and piloted to link community provision with opportunities for people to consider broader areas relating to advance care planning and dying matters.  Partnership now meets quarterly - Updates Quarterly.</p>		<p>Apr-22</p>	<p>Mar-23</p>	<p>7</p>	<p>Y LPCN and CCG S256</p>	<p>on track</p>

<p><b>23. EOLC Metrics</b> Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<p>- Full Metrics Report Produced - Understand links to other metrics / information systems ( EG RAIDR) -EPaCCS report flowing routinely every quarter - Metrics agreed for next Leeds Strategy - Add LHTH ReSPECT data to citywide report once flowing - Undertake LHTH ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>• Work between CCG and LHTH PPM+ team ongoing regarding building LHTH ReSPECT data into citywide EPaCCS report. Need to establish progress and anticipated completion date. LHTH team developing DSA for inclusion of LHTH ReSPECT data in citywide reporting. No deadline provided for development of DSA. Some progress with DSA but not yet finalised.</p>	<p>• Need to revise Planning Ahead report in light of refined Primary Care / Community DSA and LHTH data. • Liaise with Population Board about strategic metrics • Will need to monitor ICS metrics plans also once agreed.</p>	<p>DSA and IG not resolved and LHTH data not added <b>Delay Escalated to the Board</b></p>	<p>Ongoing</p>	<p>?</p>	<p><b>Popn Needs</b></p>	<p>LPCN for LHTH ReSPECT data transfer</p>	<p>off track</p>
<p><b>24. Improving EOL care data within the Leeds data set</b> To expand the EOL data available for future analysis and planning by adding hospice data.</p>	<p>1. Meet with the Leeds health and care informatics team 2. Agree what hospice data should be included within Leeds data set from both St. Gemma's and Wheatfield's 3. Agree how data will be collected / flow 4. Check all IG requirements are covered including any additional data sharing agreements 5. Consider other useful data that might be included - e.g. CHC fast Track data.</p>	<p>Tony Deighton</p>	<p>Adam Hurlow</p>	<p>Additional data sharing agreement may be required- Simon Harris reviewing the need for this. Final format of the data agreed by cohort (Simon Harris, Souheila Fox, Susheel Sharma, TD, Danny Yates) Frequency agreed (Monthly) To Setup the dataflow document with DSCRO DSCRO to setup up the DLP platform Both Hospices are in a position to provide the data - just awaiting the DSCRO process sign off and Leeds BI capacity to support. All the Data columns have been defined Creating the Data Sharing Agreement – Susheel is drafting with IG Team some progress but not yet finalised.</p>	<p>DSA is now urgently required to enable progression.</p>	<p>Data for P&amp;EOLC population is not complete and underrepresents the activity and spend attributed to them. <b>Delay escalated to the Board.</b></p>	<p>Jul-19</p>	<p>TBA</p>	<p><b>Popn Needs</b></p>	<p>N</p>	<p>off track</p>
<p><b>25 Evidence into Practice / Research</b></p>	<p>Determine best way forward</p>	<p>Chris Bonsell</p>	<p>Chris Bonsell</p>	<p>Dr Karen Neoh and colleagues attended LPCN Exec in October to initiate discussions. LPCN Executive have considered this further and have agreed in principle for a citywide group to be formed to review how evidence can be moved into practice across organisations.  The LPCN Executive / Project Lead will be the new medicines management lead.</p>	<p>To start new group once Chris established local networks and relationships</p>				<p>3</p>	<p>N</p>	<p>on hold</p>