

Leeds Palliative Care Network Group Meeting

Actions of the meeting held on Wed 17th November 2021 via Zoom

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	Diane B	Leeds Palliative Care Network Manager	LPCN
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Valerie Shaw	VS	Head of Community Services	SGH
Elaine Hill	EH	Service Director	SRWFH
Sarah McDermott	SMc		LCHT
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Lorna Fairbairn	LF	Palliative Medicine Registrar	SRWFH
Mandy Gash	MG	PC Clinical Quality Lead	LCH
Laura Speight	LS	Interim Head of IPU	SGH
Chris Kane	CK	Consultant in Palliative Medicine	SRWFH
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Sam Sutcliffe	SS	Service Deliver Manager	YAS
Andrea Thackrah	AT	Specialist Patient Engagement Officer	YAS
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Clancy Walker	CW	Team Leeds Storyteller	Team Leeds Project
Apologies			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Warner	GW	LPCN Clinical Executive Team Member	LCH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Moira Cookson	MC	LPCN Medicines Management Lead	SRWFH/SGH
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Tom Daniels	TD	Macmillan Leeds Cancer Programme Manager/Senior Commissioner	CCG
Melody Goldthorp	MG	Clinical Service Manager	CCG
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Clare Russell	CR	Head of Transformation	SGH
Jo Joy- Jones	JJJ	Planning Ahead Co-ordinator	LS25/26 PCN
Hannah Zacharias	HZ	Consultant in Palliative Medicine	SGH

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 29th September 2021 was agreed as a correct record.

Matters Arising

Prev action 192 – Members are still encouraged to contact Diane if they wish to make a bid against the LPCN underspend

Prev action 193 – Members are still encouraged to contact Diane if there is any particular LPCN project that they would like to have a presentation about at the LPCN Group.

3. Chair's Update

PEOLC Population Board

Following the upcoming changes to the commissioning environment a Leeds Place Based Partnership (PBP) will function as a sub group of the WY&H Integrated Care System (ICS). Using a population health management approach End of Life has been identified as a distinct population segment. The Strategy Oversight Group has therefore become the PEOLC Population Board and will sit within the formal structure of the PBP.

West Yorkshire & Harrogate ICS

The WY Palliative and End of Life Care Group last met in October. Suzanne Kite and Deborah Penfold are currently acting as joint chair. The Group are now developing a work plan representing the work of all the subgroups.

Adam has taken over the chair of the ICS Data & Metrics Group.

Leeds Dying Well in the Community Project

The virtual workshop to look at phase 2 of the project was held on 21st October. This is currently being written up and the report should be available in December.

PEOLC Winter Planning Group

The Winter Planning Group has created a workplan to look at ways to mitigate winter pressures. Initial meetings are taking place to look at the virtual ward pilot undertaken by Wheatfields and whether this could be expanded and potentially rolled out citywide.

Neighbourhood Teams are also being reminded they can contact Specialist Palliative Care Teams for advice and support when needed.

Equality Diversity & Inclusion (EDI) Group

The first meeting of this group has taken place chaired by Chris Kane. Initial work has begun are to identify what is already being done and highlight any gaps. There is a lot of enthusiasm in the group and it has attracted a wide membership.

4. Network Manager's Update

EPaCCs Report

The 2021 /22 Q1 EPaCCs report is on the LPCN website, the next updated report should be available in January.

https://leedspalliativecare.org.uk/wp-content/uploads/2021/11/2021-22_Q1-EPaCCS-Report_Leeds-CCG-Final.pdf

5. Team Leeds Hearts and Minds

Clancy Walker gave an interesting presentation about the Team Leeds project (slides attached) which aims to:

- Encourage our health and care workforce to *talk, listen* and *connect* with each other across teams, functions and partners
- Recognise the unique experiences of our workforce during the pandemic
- Enable our health and care workforce, and local people, to enhance the Team Leeds culture, and influence how we can all work even better together
- Learn from health and care workforce experience to build on success, to make improvements, and strengthen the delivery of person-centred, joined up health and care
- Create shared opportunities for workforce development that enables the Team Leeds culture to flourish

The aim is to make a collection of stories telling the great work already being done collaboratively.

They will be in an easy to access format giving a snapshot of what is happening

LPCN is one of the first areas that Team Leeds would like to work with.
 The idea is to make some teaser/ trailer type videos of about 2min 20s with talking heads and with photos or video footage.
 The stories will be shared by organisations in their own bulletins etc. and through Team Leeds communications.

The members gave suggestions about areas that might be suitable for a video. These were:
 The Palliative Care Ambulance – it makes a massive difference to patients and has a large impact on patient experience. This could involve hospice staff and staff from LTHT wards.
 Interviewing Sarah McDermott about work being done in the community to promote advance care planning.
 The whole system approach, domiciliary and third sector partnership working.
 The Homelessness project.
 Leeds Dying Well in the community project.
 Diane and Clancy will liaise about taking the project forward - **action**
 Sam will ask if any of the palliative crews would like to be interviewed - **action**
 Heather will approach the Homelessness Team to see if they would be interviewed. - **action**

194	Diane and Clancy will liaise about taking the project forward	DB
195	Sam will ask if any of the palliative crews would like to be interviewed	SS
196	Sarah will liaise with Diane/Clancy about being interviewed	SMc/DB
197	Heather will approach the homelessness Team to see if they could be interviewed	HMc

6. Risk Register Systems Issues Log

Risk 2 – Capacity to deliver education projects – An education administrator has been appointed. The Clinical Educator post is currently being advertised.
System Issue 1 – Palliative Care Ambulance – The ambulance was delivered but the brackets to fit the oxygen cylinders were incorrect so it has had to return to the workshop. It is still hoped that the ambulances will be on the road by Christmas. (NB – It was in operation from 1st December! ☺)
System Issue 2 – System Wide Capacity – this remains a challenge.
System Issue 4 – Syringe Drivers – A group is looking at a replacement plan and how many additional drivers are needed to manage demand. When a clear business case is developed this will be presented to the CCG but it is likely that the funding of replacements will fall to the provider organisations There was a potential issue around sourcing an alternative make of battery but this has hopefully been resolved.

7. Finance report

The Q2 Finance report has been circulated. The commitments to additional projects have been allocated a funding line.
 We have agreed to fund leadership training for people from underrepresented groups to increase the diversity of leadership in the LPCN. The process for applications is currently being agreed. Organisations will need to agree study leave for the applicants and it is expected that they will then show a commitment to involvement in the LPCN.

8. Programme Update

Audit of ReSPECT data -.There have been problems agreeing IG and data sharing agreements surrounding this audit and it has now moved to 'off track'. Conversations are ongoing to escalate the issues.
Bereaved Carers' Survey - The survey is currently running and when the group met recently they were disappointed to learn that the response rate had been extremely low. The surveys are being distributed with the death certificated by the Registrars in a new process. The group agreed a plan to re-promote the survey and work with Healthwatch to improve uptake.
Dementia & EoLC– The business case for Admiral Nurses in the city has been submitted as a bid against the Ageing Well Board underspend money.
Transfer of Care Hospital to Hospice – the group has agreed its ToR and SOP and is looking at how the hospice virtual ward proposals may link to the work of the group.
Care Home Education - A group has been created to look at education in care homes with partners across the city.

Anticipatory Medicines Audit – It is hoped that this can restart now that all the palliative care leads are in place in LCH. Moira is looking at the pro forma to update any changes that may be needed.

Evidence into Practice Group - Moira has completed her term on the LPCN Exec Team and has decided to demit from the role in May 2022. The Exec are looking at the scope of the Medicines Management Lead and will develop a new role profile including possible development of an evidence into practice group to be chaired by the Medicines Management Lead to look at a more streamlined process for guidelines and a place to discuss new research which might be of benefit to all partners.

Electronic Prescribing in the Hospices – This has now gone off track. TPP have indicated it is not a priority for them and will be developed in 2022. Work is ongoing to escalate this.

EoL Metrics – there is an ambition to get a block of data for all patients who died in Leeds over a specific timeframe and look back at who accessed care when and what other interventions took place and equally who was unknown to services who might have benefitted. The barrier is confidentiality. We will need to make an application to the Confidentiality Advisory Group (CAG). There has also been a meeting with Leeds data model team as it is important that hospice data is in the model.

EPaCCS Reports We are also still waiting for final confirmation that the LTHT ReSPECT items can be included in the report. A group is also meeting to look at the format of the report following the inclusion of some additional items through the updated data sharing agreement.

Equality Diversity and Inclusion Group –The group has had its first meeting chaired by Chris Kane. The group is in a data gathering phase.

Carers Web Page – We have had feedback from carers that the information is useful and work is now underway to consider how best to promote the website to carers.

9. Updates from Services

LTHT – The Trust is very busy with long waits to transfer patients out of the hospitals The palliative care team are now proactively going into ED every morning to see if they can identify anyone who would benefit from palliative care and potentially shorten their length of stay.

St Gemma's Hospice – The hospice was inspected by the CQC on 2nd November. They, were on site for a day and went out with the community team. The visit felt positive and we are awaiting the feedback.

The hospice has reduced its capacity to 15 beds to maintain patient safety due to staffing issues.

Demand remains high in the community but has stabilised.

Day services will be 90% re-opened by January.

The paramedics are using the service where they can ring for advice and there have been some good outcomes.

Sue Ryder Wheatfields

Medical staffing has been a challenge. Additional capacity has been employed on a fixed term contract which should help from December.

The hot zone beds have been decommissioned to increase capacity.

Day therapy is opening in a small way from next week.

LCH

The final 2 Neighbourhood Palliative Care Leads joining the team in November. Sharon Allman will be in the north and Sarah Codobaccus will be in the south.

An intensive support plan is being developed looking at the three areas, there is a focus on palliative care caseload reviews.

Training is ongoing

It is hoped that some additional capacity can be created in the care home team using some remaining vacancy money. The care home team have currently paused their weekend work due to capacity.

It has been agreed that the hospices could join the regular meeting held with the CCG Quality Improvement and Safety Manager Stuart Emsley if needed.

Deaths at home continue to be very high with record number of fast track referrals.

Carers Leeds

Some recurrent funding has been obtained to increase capacity in LTHT with another part time post. Everyone is very busy particularly the dementia team.

There are a couple of jobs out to advert, one with a focus on supporting carers of very clinically vulnerable people and another Team Leader post.

Villa Care –The last ward has transferred to the new model. Altogether there are now 150 Primary Care rehabilitation and assessment beds.

There is also a ward at the LGI until March to help with flow.

10. Any Other Business

There is an all-party parliamentary group on EoLC asking for feedback. Collective feedback was sent on behalf of the network.

Adam will send a copy of the response to Diane -action

198	Adam will send a copy of the response sent to the all-party parliamentary group to Diane	AH
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11. Next Meeting

The next meeting is planned for Wednesday 19th January 10:30 - 12:00 via Zoom