

**Leeds Palliative Care Network  
Group Meeting**

**Actions of the meeting held on Wed 30<sup>th</sup> November 2022 via Zoom**

<b>Attendees</b>	<b>Init</b>	<b>Role</b>	<b>Org.</b>
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
Emily Curran	EC	LPCN Clinical Executive Team Member	SRWFH
Jenny Baines	JB	Senior Pathway Integration Manager (End of Life and Frailty)	Leeds Health and Care Partnership
Jane Robinson	JR	Manager	Leeds Bereavement Forum
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Chris Bonsell	CB	LPCN Lead for Medicines Management	Kirkstall Road Medical Centre
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Sarah McDermott	SMc	Clinical Service Manager (Palliative Care and Community Cancer Support Services)	LCHT
Clare Russell	CR	Director of Information & Culture	SGH
Laura Speight	LS	Head of IPU	SGH
Julie Marshall Pallister	JMP	Community Services Lead	SRWFH
Chris Kane	CK	Consultant in Palliative Care Medicine	SRWFH
Kitty Jackson	KJ	ST6 Palliative Care Registrar	SRWFH
Marie Hancock	MH	Network Manager Strategic Clinical Network Palliative and End of Life Care (All age) Programme	NHS England and NHS Improvement North East and Yorkshire
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
<b>Apologies</b>			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Jo Joy-Jones	JJJ	Planning Ahead Co-ordinator	LS25/LS26 PCN
Michelle Atkinson	MA	Chief Officer	Leeds Care Association
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Elizabeth Rees	ER	Lead Nurse end of Life Care	LTHT
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Leigh Taylor	LT	LPCN Clinical Practice Educator	LPCN

No.	Action	Lead(s) for action
<b>1. Welcome and Apologies</b>		
Adam welcomed everyone to the meeting. Especially Marie and Kitty. Apologies were given as shown above.		
<b>2. Approval of Previous Action Log and Matters arising</b>		
The Action Log of the Meeting held on 27 <sup>th</sup> September 2022 was agreed as a correct record.		
<b>Matters Arising – see below</b>		
210	<b>Carried forward</b> - Sarah and Jane will discuss Jane coming to speak to LCH staff to raise awareness of the Leeds Bereavement Forum.- <i>this is in progress</i>	SMc/JR
211	Diane will circulate further details of the funding application opportunity from the Strategic Clinical Network to address health inequalities, when the template is available. – <i>this was done but nothing has been submitted by LPCN colleagues</i>	DB
212	Diane will check with Healthwatch to what extent their offer of help to complete the survey was taken up - <i>Healthwatch assisted a few people but not a great number</i>	DB
213	Diane agreed to pass the report to the LPCN Equality, Diversity and Inclusion Group to discuss the feedback about cultural/religious support. – <i>this was done</i>	DB
214	Diane will send the report and the slides relevant to Care Homes and Care in the Home to Richard Graham to circulate to all Care homes and Care Home services. – <i>the report and slides were circulated via the LCC Quality Team bulletin</i>	DB
215	Diane will forward a copy of the Bereaved Carers’ Survey report to Jenny Baines – <i>This was done</i>	DB
216	Diane will update Systems Issue 1 to reflect that the current situation is already severe and this is not purely down to Covid. – <i>this was done</i>	DB
217	Heather will ask Mike Stockton if there is an update on the Y&H Care Record project in Wetherby. – <i>Harrogate to Wakefield have permissions to view, this will then be extended more widely. The amount that can be viewed is not a great deal more than previously.</i>	HMc
218	To invite the EOL Doulas to present at a future Group meeting. – <i>Hopefully the Doulas can attend the January meeting.</i>	DB/JB
219	Heather will ensure any information about activities planned for Hospice Week are circulated to the Group – <i>this was done</i>	HMc
<b>3. Chair’s Update</b>		
<ul style="list-style-type: none"> <li>Adam updated the Group that Sarah McDermott has resumed her role as LPCN Exec Team Representative for LCH. Kirsty Jones has had to step down due to a change in her role.</li> <li>The Evidence into Practice Group has now had its first meeting. The group is chaired by Chris Bonsell and will initially focus on updating guidelines and establishing a robust process for review, ratification and dissemination.</li> <li>The Single Point of Contact (SPOC) scoping project is now complete. Two reports have been produced which are waiting final approval and will then be released.</li> <li>The Timely Recognition Tool EoL pilot is now progressing. Some GP colleagues have funded time to assist in the project and should be going into some Emis practices in the near future.</li> </ul>		

<p><b>4. Network Manager's Update</b></p> <ul style="list-style-type: none"> <li>• A really useful virtual ward leaflet has been designed which will be circulated with the notes. It contains the scores and criteria for the ward. It is not unknown for them to have patients who become EoL.</li> <li>• We have finally received the Leeds Beckett University report on Phase 1 of the Leeds Dying Well in the Community Project. This is an evaluation of the first phase and will also be shared with the Leeds Academic Health Partnership (LAHP) who funded some of the work. The virtual ward leaflet and Leeds Dying Well in the Community Phase 1 report will be circulated with the meeting notes – <b>Action 220</b></li> </ul>
<p><b>5. Palliative Care Team Update</b></p> <p>Sarah gave an update on the changes within the Palliative Care Team in LCH. (slides attached)</p> <ul style="list-style-type: none"> <li>• The Team have moved to an integrated model of North, South and West areas.</li> <li>• A band 7 Care quality Lead role has been developed to strengthen leadership</li> <li>• Strong links are now established with the Neighbourhood and Nights Teams</li> <li>• There is now a daily catch up to review capacity</li> <li>• Bringing the NTs and EoLC facilitators together has enabled support to care homes to be strengthened including residential homes, the joint working with the NTs has identified homes that need more support.</li> <li>• The focus of the team remains on staff support, training and working alongside staff in practice.</li> </ul> <p>The Group discussed the update and noted that there were still continuing challenges around patients' medication. This was both in obtaining drugs and in the requests to re-prescribe what patients are discharged from hospital due to the legitimate differences in guidance between LTHT and Community. This already forms part of an LPCN project on anticipatory medicines.</p> <p>Marie shared a link to the recent changes to the community pharmacy contract.  <i>Drug Tariff Part VIIA Pharmacy Quality Scheme (England) 05102022.pdf (nhsbsa.nhs.uk) – palliative care section is on pages 13-15</i></p>
<p><b>6. EOLC Population Board</b></p> <p>Jenny updated the Group that the Board meets every 6 weeks. Recently they have been discussing the segmentation of the population defined as EoL as the model for this uses patients on GP EoL registers and so misses any patients that are not. This is challenging for calculating the actual spend. Equally the rule that a person can only be in 1 segment is problematic for PEOLC as it cross cuts with lots of other segments such as frailty or long term conditions.</p> <p>The LPCN has a project to look back at everyone who has died in 12 months and determine the spend from their interactions with services.</p> <p>The Board has also been discussing finances, these will be very challenging in the coming year and Boards have been tasked with looking at system wide proposals with an economic benefit. In Q4 the Board will also review its priorities and build workplans.</p> <p>How workforce linked to EOLC is identified is also being discussed.</p>
<p><b>7. West Yorkshire PEOLC Group</b></p> <p>Adam is the Leeds representative on this group as the chair of the LPCN but was unable to attend the last meeting.</p> <p>West Yorkshire has a plan which is currently very adult focussed but engagement with children's services has begun.</p> <p>A celebration event is also being planned.</p> <p>The Y&amp;H Feb Lunch and Learn is the postponed one about patient experience. It is on 8th Feb. The flyer and link will come out early Jan.</p>
<p><b>8. Risk Register/Systems Issue Log</b></p> <p><b>Systems Issue Log</b></p> <p><b>Systems Issue 1</b> - Capacity remains an issue</p> <p><b>Systems Issue 2 Patient Information systems</b> – work is continuing but progress is slow.</p> <p><b>Systems Issue 3 Syringe Drivers</b> – additional capacity to prepare the drivers for use has been funded. The process for distribution has been agreed. 10 drivers for the care homes are expected at the LCH base</p>

tomorrow. The care homes will have to sign a transfer of ownership document. LCH have received approx. 48 new drivers. A summary of the differences has also been cascaded. The Homelessness service and the Mental Health therapy post have been added to the Systems Issue Log as they do not currently have recurrent funding.  
**Risk Register** – The Homelessness project is also on the LPCN Risk Register as it has been supported by the LPCN and does not have recurrent funding. It has an impact on our ambition around inclusivity.

### Finance Report

The Q2 finance report was circulated with the papers. We continue to fund new projects and bids as they are received. We have recently agreed to fund the LCH/LTHT ReSPECT implementation audit. Approximately half of the underspend has now been committed. This spending is from slippage which has accrued over a number of years and the situation may not be the same in future years. We continue to consider requests and business cases for cross city projects which align with our Strategic priorities.

### 10. Programme Update

Member's attention was drawn to the Programme overview which details the activities of the LPCN.  
**LTHT ReSPECT audit** – the data is now with the team and is now being processed.  
**Equality Diversity & Inclusion** - Equality Impact Assessments have been introduced as a routine part of project planning. We are developing expectations and aims and continue to consider what to prioritise from the LPCN perspective against the work in individual organisations.  
**Homelessness** – the new posts have been appointed, the CNS has begun in post and Nicky will commence in January. Work continues on the HR processes for the peer support post.  
**Bereaved Carers' Survey** The survey is due to run in Q4.  
**Respiratory Group** – Alison Boland has agreed to be the Clinical Lead and Chair of the group. The group has met and is considering their terms of reference. The LTHT Breathlessness pages are now linked on the LPCN website.  
**Dementia** – The group has met and Tim Sanders has shared the Admiral Nurse business case with Jenny Baines. The Symptom Recognition Group will resubmit their research proposal for funding again after some feedback.  
**Transfer of Care** – The group continues to meet and is working up a document which will outline the response to implement if the service is asked to escalate further.  
**Education** – New dates will be circulated for Planning Ahead Training. Places are already filled for January and March. Information for candidates will be circulated about how their information will be used.  
**Care Home Education Strategy** – Another workshop is planned for February.  
**Evidence into Practice Group** – The group has met and discussed adapting some of the guidelines into an information booklet format. The Group will meet again February /March.  
**Metrics** – Adam is attending a meeting about Metrics at ICS level.

### 11. Updates from the Members

**SRWFH** – Wheatfields is experiencing some nursing staff shortages may begin to impact.  
**LPCN Education** – Leigh has undertaken the ECHO immersion training. There is a strategy meeting soon where plans for a wider group will be developed.  
**SGH** – early discussions are underway about funding some research nurses. An internal review is underway of all services.  
**LTHT** – The ED in-reach project has now been running for a year. Lesley thanked her partners in Community and Hospices who may have experienced an increase in demand following the start of the project. The service was provided within the existing resource. Scoping has included discussion whether there is a business case for a different models. The Team are presenting at a WY & H Urgent Care Meeting where other models will be discussed. The Villa Care wards in Beckett Wing have now come back under LTHT clinical oversight. The LTHT Chief Executive Julian Hartley will be moving to a new post from Feb 1<sup>st</sup>.  
**LCH** – There is still pressure on the Neighbourhood Teams. There have been some phone issues with the hubs which they are aware of and are addressing. Sarah shared a positive story where services had worked together to enable a patient to return to Ireland as it was her wish to die there.  
**Leeds Bereavement Forum** – It is National Grief Awareness Week 2<sup>nd</sup> to 8<sup>th</sup> December. There are events happening across Leeds and the civic buildings will be lit in orange.

The forum are undertaking a survey with all the third sector organisations that support bereavement as demand as increased considerably and some services are struggling. Findings will be reported in the new year.  
**David** – The community integrated beds at Beckett Wing have moved back under LTHT. The 2 Wards at Wharfedale have been contracted to LCH. David has moved to LTHT and will work over winter in AMS. Diane thanked David for his previous work for the Group and confirmed he is very welcome to continue to attend further meetings while his new role is being confirmed.

#### 12. AOB

There was no further business.

#### 13. Actions Agreed

220	The virtual ward leaflet and Leeds Dying Well in the Community Phase 1 report will be circulated with the meeting notes	AS/DB
-----	---	-------

#### 14. Next Meeting

The next meeting is planned for Wednesday 18<sup>th</sup> January 10:00-11:30 via Zoom