


LEEDS PALLIATIVE CARE NETWORK						 Leeds Palliative Care Network	
PROGRAMME OVERVIEW 21 /22							
Objective:	To capture progress of the LCPN projects during 21 -22 To enable monitoring of achievement and provide targeted support where required.				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">on track</div> <div style="border: 1px solid black; padding: 2px;">on hold</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">delayed</div> <div style="border: 1px solid black; padding: 2px;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">complete</div>	Lead Name: Adam Hurlow	A Hurlow
					Start Date: March 2020	April 2020	End Date: 2021
April 2021 Update Given the Covid -19 pandemic and impact on frontline capacity it is recognised that some projects have slipped over the recent months. All Project Groups continue to meet virtually and progress work where possible. NOTE: A new document is being prepared to be inline with the forthcoming new P&EOLC Strategy. This programme document will be rolled forward until that is released							Progress
Project title and Purpose	Key Milestones	Project Lead	Update	Start date	End date	Funding?	add from dropdown
Education and training							
1. Palliative and EoLC Learning Outcomes Ensure a consistent approach and standard is used for delivery of EOLC education that is evidence based.	-Map city wide education to the outcomes where relevant. -Provide guidance on different ways to use; -Evaluate the impact of using the outcomes. - Leeds input to Regional work; benchmarking CNS roles to outcomes	Trish Stockton	Prof Taylor has undertaken an evaluation of how the outcomes are currently being used in Leeds and what challenges there are to implementation. The EOLC outcomes are now in the Professional section of the new LPCN website as a key place to access, they have been updated to include the Nurse Associate role. CNS mapping completed and they are being used regionally through ECHO programme; The plan is to formulate some guidance on how to use them in practice and also to use them to map against training content.	Jul-17	Ongoing	N	on track
2a Communication Skills Training To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care	- meet with the LAHP to discuss support for the project - outline current communication skills training provision - to who, how and what level and identify gaps	Trish Stockton	Met with LTHT 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.	Oct-20	Mar-21	N	on track
2b Communication Skills Training To deliver consistent and high quality training in communication skills for EOLC across Leeds - Strategy and Programme Content	-Update current training material. -Refresh Communication Skills Strategy	Trish	The training material is currently being developed to be delivered on line for the foreseeable future. To discuss training more facilitators with the education group.		Mar-21		on track
3 Planning Ahead Training To deliver training to all partners who will use the Planning Ahead Template across Leeds	- Establish Planning Head Training group -Agree training required and cohorts to train - Develop training programme - Agree who will deliver programme , dates etc. -Delivered training - Monitor and Evaluate	Trish	Training group Established Cohorts agreed and training being planned	Jan-21	Mar-22		on track
4. ECHO System To develop, support and promote a tele-education system citywide. (incl GP's, Care homes, EOL Teams and NHS Trusts).	- Engage with national roll out for use of ECHO -Secure Funding for staff time to support project -Complete training for initial ECHO team -Citywide Engagement event -Agree next steps and roll out -Start first ECHO course -Evaluate ECHO use -Agree next stage roll out - Recruit Admin Support	Jane Chatterjee	Commenced 2nd GP programme Feb 2020. ECHO Co-ordinator - currently vacant but will go out to recruit in March21 CNS regional ECHO programme completed and evaluated. SGH is the hub to deliver EOLC training for HSW's across WY&H - facilitators involved from the Leeds in delivering the training Discussions with key people about using the Hub for other areas of training e.g. Frailty and also working other regional hubs. Significant ECHO/ tele-education use during Covid -19 outbreak to enable access to training virtually	Sep-17	Mar-21	Funding made recurrent for ECHO Support Team	on track

Patient Experience & Quality Improvement							
<p>5 EOLC Metrics Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<ul style="list-style-type: none"> - Full Metrics Report Produced - Understand links to other metrics / information systems (EG RAIDR) -EPaCCS report flowing routinely every quarter - Further Metrics agreed for next Leeds Strategy - Continue to pursue interoperability and influence LCR 	<p>Adam Hurlow</p>	<p>Hospital attendance and admissions in last 90 days data now available Metrics for Left Shift Blue Print Proposed to CCG. These will be same as in Strategy Document. 2019-2020 EPaCCs Annual Report Received and published on website. Q1 2020-21 Received. Planned dates for remaining report production this year provided Q2 report provided and shared. Added to LPCN website. Q3 Draft report shared. V2 received and shared with Metrics Group.</p>	<p>ongoing</p>	<p>Mar-21</p>	<p>N</p>	<p>on track</p>
<p>6. Improving EPaCCs, its use and reporting Increase the use of EPaCCs across Leeds Providers to improve the coordination and management of Palliative & EOL Care. To improve the reporting of EPaCCs data to further improve use, monitor EOL outcomes and inform system planning. To include the use of and access to the ReSPECT document and process. (Recommended Summary Plan for Emergency Care and Treatment)</p>	<ul style="list-style-type: none"> -Develop PPM+ version of EPaCCS template and reports. -Pilot PPM+ version -LTHT launch -Explore options for shared palliative care view within Leeds Care Record -PC information leaflet updated and implemented -EPaCCs User Feedback -Patient consultation -Evaluate EPaCCs to inform further quality improvements required -Fully Review EPaCCs tool 	<p>Sarah McDermott</p> <p>Matthew Allsop</p>	<p>LTHT EPaCCs developed within ReSPECT; in use Reports development in progress. Primary Care added the ReSPECT form to current EPaCCS template in both System 1 and EMIS to support need for increased ACP and improve communication across system. LCH colleagues implemented same from end of April 2020. GP Training on ACP and use of ReSPECT ongoing ReSPECT programme reviewed; planning ahead template and education groups to resume; Comms plan in discussion with public health. Planning Ahead working group revising template and version 3 Respect form. What Matters To me Public Health led template included. Finalised and approved, launched across community 26.1.21. GP training video completed. LCH x2 Planning Ahead training videos in development for Signatories and general awareness. Agreement that hospices will lead development of senior clinician ReSPECT signatory training to support Planning Ahead template launch - in March April. Public awareness Comms plan in discussion with public health. Final report provided. Clarifying process used to determine ethnicity profile.</p>	<p>Sep-17</p>	<p>Mar-21</p>	<p>N</p>	<p>on track</p>
<p>7. Improving EOL care data within the Leeds data set To expand the EOL data available for future analysis and planning by adding hospice data.</p>	<ol style="list-style-type: none"> 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 Wheatfields 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>Mike Stockton</p>	<p>Additional data sharing agreement may be required- Simon Harris reviewing the need for this. update: 15.02.21 Final format of the data agreed by cohort (Simon Harris, Souheila Fox, Susheel Sharma, TD, Danny Yates) Frequency agreed (Monthly) Next Steps: 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.</p>	<p>Jul-19</p>	<p>Mar-21</p>	<p>N</p>	<p>on track</p>
<p>8. Provision of 50 additional Syringe Drivers to core care providers To improve patient care and experience through increasing availability and access to equipment required for effective symptom management</p>	<ul style="list-style-type: none"> - Meet with LTHT medical Physics to explain bid and agree purchasing process - Order Syringe Drivers and lock boxes - Transfer fund to LTHT - Finalise numbers required with each provider - Medical Physic to check and label devices - Distribute to Providers - Work collaboratively as a system to manage risks and issues 	<p>Diane Boyne Liz Rees</p>	<p>Agreed to use syringe drivers in inpatient wards due to battery life risk in community. 35 = LTHT; 2=LYPFT; 7= St. Gemma's; 6= Wheatfields All Equipment delivered. Since the meeting in October the 3rd Edition Syringe Drivers have been released for use by the MHRA as long as used with the correct Duracell battery. LTHT are now gradually starting to put their supply into clinical practice within Oncology. LTHT have released 4 drivers for use in community. May not release any further. Monitoring performance of 3rd edition model to understand battery length etc. Submission on behalf of system to BD regarding the replacement process. (201 in total) May be several months before replacements received. Gerry checking update. 9 further drivers delivered to Hospices (W=6 SG=3) Hospices have released 2nd edition drivers to LCH System to maintain collaborative working. To remove this project from Programme and manage via Systems issues log going forward.</p>	<p>01/04/2019</p> <p>Sept 20</p>	<p>30/05/2020</p> <p>March 21</p>	<p>Y CCG Pipeline Bid</p>	<p>on track</p>
<p>9. Bereaved Carer's Survey: To gain feedback on experience of EOLC delivered from carers of recently deceased patients.</p>	<ul style="list-style-type: none"> -Work with Healthwatch on design, promotion and analysis -Review and refine survey for scientific rigour -Finalise survey to be delivered annually with CCG funding -Agree distribution process and dates for survey -Analyse returned surveys -Produce annual report of findings 	<p>Liz Rees Helen Syme</p>	<p>A unified quality measure for city proposed. Healthwatch to help calculate. 2019-20 report approved, published and is on websites and has been distributed widely. Agreed to defer next survey until Spring 2021 given Covid impact and time required to plan and revise. Group Met on 27th January 2021; agreed to review the survey in terms of the information we wish to obtain and also look at a wider distribution of the survey in order to improve response rates. Organisations are currently reviewing their surveys in light of feedback from Healthwatch and changes are to be discussed at the next meeting 20th April To review distribution as well, as previous processes may no longer apply due to the impact of COVID emergency legislation around death certification. Healthwatch need to gain approval to add this to workplan but keen to support Draft Action Plan developed and shared.</p>		<p>Mar-21</p>	<p>Y Recurrent funding Request annually</p>	<p>on track</p>

Workforce & Service Development							
10 Transfer of Care - Hospital to Hospice To improve the transfer of patients between hospital and hospices to improve continuity of care and patient experience.	<ul style="list-style-type: none"> - Refresh Terms of Reference - Refresh the SOP for the referral process - Agree new areas for improvement and prioritise - Monitor impact of daily patient transfer meeting process. - Monitor ED transfer pathway impact 	Lesley Charman	<p>Meeting held 21.4.21. First meeting since 4.4.2020.</p> <p>Agreed to:</p> <ol style="list-style-type: none"> 1.Refresh and review TOR 2. Update SOP to reflect current operational systems in place 3. Review COVID 19 response (criteria for Hospice admission) 4. Hospices to clarify and document Silver Command Response 5. Focus on ED model and links with trusted assessor model 	Oct-19	Mar-21	N	on track
11. TOC - Community Flows Improvement To improve the transfer of patients between all providers to improve continuity of care and patient experience	<ul style="list-style-type: none"> - Establish new working group - Agree Scope for the project - Agree TOR including membership - Understand current service provision / models of care - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	Ruth Gordon	<p>Final comments on the stakeholder map and system map are being integrated (including those from a patient and carer perspective) in the next few weeks. These will then be shared with all those attending the workshops.</p> <p>Healthwatch has produced a draft report on the 31 responses to the survey and 15 case studies.</p> <p>We are working collaboratively to ensure that we are able to share key themes widely.</p> <p>A list of options for service improvement was shared with the Community Improvement Group and they identified how these could be integrated into a large piece of work to look at ensuring city-wide clarity on the service offer in the community. This will inform the work for Phase 2 of the project. An action plan for progress to Phase 2 is being developed.</p>	Oct-19	Mar-21		on track
12. Improving EOLC for people with Heart Failure To improve the quality of care for patients with advanced heart failure in Leeds	<ul style="list-style-type: none"> - Re-establish project group links with LTHT Cardiology and Community Heart Failure Nurses - Agree priorities for 19/20 workplan - Map Leeds against Hospice UK recommendations and identify gaps - Put in place activity monitoring process - Check staff confidence via self efficacy scale - Deliver update / refresh training as required 	Jason Ward	<p>Funding to support MDT and further Quality work approved MDT's – have continued monthly via TEAMS during pandemic . Same number of patients discussed on average 8-10 and more efficient and often included more spontaneous education.</p> <p>Education session for the team on ReSPECT decision making and implementation delivered</p> <p>Training planned this month on Advance Care Planning in Patients with Implanted Cardiac Devices.</p> <p>Developed a new guideline on use of subcutaneous diuretics in the community.</p> <p>Review of the Symptom management guidelines for patients in the later stages of heart failure and criteria for referral to specialist palliative care commenced.</p>	Apr-19	Mar-21	Y Recurrent funding	on track
13. Leeds Palliative Care Ambulance To provide support to the operational Group and deliver service improvements identified	<ul style="list-style-type: none"> - Agree the new Terms of Reference - Establish formal reporting into LPCN - Develop Quarterly Activity Report for LPCN - Develop a Stand Operating procedure for the service - Ensure SOP is adopted by YAS formally - Agree service improvement plan for 20/21 (Contracting and Commissioning with CCG) 	Dave Green	<p>SOP added to LHP - staff view only</p> <p>Training to crew delivered. Investigating virtual training options.</p> <p>Service promotional Poster and information leaflet produced. Activity Reports being received regularly.</p> <p>Ongoing discussion about how to receive patient feedback. YAS to create Palliative Care Ambulance page on their website using leaflet content.</p> <p>Group met on 8th December. Actions regarding website, training and ambulance replacement continue slowly due to Covid demands on capacity.</p> <p>Printing of posters and leaflets has been paused due to COVID-19.</p> <p>Web page has been developed to support sharing of palliative information: https://www.yas.nhs.uk/our-services/patient-transport-service-pts/information-for-patients-receiving-palliative-or-end-of-life-care/</p> <p>Hoping new ambulance will be operational by April 2021</p> <p>Group met March 3rd and provided updates as above.</p>	Apr-19	Mar-21	Y CCG funded service	on track
14. Improving EOLC for people living with Dementia Through a collaborative and whole system approach implement evidenced based practice and influence system wide workforce, training and development.	<ul style="list-style-type: none"> -Secure funding for project lead -Establish a citywide project group -Develop project plan for priorities agreed. -Establish links with regional/ national groups -Identify gaps in workforce and propose solutions -Share Evidenced Base Practice 	Ruth Gordon	<p>The End of Life Dementia group continues to deliver three key work streams:</p> <p>End of Life Admiral Nurse post(s) for Leeds – the case for change for funding an Admiral Nurse team, hosted by LCH, is being costed and converted to a business case to present to commissioners.</p> <p>Pain and symptom group A systematic review on non-cognitive symptom assessment tools for people with dementia is currently being undertaken. This group will also undertake a pilot project to look at which tools are used in practice (locally/regionally). The aim is to complete this work by September and apply for a larger research grant to explore the issues raised.</p> <p>Advance Care Planning – the next LPCN sub-group (on the 12th May) will identify if there is a need for further work and review the actions agreed in July 2020. The work of this group dovetails with the regional work being led by the ICS .</p>	Jan-18	Mar-21	Pipeline bid	on track

Medicines Management							
<p>15. Anticipatory Medications To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<ul style="list-style-type: none"> - 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 	Moira Cookson	<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. Capacity within LCH due to Covid requires project to be temporarily put on hold</p>	Sep-17	Mar-21	N	on hold
<p>16. Review and Refresh Existing Guidance Ensure all existing and approved guidance is updated within agreed timescales and redistributed across the system</p>	<ul style="list-style-type: none"> - Ensure all approved guidance have review dates agreed - Establish review groups for guidelines as required <p>Review and update Liver and Renal Guidance</p> <p>Review and Update Heart failure Guidance</p>	Moira Cookson Rachel Sorley Jason Ward	<p>Ongoing</p> <p>Previous author group met to update documents. Minor amends required. Moira to update community renal guidance in line with above document. Circulated to LPCN group for comments; documents amended in light of comments received. Rachel to agree amends with Liver and Renal teams and share final document. Final amends made; LTHT are now using updated guidelines for renal and liver disease.</p> <p>Y&H guidance requires updating. Jason has agreed to lead this for Leeds as Y&H author group no longer exists</p>	Ongoing Sept - 20	Mar-21 Mar - 21	N	on track
<p>17 Electronic Prescribing in the Out Patient / Community setting Improve prescribing and recording of medicines prescribed so reducing risk of medication error</p>	<ul style="list-style-type: none"> - Produce internal LPCN bid for funds to support pharmacist time - Link with TPP to identify if System One developments required in order to plan timescale of 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 	Moira Cookson	Will request LPCN funding as / when required. Capacity due to Covid requires project be temporarily put on hold	Mar-20	Mar-21		on hold
Corporate							
<p>18 Palliative Care Website: To maintain LPCN website for public and professionals to provide advice and support regarding EOLC.</p>	<ul style="list-style-type: none"> - Oversee input and website content - Quarterly oversight and review group meetings - Manage associated promotional materials - Maintain links with BML who support management and development of website. 	Diane Boyne	<p>Website Group to oversee further developments established. Activity on website significantly increased Agreement for BML support for 2020-21 agreed. Invoice paid. Added banner to front page to direct to key content Reviewed Covid pages to ensure still relevant and up to date. ReSPECT Training videos added. BML contract renewed. February Bulletin completed. To reconvene group to review website content and communications plan. April Bulletin produced and Annual user stats shared.</p>	Jun-19	Mar-21	Recurrent Funding to maintain from 20-21	on track
<p>19 Strategy Development To inform and develop the next Strategy for Palliative and EOLC for Leeds</p>	<p>Develop draft Strategy in partnership with CCG and agree Key Authors Circulate Draft to Strategy group and LPCN executive Final comments and content from partners. Share final Draft with NHS Leeds CCG Executive share with CCG Comms for finalisation ready to publish Publish and share. Place on LPCN Website</p>	Adam Hurlow	<p>Impact of Covid-19 extended timescales. Approved final amend to Outcomes. Updated version put on website.</p> <p>Recognise system will be in different operational position post Covid and will impact on actions.</p> <p>Updated Document circulated for final comments to Strategy Group and LPCN Execs; Due back 2nd October Final draft approved by CCG Executive but recommend adding data appendix Strategy Group met 28th January and approved final draft PA to finalise ready for publication Shared with HWB. For final sign off 29th April. City partnership team will help with graphics so it is in Leeds HWB style. Next Strategy Group May 13th.</p>	Feb-19	Mar-21	Core LPCN	on track

Wider Network / External							
20 Frailty Ensure palliative & EoLC is represented in plans for development of Population Management Approach to Frailty and EOL	Maintain LPCN links to working groups and ensure mechanism for feeding back	Adam Hurlow Sarah McDermott Gill P	LPCN maintaining involvement. Working groups formed: Training & Culture; Proactive Care; Virtual Ward; Rapid Response; Discharge. Frailty agenda remains complex and variable so Adam H will continue to liaise via Frailty Strategy Group. New Frailty Support Service to commence in response to Covid-19 demands. Virtual Ward now citywide and linked to geriatricians for support and oversight. City wide meeting about ACP held 10th March. Adam commented and Gill attended. Frailty colleagues attended the Informatics Meeting to consider ACP metrics and have agreed LPCN should continue to monitor and report data and share with Frailty Group. To consider what frailty subset might be available from October 2021	n/a	ongoing	CCG PHM £6k	on track
21 Single Point of Access (SPA) Ensure Palliative & EoLC is represented in plans for Citywide SPA.	Better understand the citywide work.	Sarah McDermott Diane Boyne	No update received since Covid outbreak. Remains an aspiration within P&EOLC strategy	n/a	n/a		on track
22 Respiratory /Breathlessness Pathway Ensure Palliative & EoLC is represented in plans for COPD pathway(s).	LPCN contribute to citywide agenda and service redesign.	Chris Kane	Partner agreement there should be full service redesign for all breathless people from diagnosis to death. In meantime EOLC group to focus on redesign of an integrated service for people with advanced breathlessness in Leeds. Chris Kane to be Clinical Lead. Group interested in developing a website. Alison Boland to liaise with DB for advice and support. Single point of referral for breathlessness management group established and to be rolled out incrementally whilst reviewing capacity to ensure this meets demand. Additional Palliative Care Consultant sessions funded to support.	n/a	n/a	Y WF Recurrent Therapy Post	on track
23. Care Homes To provide Palliative and EOLC support to the citywide Care Homes agenda	- Contribute to the citywide Care Homes Groups - Ensure Care homes are represented within the LPCN	Helen Smith (CCG) Diane Boyne	Citywide Care Homes Oversight Group meeting regularly again virtually. DB attends System reviewing support required by care homes in future. LPCN website linked from LCC Quality Team Care Homes website. ECHO training plans shared with the March Oversight Group. Mike S on Silver Command Care Home Group representing P&EOLC. Community Covid Group shares information about support into Care home regularly. Links to care homes in WSA work. Covid cases reported within Care homes now down to zero.	01/08/19	01/03/21		on track
24 Dying Matters 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.	This programme will be delivered through 3 work streams: - Stakeholder and community Engagement - Building Capacity - Communications and Marketing The work is coordinated by the Leeds Dying Matters Partnership	Rachel Brighton Liz Messenger	• Colleagues from the national DM team attended the local partnership to update on this years awareness week, ensure comms are linked and provide background, updates and resources for this years awareness week • Planning for DM week has taken place which includes info on a variety of virtual events from partners (death café, launch of MESMAC death café, Facebook live events from Leeds museum and galleries, Swan song virtual singing group etc.) • Comms plan for DM awareness week planned and implemented which includes support and promotion of DM awareness week through; social media accounts; various LCC bulletins and input to other relevant bulletins e.g. primary care; paid Facebook advertising; and city screens and advertising space e.g. Armley Billboard.	01/10/19	01/03/21	Additional £5,000 via LPCN	on track
25 Shared Decision Making Pilot	This is an NHSE supported pilot within Supporting People Living with Cancer in Leeds.	Gill Pottinger	Gill P is the LPCN and primary care representative within this pilot. The main focus of the trial is within oncology in LTHT engaging with patients that are living with cancer. Karen Henry is main lead for the Project. 2nd workshop focused on patient engagement. Next steps are looking at specific training available for clinicians on SDM. Also looking at patient groups to get involved. Also consultant letters - now informing GPs it is a palliative approach. No recent meetings or updates available.	01/08/19	Mar-21		on track
26 Rotational Nursing Posts To pilot recruiting newly qualified nurses to an 18 month rotational post opportunity between the hospices and LTHT (Respiratory Unit)	Project between both Hospices and LTHT led by SR Wheatfields LTHT will be the lead recruitment and employing body	Sue Waddington	Initial meetings held. Challenge with capacity due to Covid pandemic impact on services	0/12/19	March 21 TBA		on hold
27 Learning Disability EOLC Service Improve EOLC, including support at home, for people living with a Learning Disability	Not a formal Project. Group are building links and engaging with LD patients about their needs and choices.	Julie Royle Evatt	Presented at Celebration event- slides on website Easy Read documents produced and shared. Julie Royle Evatt now lead work in LYPFT. Dr Sam Browning CCG interested in ACP for people with LD so introductions made. Email sent to Julie to clarify what project work is still ongoing.			N	
28 Gypsies and Travellers Supporting individuals at EOL to access care and remain in their own home.	Not a formal project. Hannah Wilson CNS at Wheatfields has developed links with the Liaison Officer for the Cottingley Springs Gypsy and Travelers Site: https://www.leeds.gov.uk/residents/housing/housing-options/gypsy-and-travellers	Hannah Wilson	Highlighting issues with fair access to care and GP registration. Presented at celebration event - slides on website.				
29 Prison EOLC MDT Providing Specialist Palliative Care advice and support to the Armley Prison Health	Consultant and therapist attend 1/12 MDT to discuss advanced illness and complex cases.	Chris Kane	Ongoing input to MDT virtually or as required. Support given for managing dying patients during COVID. Prison staff now able to give PRN medication to people in the last days of life making supporting patients dying in the prison more possible. Developing links as liaison with other specialties such as Parkinson's team to enhance care Inmates would like to be able to die in cells not on healthcare unit - Challenges. Developing Education Programme for Prison Health and Care Staff. Prison MDT's now established as BAU. Propose to remove from future workplan.	Apr-18		Yes CCG R	

<p>30 Out of Hours Death Certificates Families of people that have died of certain religions prefer to have the funeral within 24 hours. Improvement of the death certification process for these people would add significant value to their experience. Project led by CCG</p>	<ul style="list-style-type: none"> - Establish a working group including CCG primary care and LCD - Review current service offered and service delivered in Bradford - Understand and agree changes that would need to be made within Leeds - Consider whether this needs to be a WY wide change - Establish new service and protocols - Monitor and evaluate impact 	Gill Pottinger Deborah McCartney (CCG)	Group meeting regularly Work supported by Simon Stockill. LCD Drs already trained in death certification . Next Steps. 1. Letter to coroner for a death certificate book. 2. To rewrite the process for Leeds (using the Bradford pathway as a basis) 3.To develop a business plan. 4. Working with LCD to form a rota to cover this. NB a group of GPs willing to do OOH death certification have been identified and will do on religious grounds. 5. Engagement of funeral services for Muslim community and Jewish community, LCH, palliative care service to make them aware when service is up and running.	Jan-21	01/03/22		
<p>31 Homelessness Widening access to palliative and end of life care for homeless and vulnerably house people in Leeds.</p>	<ul style="list-style-type: none"> • Establish project steering group. • Develop project plan. • Develop Job descriptions. • Recruit project Lead and project worker • Set up regular GSM • Develop educational sessions/teachings. • Develop a hand held easy read information tool. • Review existing system to enable identification of homeless people with palliative care needs. 	Catherine Malia	<ul style="list-style-type: none"> • The steering group will meet again on 13th May. • A new project co-ordinator, Emma Connor has been appointed to support Nicky Hibbert. The project is moving forward and the profile is being raised: Nicky Hibbert has met with Sarah Higgins Consultant and palliative care lead at LTHT. Many homeless/vulnerably housed patients self-discharge prior to being admitted. A flowchart is being developed for referrals into the service offered by the project. Nicky Hibbert has been asked to join the "substance misuse working group" at LTHT to present the project at their next meeting. Continuing to seek funding to continue the project.	Apr-20	01/09/21	N	on track