

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; text-align: center;">on track</div> <div style="border: 1px solid black; padding: 2px; background-color: #0070c0; color: white; text-align: center;">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; text-align: center;">delayed</div> <div style="border: 1px solid black; padding: 2px; background-color: #c00000; color: white; text-align: center;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; background-color: #999999; color: white; text-align: center; margin-top: 5px;">complete</div>		Chair Name: A Hurlow Start Date: April 2022 End Date: March 2023				
					Nov-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
1 LTHT ReSPECT Audit 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
2 Improving Planning Ahead (ReSPECT/EPaCCS), its use and reporting 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 reviewed against the update national EOL Information standard. Leeds compliant with inclusion of WMTN and ReSPECT. Outstanding queries to be discussed with Kath Lambert (Adam) and proposed changes reviewed with key PEoLC/Frailty clinicians. Group then to finalise any amends/updates. Delivered training for new community ReSPECT signatories (see below). To develop joint Planning Ahead general awareness raising using Living & Ageing Well with LTC monies through personalisation Group - materials being developed and will be aimed at third sector Funding approved for LPCN business case to enable University of Leeds to undertake an audit of use of ReSPECT in Leeds; including quantitative, qualitative and patient experience. Amended the Planning Ahead / ReSPECT page on website.	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 Task and Finish Group will continue to meet to review the new Information Standards and agree any changes	Lack of shared record results in risk that the ReSPECT Form seen is not the most recent.	Jan-21	Mar-23	1 4	N	on track
3 Equality Diversity and Inclusion 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 Agreed membership is probably about right now. Bid for SOM successful. To develop a sub group to take forward - Being led by Wheatfields. 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. First Year work plan finalised and published.	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 Invite Forward Leeds re multi complex needs /palliative care pathway.		Oct-21	March 2023	2	LPCN for Diverse Leadership Training	on track

<p>4 Timely Recognition of EOL 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"> - Secure funding to support the project - Establish working group - Agree resources required – Exec Lead, GP clinical leads, academic evaluation, data quality - Gain agreement to undertake project from National EARLY Team - Clarify scope, agree methodology and project plans - Appoint GP's to undertake project - Agree PCN and practices that will be within initial project phase - Review / Audit existing tool performance within Practices - Modify Tool as required - Test Modified Tool in same practices. - Review and adjust as required - Academic review of process, findings and report produced - Agree next phase and roll out into Primary Care if tool effective and validated 	<p>Gill P</p>	<p>Gill Pottinger</p>	<p>Bids to Regional SCN and Leeds Ageing Well funds successful Agreement to go ahead and develop a local search tool To commence testing within EMIS practices first as this produces more manageable list. To capture info on spread sheet within GP filing systems. DPIA and DSA being completed to support this. Additional Data Quality support identified. All Central PCN practices and Clinical Leads waiting to start. New Clinical Lead agreed. DPIA and DSA finalised and approved.</p>	<p>To agree search trial process and produce guidance. To finalise Ethics approval documentation To build S1 search tool using EMIS codes. To commence trial of EMIS searches in practices from 15th November. To attend regional meetings quarterly to share experience once they are in diary Group to meet on 10th November</p>	<p>No process to safely use searches found within IG rules.</p>	<p>Jan-22</p>	<p>Mar-23</p>	<p>2 1 Popn Needs</p>	<p>£33,024 + £19,500 = £52,524</p>	<p>on track</p>
<p>5 Homelessness Widening access to palliative and end of life care for homeless and vulnerably housed 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. 	<p>Catherine Malia</p>	<p>Heather McClelland</p>	<p>Recruitment continues Case load currently at 10 patients SOP being developed for the service Service planning continues Continued work with Forward Leeds MDT meeting potentially to start in December Interviews held and appointments made.</p>	<p>Interviews for CNS post and Nurse Consultant will be held in October</p>	<p>Further funding required to secure ongoing service.</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>6. 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 -Agree subsequent actions required for improvement - Carry out agreed actions and report 	<p>Liz Rees Helen Syme Claire Iwanisak</p>	<p>Gill Pottinger</p>	<p>Citywide report finalised and shared with LPCN Exec group and is available on LPCN & Healthwatch Leeds Website. Group to circulate report within own organisations Leeds City Council Registrars have confirmed they are able to support with distribution for next round Action plan developed 21-22 and review by group HW streamlining 22-23 BCS survey with input from group Presentation to the Population Board and Lapin group. Feed back to be considered by the BCS group.</p>	<p>BCS group to meet in November</p>	<p>Electronic death certificate process impacts on face to face communication with family members. Reduces response rate? Consider future process.</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>7. Respiratory /Breathlessness Pathway</p>	<p>TBA following agreement of TOR.</p>	<p>Alison Boland</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 . Meeting 18th October. Alison Boland has agreed to be Clinical lead / Chair. Draft TOR reviewed . Group to consider membership. Breathlessness information and medication guidance shared.</p>	<p>To continue to formalise TOR and clarify group plans further at next meeting. To share LHTH Breathlessness website.</p>	<p>Lack of clinical capacity to engage will result in limited action</p>	<p>Apr-22</p>			<p>Wheatfield's Consultant Post Funding to LHTH for learning event</p>	<p>on track</p>

<p>8. Leeds Palliative Care Ambulance To provide support to the Operational Group and deliver service improvements identified</p>	<ul style="list-style-type: none"> - Review SOP as required - Continue to deliver relevant training for the service - Monitor the Activity Reports each quarter - Add service information to YAS website - Develop and distribute service leaflet - Determine how best to gain user feedback - Ensure new ambulance is operational - Agree service improvement plan for 22/23 (Contracting and Commissioning is with CCG) 	<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 Commitment from YAS (Gareth Sharkey) to continue to attend TOC agreed - named person to be confirmed Meet again before Christmas.</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>9. 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.</p>	<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 - 3 key projects: Increase specialist support capacity, improve understanding and use of pain and symptom management tools, increase use of ACP 	<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: End of Life Admiral Nurse post(s) the need for funding or the business case for an Admiral Nurse team will be proposed to the EoL population board. Symptom recognition for people with dementia group - the group will address the recommendations of the unsuccessful NIHR grant application and resubmit in the Autumn. Advance Care Planning – 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 The easy read documents will be reviewed once the "My Future Wishes" document has been updated. The easy read postcard of WMTM has been shared with partners and is available via the Public Health Resource Centre.</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>10 Transfer of Care - Hospital to Hospice 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.</p>	<ul style="list-style-type: none"> - Refresh Terms of Reference - Refresh the SOP for the referral process - Agree new areas for improvement and prioritise Current key work streams are: - Monitoring TOC data to inform new work streams - 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" 	<p>Lesley Charman</p>	<p>Lesley Charman</p>	<p>All TOC partners data meeting held on 8.11.22 Data presented and outcomes are: Preparation of outline of Winter pressures joint response from partners ED TOC project: not currently operational. Scope to reconvene if LTHT project work identifies a need. Trusted Assessor Model Task and Finish group (WFH, SGH and LTHT PCT) met to explore current models and potential for use in Leeds. Some issues to understand before taking forward re indemnity / governance/ capacity & capability. Information on escalation process previously circulated. Hospice transfer checklist- review pending as not identified as an issue impacting on patient transfers. Changes to emeds, electronic notes etc. ongoing making it a challenge to create a definitive document</p>	<p>Draft and circulate Winter pressure joint response Trusted Assessor Model Task and Finish group (WFH, SGH and LTHT PCT) To review issues identified and agree next steps - if any. Ambulance group continues alongside TOC meeting; close relationships maintained. Arrange meeting dates for 2023.</p>	<p>No risks</p>	<p>Ongoing</p>		<p>4 3</p>	<p>N</p>	<p>on track</p>

<p>11a Leeds Dying Well in the Community Phase 2</p> <p>Service Offer / Integration project</p> <p>To work collaboratively within LCP to learn how services might be redesigned</p>	<p>Phase 2</p> <ul style="list-style-type: none"> - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>The final report of Phase 1 has been submitted by Leeds Beckett University and includes findings from a survey and key stakeholder interviews</p> <p>Updating service offer – we are testing how integration of community services can improve efficiency and quality of care with the work is being piloted in Seacroft. The Seacroft Pilot Group has agreed key outcomes and an initial process mapping meeting has been held. Excellent engagement from community services has begun with a real enthusiasm to offer more. We have reviewed how the work has progressed so far and have agreed that we need to re-advertise the roles were there is back fill funding available and also appoint a project manager to increase the pace of the work.</p> <p>A glossary of terms has been developed for discussion with the communication group.</p> <p>Conversations to pilot the integration offer in Morley have started with a very positive response from the Morley & District LCP Board Meeting.</p>	<p>Further process mapping to understand the Seacroft system using a detailed case study is needed</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>11b Leeds Dying Well in the Community Phase 2</p> <p>Scoping a P&EOL SPA for Leeds</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"> - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	<p>Ruth Gordon</p>	<p>Sarah McDermott</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</p> <p>The draft report and options appraisal was shared with the SPOC steering group and the LPCN Executive.</p>	<p>The final report and options appraisal will be completed in November.</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>11c Leeds Dying Well in the Community Phase 2</p> <p>Adequate Resources</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"> - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	<p>Ruth Gordon</p>	<p>Sarah McDermott</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>Aware that resources are limited and that a process for scheme consideration is being developed by ICB in Leeds</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>12 Communication Skills Training</p> <p>To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care</p>	<ul style="list-style-type: none"> - 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 	<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 October.</p>	<p>Time/ capacity/ funding</p>	<p>Sep-22</p>		<p>5 W</p>	<p>N</p>	<p>on track</p>
<p>13 Planning Ahead Training</p> <p>To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<ul style="list-style-type: none"> - Plan ongoing delivery of training - Agree on facilitators - Deliver training - Evaluate 	<p>Leigh Taylor</p>	<p>Trish Stockton</p>	<p>Training group Established</p> <p>Cohorts agreed and training planned.</p> <p>1st set of training delivered to new signatories and refresher to existing signatories.</p> <p>2nd set of dates set for training programme around planning ahead (ReSPECT/ACP/DNACPR) in Oct 22/Jan and March 23.</p> <p>New signatories and signatories for a refresher booked into key dates.</p> <p>Oct 22 training complete</p> <p>New dates for 23 confirmed</p>	<p>Deliver 22-2023 training</p> <p>Flyer with new dates to be sent out to participants</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>14 ECHO System / Tele-education</p> <p>To continue to deliver and develop the use of ECHO / tele-education in Leeds</p>	<ul style="list-style-type: none"> - Continue to deliver established programmes - to programmes in response to workforce development need - evaluate and amend accordingly to maintain high standard of education - develop feedback reports 	<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.</p> <p>CNS regional ECHO, a third programme has commenced and a fourth programme is being advertised.</p> <p>LT completed immersion training.</p>	<p>Echo strategy meeting to discuss future programmes and the teams roles moving forward.</p>		<p>Ongoing</p>		<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>

<p>15 Care Home Education Strategy 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"> - Establish Care Home Education 'Core LPCN Projects' group - Agree TOR - Scope out current Education offer and agree training gaps - Agree Actions required to meet education need identified 	<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 February 23 following this work to agree key goals for the strategy.</p>	<p>Analysis of Key themes from the 1:1 interviews. Second workshop to discuss key themes and look to develop strategic goals</p>	<p>Time and capacity of Key stake holders, staff and carers due to work pressures.</p>	<p>Jun-21</p>	<p>Mar-22</p>	<p>5 W</p>	<p>N</p>	<p>on track</p>
<p>16 Review Advance Care Planning training in Leeds</p>	<ul style="list-style-type: none"> - Mapping out city wide ACP education provision. - Scope out current resources used. - Aim to promote consistent and standardised training throughout the city 	<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. Research into current literature and guidance</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>17 Support Homelessness Citywide Training</p>	<ul style="list-style-type: none"> - Schedule 5 dates for the programme to deliver training to those organisations that work with homeless people. - Work on the actions of meeting in order to ensure training is delivered. 	<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. Pilot day arranged for Friday 11th of November.</p>	<p>Evaluate pilot day and make changes as required. Plan further training dates.</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>Ongoing</p>		<p>N</p>	<p>on track</p>
<p>18 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 - Unify anticipatory prescribing across the city 	<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. Anticipatory Syringe Driver Guidance redrafted as appendix to LCH last days of life guidance. Moira, Sarah McD, LCH Palliative Care Leads and Chris Toothill met 15th August 2022. To audit all palliative care deaths in the community (own home and residential home) for 3 months from 1st September until 30th November.</p>	<p>Audit should be in the region of 300+ patients. Data collection should be completed by 31st December and analysis completed by 31st January. Then reconvene the LPCN anticipatory meds group to look at how we use this data to inform decisions around unifying the prescribing and supply of anticipatory medications for use in the community across the city.</p>		<p>1st Sept 22</p>	<p>Mar-23</p>	<p>5 4 Meds</p>	<p>N</p>	<p>on track</p>
<p>19 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 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 Opioid Conversion Guide reviewed and accepted Guidelines review group meeting to be held 26/10/22</p>	<p>Approve seizures and bleeding documents for further 3 years Open other guideline documents for comments ahead of review & approval Agree standardised format to guideline documents</p>	<p>No LTHT representation if Lisa doesn't attend</p>	<p>Ongoing</p>		<p>5 Meds</p>	<p>N</p>	<p>on track</p>
<p>20 Electronic Prescribing in the Hospice Out Patient / Community setting Improve prescribing and recording of medicines prescribed on System1 so reducing risk of medication errors</p>	<ul style="list-style-type: none"> - 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>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>21. Carers page in website 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 Group met 13th October and agreed to discontinue patient information leaflet and replace.</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 Saima & 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>22. 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.</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>Hannah McGurk</p>	<p>Sarah McDermott</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 <i>Evening Post</i></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>23. EOLC Metrics 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 Delay Escalated to the Board</p>	<p>Ongoing</p>	<p>?</p>	<p>Popn Needs</p>	<p>LPCN for LHTH ReSPECT data transfer</p>	<p>off track</p>
<p>24. 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>	<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, Sushel 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 Finalised - Just waiting for SR Wheatfields to sign then completed.</p>	<p>DSA is now urgently required to enable progression. Wheatfields to sign DSA.</p>	<p>Data for P&EOLC population is not complete and underrepresents the activity and spend attributed to them. Delay escalated to the Board.</p>	<p>Jul-19</p>	<p>TBA</p>	<p>Popn Needs</p>	<p>N</p>	<p>off track</p>
<p>25 Evidence into Practice / Research</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. CB has spoken with different members across Leeds and made introductions October meeting postponed due to low attendance.</p>	<p>Evidence into Practice Group to meet on 23rd November</p>	<p>Lack of capacity to develop and support. Engagement, representation and facilitation through respective organisations</p>			<p>3</p>	<p>N</p>	<p>on track</p>