



LEEDS PALLIATIVE CARE NETWORK

PROGRAMME OVERVIEW 2022 / 2023

Objective:	To capture progress of the LCPN 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	on track	on hold	Chair Name: Start Date: End Date:	A Hurlow
		delayed	off track		April 2022
		complete	March 2023		

Apr-22										Progress
Project title and Purpose	Key Milestones	Project Lead	LPCN Executive Lead Support	Update	Start date	End date	Supports Outcome 1-7 Enablers	Funding?	Add from dropdown	
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&HICS to explore options for shared palliative care view within Leeds/ WY&H Care Record 2. Evaluate Planning Ahead (ReSPECT/EPaCCS) to inform further quality improvements required 3. Work collaboratively to :- -Audit the number and quality of ReSPECT forms across care settings -Identify training needs to support Planning Ahead implementation - Develop and review the Planning Ahead (ReSPECT/EPaCCS) template - Develop and maintain ACP links across work streams e.g. frailty - Seek patient and public involvement and feedback - Make available patient information about the ReSPECT process within Planning Ahead - Review 2021 national changes to EPaCCS - Raise awareness about Planning Ahead and ACP.	Sarah McDermott	Gill Pottinger	Planning Ahead Template further revised in light of practitioner feedback re CPR/DNACPR recording (task button to request a review added). Training for new community ReSPECT signatories / signatories who have not previously attended training commenced from August 2021. Sessions for existing signatories who have previously attended training delivered. Sessions being reviewed and further dates arranged for 2022. Key messages for CPR stat and mand training reviewed and agreed. To develop joint Planning Ahead general awareness raising using Living & Ageing Well with LTC monies with personalisation Group Review and production of Position Statement against CQC ReSPECT / DNACPR guidance complete – Group discussed the Governance and where ReSPECT should sit going ahead. Discussions about communicating ReSPECT issues between Community and LTHT. To consider future Audit of use of ReSPECT / Planning Ahead templates. This will require a business case to the LPCN for funding. Citywide ReSPECT Steering Group to submit a bid. Continuing to work with citywide Personalisation Group on roll out of WMTM and other public communications plan	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	First meeting held on 19th October. Well attended. TOR agreed and initial conversations started. Diverse Leadership training proposal supported and circulated to LPCN Group. Group met 29th March. Agreed membership is probably about right now. Have drafted and discussed an initial first year work plan and discussed collection of relevant data. Group members including PH to pursue options available; may need to update HNA.	Oct-21	March 2023	2	LPCN for Diverse Leadership Training	on track	
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	- 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	TBA	Gill Pottinger	Initial meeting held on January 6th 2022. Bids to Regional SCN and Leeds Ageing Well funds successful Meeting with regional colleagues regularly to share learning and experience. Data Quality support (Martel Brown- CCG) and Academic Support (Matthew Allsop- UOL) secured Agreement to go ahead and develop a local search tool with the involvement of Kath Lambert from Harrogate. One clinician (GP 1 day a week) in place, advertising for further clinicians to support the project. Meeting with Central PCN to go through expectations of project and involvement of practice. Aim to start project in May 2022.	Jan-22	Mar-23	2 1 Popn Needs	£33,024 + £19,500 = £52,524	on track	

<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>The Steering Group met again on 24th March 2022.</p> <ul style="list-style-type: none"> Meeting has been held to plan the training pilot for delivery in May/June. Training requested for 80 staff currently working with the homeless and vulnerably housed. Community Registered Nurse working with NH every Wednesday to support with clinical clients. Meeting taken place to discuss funding for establishment of service. Lesley Charman from LHHT has joined the steering group to improve collaboration across the city. NH will be taking part in a Q&A session to 160 Health and Inclusion leads across England regarding the project. NH is attending the Liver and Alcohol MDT and has been able to secure a referral for one of her patients. Work taking place to look at the referral process including agreeing triage for homeless and vulnerably housed patients. The recruitment of the person with lived experience is being organised with LHHT so a FTE can be shared across two settings. 	<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</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 Iwaniszak</p>	<p>Gill Pottinger</p>	<p>Survey now closed and all returns logged. Healthwatch to draft a report based on responses, acknowledging and reflecting on the low response rate and difficulties associated with COVID restrictions. Increase noted in response rate for community and also among people from an ethnic minority background, both positive outcomes. Aim for report to be published in the Summer. Raw data shared with providers to allow for review and initial reflection. Awaiting changes in process for certifying and registering deaths following amended legislation to decide on best way forward for next survey distribution.</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. Improving EOLC for people with Heart Failure To improve the quality of care for patients with advanced heart failure in Leeds</p>	<ul style="list-style-type: none"> Re-establish project group links with LHHT Cardiology and Community Heart Failure Nurses Agree priorities for work plan 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 Review Symptom management Guidelines 	<p>Jason Ward</p>	<p>Lesley Charman</p>	<p>Monthly LCH Palliative Cardiac MDT continues. Jason attends. Planning an evaluation on how to evidence benefits of the MDT for patients. Patients discussed usually in community. LHHT to discuss referral pathway for inpatients. Identified need for Advanced communications training for cardiology staff. Alex Simms identifying funding via cardiology. Sub/cut diuretics (discharge from hospital) guidelines on LHP Symptom management guidelines for patients with advanced Heart failure have been reviewed by Jason. For circulation within cross city working group. For discussion at LPCN Exec. re ratification</p>	<p>Ongoing</p>		<p>3 2</p>	<p>Y R</p>	<p>on track</p>
<p>8. Respiratory /Breathlessness Pathway</p>	<p>TBA following transfer to LPCN</p>	<p>Chris Kane</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. Plans for this year include an educational study day, a new website and the production of patient information videos - capacity allowing. Agreed with CCG that the Group will now come under LPCN governance. TOR, distribution list and recent notes shared with LPCN admin. Charlotte Coles has emailed the group members to explain the change. <u>LPCN to arrange first meeting</u></p>	<p>Apr-22</p>			<p>Wheatfield's Consultant Post Funding to LHHT for learning event</p>	<p>on track</p>
<p>9. 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>Dave Green</p>	<p>Lesley Charman</p>	<p>Calls – A new scheduler is dedicated to the Leeds palliative calls but should this line be engaged the call will be re-directed to another member. PCA agreed a need to ensure that the service is being booked correctly so will implement a booking algorithm at booking stage. New Leeds Palliative vehicle was operational from 1st December 2021. Meeting on 26th April 2022. The work to finalise leaflets, develop a user survey and update crew training plans have slipped due to reduced capacity, increased demand and impact of COVID on YAS. To try to get this work back on track and develop a new plan for 2022/23. Regular activity reports have been received and circulated. Concern that on high demand days there is an impact on outflow and hospice Dr availability. To monitor.</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>10. Improving EOLC for people living with Dementia Through a collaborative and whole system approach implement evidence 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 group delivers three key work streams: End of Life Admiral Nurse post(s) for Leeds – Tim Sanders is leading on work with LCH to identify funding opportunities for the business case for an Admiral Nurse team. Proposed financial benefits would flow from reduced admissions to and deaths in hospital Pain and symptom group – focus has moved to symptom recognition for people with dementia. An NIHR grant application has not been successful. The group will address the recommendations given and resubmit in the Autumn Advance Care Planning – An easy read version of My Future Wishes has been developed in coordination with the LYPTF Health Facilitation Team for people with Learning Disabilities. The last amendments are being made and it will then be available as part of the toolkit being developed by the ICS Programme Lead.</p>	<p>Apr-21</p>	<p>TBA</p>	<p>3 2</p>	<p>Y Historical NR</p>	<p>on track</p>
<p>11 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 - Monitor impact of daily patient transfer meeting process. - Monitor ED transfer pathway impact 	<p>Lesley Charman</p>	<p>Lesley Charman</p>	<p>Key work streams are: - Monitoring TOC data to inform new work streams - Emergency Department (ED) TOC Project - Scope and discussion re implementation of Trusted Assessor Model - Referral processes to hospices - Optimising transfer process in conjunction with ambulance group - Act on relevant information from other LPCN groups (horizon scanning approach) - Adapt to new / unpredicted challenges to patient flow - Regular review of themes identified by all agencies re TOC "issues" or "complaints" Meeting held on 31st March Group members reviewing the data they collect about transfers and have agreed that all partners to present data together on a quarterly basis to identify trends . To monitor impact on transfers and Hospice Dr availability when Palliative Ambulance capacity is limited and transfers are later in the day. To evaluate benefit of Wheatfield's joining daily virtual referral meeting. To review and update the hospice transfer checklist.</p>	<p>Ongoing</p>		<p>4 3</p>	<p>N</p>	<p>on track</p>
<p>12. Leeds Dying Well in the Community Community Flows Improvement To improve the transfer of patients between all providers to improve continuity of care and quality of end of life care experience</p>	<ul style="list-style-type: none"> - Establish new working group - Agree Scope for the project - Agree TOR including membership - Develop PID - Commission WSA expertise - Understand current service provision / models of care (WSA and People feedback) Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	<p>Ruth Gordon</p>	<p>Gill Warner</p>	<p>Phase 1 of this project is now complete and the final report is available on the website (https://leedspalliativecare.org.uk/professionals/resources/leeds-dying-well-in-the-community-project-resources/). From all the views taken five common themes were developed with three key actions identified for the service redesign or Phase 2 of the project. Updating service offer – this is made up of integration of services in an LCP area(s) with Searcoft agreed as the first area. A business case to secure additional capacity is being written. An initial review of the glossary of terms will start in May. We have had initial conversation with the national NHSE EoLC team and we are hoping to receive some additional funding to enable the scoping of a SPA for EoLC in Leeds. Both the above pieces of work will help us identify where to focus any increase in resources to support people being able to die in the community.</p>	<p>Apr-22</p>	<p>Mar-23</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p>13. Palliative and EoLC Learning Outcomes Ensure a consistent approach and standard is used for delivery of EoLC education that is evidence based. Guides development of clinical roles and informs training required.</p>	<ul style="list-style-type: none"> -Map city wide education to the outcomes where relevant. -Provide guidance on different ways to use - Leeds input to Regional work; benchmarking CNS roles to outcomes - look to develop other roles in Leeds 	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>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. This will be taken forward when the LPCN CE is in post.</p>	<p>Jul-17</p>	<p>Ongoing</p>	<p>5 W</p>	<p>N</p>	<p>on hold</p>
<p>14. Communication Skills Training 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 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.</p>	<p>Oct-20</p>		<p>5 W</p>	<p>N</p>	<p>delayed</p>
<p>15 Planning Ahead Training To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<ul style="list-style-type: none"> - 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 	<p>Trish</p>	<p>Trish Stockton</p>	<p>Training group Established Cohorts agreed and training planned. Training delivered to new signatories and refresher to existing signatories. Training Group to establish an ongoing programme around planning ahead (ReSPECT/ACP/DNACPR)</p>	<p>Jan-21</p>		<p>5 W</p>	<p>Y NR</p>	<p>on track</p>
<p>16 ECHO System / Tele-education 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 Co-ordinator – this has been incorporated into the new role of LPCN Education administrator, CNS regional ECHO, a second programme has commenced, a third and fourth programmes are being advertised. Significant ECHO/ tele-education use during Covid -19 outbreak to enable access to training virtually To renew future ECHO training programmes for Leeds.</p>	<p>Ongoing</p>		<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>

<p>17 Care Home Education Group 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 new 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 group has met and have written TOR and will be developing an Palliative and End of Life Care Education Strategy for care homes. LPCN have agreed a one day a week secondment for care homes to take the strategy development forward.</p>	<p>Jun-21</p>	<p>Mar-22</p>	<p>5 W</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>Moira Cookson</p>	<p>To undertake a further 3 month audit within LCH: Audit form redesigned and approved by PCL's at LCH Karen Neoh briefed PCL's about form completion. Audit to commence Jan 2020 for 3 months to include pre and post death medication quantities Anticipatory Syringe Driver Guidance redrafted as appendix to LCH last days of life guidance. To circulate to LPCN Group once comments received from working group. First Audit work being presented as Poster to Palliative Care Congress - March 2020; was cancelled. Develop link with Ben Bowers (Cambridge) to share learning through audit work and influence national agenda. Capacity within LCH due to Covid requires project to be temporarily put on hold Karen Neoh, Moira and Sarah McD arranging meeting to consider re-starting this project.</p>	<p>TBA</p>		<p>5 4 Meds</p>	<p>N</p>	<p>on hold</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>Moira Cookson</p>	<p>Moira Cookson</p>	<p>Bleeding and Seizure Plans to review Opioid Conversion Guide to review</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 Systm1 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>Moira Cookson</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 Systm1 they can not be delivered together TPP have been approached by Senior Managers locally to try to lever support. TPP have informed the project their support will not be revisited until 2022. therefore project on hold .</p>	<p>TBA</p>		<p>5 2 4 Meds</p>	<p>Y NR</p>	<p>on hold</p>
<p>21 West Yorkshire urgent supply of palliative care drugs service To provide palliative care support to maintain and develop the service</p>	<ul style="list-style-type: none"> - Liaise with NHSE to ensure regular reviews of list and participating pharmacies - If national service specification is produced to provide support in this being adopted across Leeds 	<p>Moira Cookson</p>	<p>Moira Cookson</p>	<p>Maintaining close links with NHSE Increased funding for community pharmacists rolled over until March 2022 Potential national guidance will be issued then.</p>	<p>Apr-21</p>	<p>TBA</p>	<p>5 Meds</p>	<p>N</p>	<p>on track</p>
<p>22. 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>TBC</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</p>	<p>August 21</p>	<p>March 2023</p>	<p>6</p>	<p>N</p>	<p>on hold</p>
<p>23. 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>Rachel Brighton Liz Messenger</p>	<p>Gill Warner</p>	<p>The partnership will be supporting the development of a campaign to increase awareness and confidence in Advance Care Planning and the development of healthy ageing training as part of living and ageing well personalised care approach funded by the ICS. The partnership are planning a campaign comms and markets strategy to support this years national Dying Matters week which will take place 2nd – 5th May; to include updates on the Dying Matters website, social media advertising, a press release and blogs, a feature in the SHINE magazine and the use of digital and printed resources in settings and through bulletins across partners. It will also include a large event in Kirkgate Market on Thursday 5th May where a variety of over 20 stallholders will be promoting their services and support to help people talk about death and dying with a focus on planning ahead. There will be a cardboard coffin for people to write and draw on, a brass band and a choir as well as images and films shown on the large screen. All are welcome to join and support the event.</p>	<p>Apr-22</p>	<p>Mar-23</p>	<p>7</p>	<p>Y LPCN and CCG S256</p>	<p>on track</p>

<p>24. 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 LTHT ReSPECT data to citywide report once flowing - Undertake LTHT ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>• Work between CCG and LTHT PPM+ team ongoing regarding building LTHT ReSPECT data into citywide EPaCCS report. Need to establish progress and anticipated completion date. LTHT team developing DSA for inclusion of LTHT ReSPECT data in citywide reporting. No deadline provided for development of DSA. No progress on DSA, escalated to EoLC Board. • Work between UoL/AUPC and LTHT PPM+ team ongoing re transfer of ReSPECT dataset to UoL secure server for deeper dive. IG barriers addressed-awaiting DSA in order to progress. • Need to revise EPaCCS report in light of refined Primary Care / Community DSA and LTHT data. • Will also need to monitor ICS metrics plans</p>	<p>Ongoing</p>	<p>?</p>	<p>Popn Needs</p>	<p>LPCN for LTHT ReSPECT data transfer</p>	<p>off track</p>
<p>25. 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, Susheel Sharma, TD, Danny Yates) Frequency agreed (Monthly) To Setup the dataflow document with DSCRO DSCRO to setup up the DLP platform Both Hospices are in a position to provide the data - just awaiting the DSCRO process sign off and Leeds BI capacity to support. All the Data columns have been defined Creating the Data Sharing Agreement – Susheel is drafting with IG Team.</p>	<p>Jul-19</p>	<p>TBA</p>	<p>Popn Needs</p>	<p>N</p>	<p>off track</p>
<p>26 Evidence into Practice / Research</p>	<p>Determine best way forward</p>		<p>Medicines Lead</p>	<p>Dr Karen Neoh and colleagues attended LPCN Exec in October to initiate discussions. LPCN Executive have considered this further and have agreed in principle for a citywide group to be formed to review how evidence can be moved into practice across organisations. The LPCN Executive / Project Lead will be the new medicines management lead.</p>			<p>3</p>	<p>N</p>	<p>on hold</p>
<p>27 Care Homes Support</p>	<p>TBA</p>						<p>3</p>		<p>on hold</p>