

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					
				Mar-23							
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 Data includes 24,700 unique patient records. a. Analysis completed b. Write-up for publication being drafted (due for completion end of April) c. Can share summary of draft manuscript once completed or do summary results report for LPCN	AUPC team preparing report of methods and findings; Expected end April.		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 WMTM and ReSPECT. Outstanding queries to be discussed with Kath Lambert (Adam) and proposed changes reviewed with key P&EoLC/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 with personalisation Group - Final documents shared Amended the Planning Ahead / ReSPECT page on website. 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. ReSPECT Audit: Spoken to Martel around feasibility/availability of data and drafting request for routine data Linked into plans at LTHT led by Chris Stothard as way to access patient perspectives.	ReSPECT Steering Group to finalise summary of achievements / celebration ideas. Continuing to work with citywide Personalisation Group on roll out of WMTM New ACP public document shared by PH. To agree how best to use. Task and Finish Group will continue to meet to review the new Information Standards. Proposed changes to be shared across clinical provider groups. Audit: Presenting at future public involvement event led by Chris Bridle for community input – but still need community patient perspectives. Need to plan health professional interviews/involvement	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	Bid for SOM successful. To develop a sub group to take forward - Being led by Wheatfields. Equality Impact Assessment doc being trialled by Seacroft Integration pilot. First Year work plan finalised and published. SOM project is developing; trial initially in hospices. Homeless service developing / recruiting Group met in March and discussed challenges with leadership and project capacity; to discuss further and group priorities next meeting.	Group members including PH to pursue options available to gather EDI data; To update HNA 2023. Chris to help with Equality Impact Assessment trial Invite speaker re Trauma informed care Dying in Poverty sent to Board to consider. To meet again in May /June	Lack of capacity to take forward project work identified	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 Search validation completed in the 2 Emis practices Reviewed the system 1 tool and decided on changes to the tool required. Further amends required to S1 tool Have all details of data leads at each practice involved which was sent this week, so can complete the DSA DSA finalised. Plan is to then apply for ethics at Leeds and begin reviewing data collected</p>	<p>To finalise Ethics approval documentation To continue trial in practices and meet with practice staff for feedback EMIS practices -completed initial trial Martel to update System 1 searches / tool with input from clinicians - ongoing Then to run in other System One practices in Central. To attend regional meetings quarterly to share experience</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>Nicky Hibbert</p>	<p>Heather McClelland</p>	<p>Recruitment of Nurse Consultant and CNS successful. Case load currently at 16 patients SOP being developed for the service First ICB report sent Data suite currently being developed Forward Leeds MDT commenced every 2 weeks Peer navigator post currently out to advert. Funding secured via the LPCN to commence citywide training for homeless organisations. Work with health watch</p>	<p>Recruit and induct the Peer Navigator. Arrange dates and publicise training programmes. Meet and agree SOP for the service with Sue Ryder Wheatfields hospice.</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>Survey commenced beginning February 2023. Survey reprinted and further copies delivered to Registrar Posters and reminder post cards being distributed Action Plan responding to 2021/22 survey findings completed. To be published on website.</p>	<p>Next meetings in May and July to review survey returns and plan for next round</p>	<p>Low response rate</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>Emily Curran</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 12th January Alison Boland has agreed to be Clinical lead / Chair. Draft TOR purpose and membership reviewed . Agreed to undertake pathway review and what pathways to consider first. Emily Curran agreed to be the LPCN Exec link.</p>	<p>To meet again after Easter - End April for half a day. To review pathways agreed; Will require facilitation and preparation work by members. Finalise and agree TOR Next Meeting 27th April; facilitator identified. Agenda agreed.</p>	<p>Lack of clinical capacity to engage will result in limited action</p>	<p>Apr-22</p>		<p>3</p>	<p>Wheatfield's Consultant Post Funding to LTHT 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>LPCN logo still to be added to ambulance once 2nd replacement arrives Patient information leaflet updated and ready for use Poster not for circulation - to be reviewed Training by Dobson's and St Gemma's being scoped and agreed Concern raised in TOC meeting that ambulance capacity has an impact on hospice Dr availability (late transfers). Agreed we required data to monitor this. To consider how declined transfer request data is collected. Agreed there should no longer be category 1 and 2; Just all Pall Care To finalise algorithm for booking. Improvement Plan Updated and RAG rated St Gemma's' has trained some crew members TOC group rep agreed</p>	<p>Circulate final version of SOP YAS to review Poster and amend; DBo will provide feed back. Training will be agreed / planned (ongoing) 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 To update TOR & membership Meet again end April</p>	<p>Service issues and industrial action may affect capacity</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 continues to meet twice a year to discuss the three key areas of work End of Life Admiral Nurse post(s) the business case for an Admiral Nurse team still awaits possible funding, 4 admiral nurse posts have been agreed with 3 of the 4 roles filled. All are developing working relationships with an emphasis on an 'early stage' role working with a range of teams. We are aware of other roles such as memory nurses coming into place in different LPC areas. Symptom recognition for people with dementia group - the NIHR grant application has been resubmitted. 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. What Matters to Me work is being led by public health.</p>	<p>The group will meet twice yearly to review progress A more comprehensive leaflet for WMTM is to be produced. A W Yorks meeting to share the ACP toolkit is planned for April</p>	<p>Multiple documents may create confusion in practice.</p>	<p>Apr-21</p>	<p>TBA</p>	<p>3 2</p>	<p>Y Historical NR</p>	<p>on track</p>
<p>10 Evidence into Practice / Research</p>	<p>Establish Group Agree Terms of Reference including membership Re-establish Guideline review process Start to consider research and Audit evidence.</p>	<p>Chris Bonsell</p>	<p>Chris Bonsell</p>	<p>Draft updated Bleeding and Seizure patient advice leaflets Liaised with Medical Illustrations to develop updated draft of guidelines Develop Easy Read version. also offer of grant to develop leaflets in accessible formats CB agreed draft TOR - to be accepted at next EIP meeting Actions log document / tracker developed collating review dates. Check membership and liaise with partners Meet again in March 23. Invite academic colleagues to discuss access to medicines research paper</p>	<p>Meeting date rearranged 8th March 23 We have invited academic colleagues to discuss access to medicines research paper at the next EIP meeting Agree style and format of all documents for consistency, including the LPCN logo and partner organisations, as appropriate. Finalised Seizure patient advice leaflet. Bleeding completed but adding practitioner guide. To review access to medicines recommendations.</p>	<p>Lack of capacity to develop and support. Engagement, representation and facilitation through respective organisations</p>			<p>3 5 Meds</p>	<p>N</p>	<p>on track</p>

<p>11 Transfer of Care - Hospital to Hospice</p> <p>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 <p>Current key work streams are:</p> <ul style="list-style-type: none"> - 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>Group met 28.3.23</p> <p>Interim System Pressures response for hospice referrals for EoLC patients - agreed to continue shared waiting list until end of May</p> <p>Hope to have data available that will help evaluate impact of this approach</p> <p>ED Hospital PCT In-reach project: Presentation from Faith Jacob (LHHT PCT Quality Lead). Evidence of positive impact on patient care. 224 patients seen in 14 months; generally older population. 57% patients seen died within 30 days indicating this is the frailest group of patients. Has improved ED Transfer / turnaround.</p> <p>Data on number of patients transferred to hospice challenging to capture</p> <p>Trusted Assessor Model Task and Finish group (WFH, SGH and LHHT PCT) : on hold</p> <p>Hospice transfer checklist- agreement that timely to consider update including early steps to review / address drugs on discharge</p>	<p>Interim Response -For review at next TOC meeting</p> <p>Data presentation re impact of shared waiting list</p> <p>Faith to link with ED and hospice colleagues re data capture of patients transferred to hospice from ED</p> <p>On hold</p> <p>LC to coordinate meeting re review of TOC checklist</p>	<p>No risks</p>	<p>Ongoing</p>		<p>4 3</p>	<p>N</p>	<p>on track</p>
<p>12a 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>Seacroft</p> <p>The initial meeting of the Seacroft steering /planning group has met and discussed prioritisation of the 5 work streams that have been developed. o move work forward. A facilitator has been identified to support the work to undertake process/pathway mapping to understand the Seacroft system using a detailed case study</p> <p>Morley</p> <p>Conversations to pilot the integration offer in Morley have approved.</p> <p>Meeting with key stakeholders in Morley have started.</p>	<p>The meeting of the Seacroft steering /planning group will be ongoing</p> <p>A large meeting with key stakeholders for Seacroft is planned to start the work in May.</p> <p>The inaugural meeting for kick starting the work in Morley is planned for May/June</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>12b 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>The final report and options appraisal have been shared with the P&EOL Population Board.</p> <p>Feedback on their views on the best options has been collated. Option 5 is the most supported at this time of financial challenge.</p> <p>Updates have been shared with CFGI and initial ideas about possible collaborative working discussed.</p> <p>A meeting to consider how to make best use of the remaining money took place with providers at an operational meeting on 13th March.</p> <p>A business case template has been developed for the remaining NHSE money after the Population Board.</p>	<p>A further meeting to consider how to make best use of the remaining money is planned.</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>12c Leeds Dying Well in the Community Phase 2</p> <p>Adequate Resources</p> <p>Once future model clear to developed a business case for investment will be required.</p> <p>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>Financial situation for Health economy challenging with no new proposal being funded at this time.</p> <p>ICB's required to make efficiency savings on their running costs.</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 (value propositions) has been developed by ICB in Leeds.</p> <p>None can be approved at this time until funding for ICB in WY and Leeds is clearer.</p> <p>NB - ICB's required to make running cost savings of 30% over next 3 years</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>13 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 hold</p>

<p>14 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"> - Plan ongoing delivery of training - Agree on facilitators - Deliver training - Evaluate 	<p>Leigh Taylor</p>	<p>Trish Stockton</p>	<p>Training group Established Cohorts agreed and training planned. 1st set of training delivered to new signatories and refresher to existing signatories. 2nd set of dates set for training programme around planning ahead (ReSPECT/ACP/DNACPR) in Oct 22/Jan and March 23. New signatories and signatories for a refresher booked into key dates. Oct 22 training complete New dates for 23 confirmed</p>	<p>Deliver 2023 training Report of 3 sessions 22-23 completed by March 23.</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>15 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 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. CNS regional ECHO, a third programme has commenced and a fourth programme is being advertised. LT completed immersion training.</p>	<p>Echo Strategy Meeting to discuss future plans completed. 2nd workshop complete for AHP programme. Draft proposal of programme to be agreed by stakeholders. G.P and PCN programme due to start June 23 with 6 sessions planned.</p>		<p>Ongoing</p>		<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>
<p>16 Care Home Education Strategy This group has been formed with representatives across the city to formulate a strategy and plan to coordinate 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 Feb date to be postponed. New date will be circulated</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>17 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>18 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 Friday 11th of November - Successful.</p>	<p>Pilot day evaluated Meeting planned to discuss next steps. Plan further training dates Updated business plan submitted and awaiting exec team review.</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>Ongoing</p>	<p>5</p>	<p>N</p>	<p>on track</p>
<p>19 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>Maira 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. Maira, 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 completed by 31st December. Analysis commenced and ongoing 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>20 Electronic Prescribing in the Hospice Out Patient / Community setting</p> <p>Improve prescribing and recording of medicines prescribed on Systm1 so reducing risk of medication errors</p>	<p>- 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>	<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 Systm1 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 Systm1</p>	<p>TPP do not support the project</p>	<p>Mar-23</p>		<p>5 2 4 Medis</p>	<p>Y NR</p>	<p>on hold</p>
<p>21 Carers page in website</p> <p>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>Positive feedback on existing pages and leaflets available. To consider how we promote this via professionals once frontline capacity allows Group met 22nd Feb and reviewed the information pathway and a spread sheet of known PIL's both local and national. To review page layout for public information in line with discussions and add additional sign posting links. To improve service information page To develop new services offered in Leeds for people at EoL leaflet - Emma will create first draft. To consider a relaunch once leaflets and website refreshed.</p>	<p>Review layout , design and content of Website and Bulletin Meet again end of April. Develop new - 'Services in Leeds Leaflet. Draft and share via email. Develop draft easy read version at the same time. KS</p>		<p>August 21</p>	<p>March 2023</p>	<p>6</p>	<p>N</p>	<p>on track</p>
<p>22 Dying Matters</p> <p>A citywide programme of initiatives and activities to enable people in Leeds to:</p> <ul style="list-style-type: none"> • 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>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 Partnership meeting on 9th March to start planning events for Dying Matters Week in May – note the new dates due to the Coronation: 8th to 14th May. The Dying Matters grants have been reviewed by the panel and applicants should be notified soon. Partners are encouraged to host creative session in the 1001 Stories Takeover of the Leeds Playhouse the week before, aimed at those over 60 sharing their stories. Contact ruth.johnson@leedsplayhouse.org.uk if interested. Insight report published: Insight Report: Bereavement And Loss During The Pandemic And Beyond - Touchstone (touchstonesupport.org.uk) Leeds City Museums will be hosting an event on 17th May for appropriate partners to feedback about their Death Exhibition in 2024. Please contact if you would like to attend: adam.jaffer@leeds.gov.uk</p>	<p>Promote the Dying Matters grants open on the website. Follow up after March once the panel has met. Follow up with website hits to ensure no unexpected implications of the move of providers. Public resource draft has been developed for people to consider broader areas relating to advance care planning and dying matters. Resource is being taken to Healthwatch for small scale public engagement, report back to the Dying Matters Partnership and develop dissemination and training plan. Partnership now meets quarterly - Updates Quarterly.</p>	<p>Dates changed for Dying Matters Week – should be alright to have two weeks of events. Change in capacity for LCC Comms support for Dying Matters Partnership. Meeting on 15th March to discuss plans.</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</p> <p>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 LHHT ReSPECT data to citywide report once flowing - Undertake LHHT ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>• Work between ICB in Leeds and LHHT PPM+ team ongoing regarding building LHHT ReSPECT data into citywide EPaCCS report. Need to establish progress and anticipated completion date. LHHT team developing DSA for inclusion of LHHT ReSPECT data in citywide reporting. DSA finalised and waiting for DSCRO signature. DSCRO trying to clarify why their signature required Can now access data for all deaths - not just Planning Ahead.</p>	<p>• Need to revise Planning Ahead report in light of refined Primary Care / Community DSA and LHHT 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 LHHT data not added Delay Escalated to the Board</p>	<p>Ongoing</p>	<p>?</p>	<p>Popn Needs</p>	<p>LPCN for LHHT 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, 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 Data Sharing Agreement Finalised and signed by both hospices</p>	<p>Susheel liaising with DSCRO about data transfers DLP Template ready and will be sent from DSCRO to hospices to share data agreed. First data set sent successfully and Uploaded onto DLP Portal Historical data also collated and uploaded. Project completed. To take to Informatics Group</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>on track</p>
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