

LEEDS PALLIATIVE CARE NETWORK											
PROGRAMME OVERVIEW 2023 / 2024											
Objective:	To capture progress of the LPCN projects and work during 2023 - 2024 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 2023 End Date: March 2024					
				Jun-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	Adam H Matthew Allsop	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 c. Summary of findings shared at June event relating to trends, timing and completeness of the plan.	AUPC team preparing report of methods and findings; Expected July		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 Mc Dermott	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). 'What if things change' - Leeds PH Pre-ACP Booklet finalised and on the website Amended the Planning Ahead / ReSPECT page on website. ReSPECT Steering group ended. Task and Finish group to ensure closure and celebration NB Sarah member of National ReSPECT Group	T&F group to finalise closure & celebration for ReSPECT work. Planning Ahead Task and Finish Group will meet to again review final actions from the new Information Standards. Proposed changes being shared across clinical provider groups.	Lack of shared record results in risk that the ReSPECT Form seen is not the most recent.	Jan-21	Mar-24	1 4	N	on track
2B Community / Citywide ReSPECT Audit 1. Commission UoL / AUPC to undertake Audit 2. Audit to include Quantitative and Qualitative Analysis of community ReSPECT data 3. Audit to include patient experience from any citywide provider	1. Secure access to community data 2. Receive Data 3. Quantative and Qualitative analysis of data 4. Agree mechanism for obtaining patient experience feedback 5. Analysis of feedback Produce report and recommendations	Sarah Mc Dermott Matthew Allsop	Gill Pottinger	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.	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	Delays in accessing data	Mar-23	Mar-24	1 4 PN	LPCN	on track

<p>3 Equality Diversity and Inclusion To develop an oversight group for the LPCN</p>	<p>Develop a EDI Group Agree TOR and membership Agree initial purpose and plan of work.</p>	<p>Chris Kane</p>	<p>Heather McClelland</p>	<p>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 31st May face to face to agree future priority areas, how members could target populations within their organisation and possible leadership solutions</p>	<p>Group members including PH to pursue options available to gather EDI data; To update HNA 2023 where possible Members to agree what marginalised group they might focus on in their organisation. To arrange meeting with Lucy Jackson To find out what other engagement activities are planned via ICB - Chris Bridle To meet again in August</p>	<p>Lack of capacity to take forward project work identified</p>	<p>Oct-21 March 2024</p>	<p>2</p>	<p>LPCN for Diverse Leadership Training</p>	<p>on track</p>
<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>	<p>- 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>	<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 made to S1 tool following clinical review of codes. 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 Started testing SystmOne in Central - Few codes still need reviewing / amending</p>	<p>To finalise Ethics approval documentation To continue trial in practices and meet with practice staff for feedback EMIS practices -completed initial trial S1 tool now appears to generate useful list. To meet to resolve few issues in S1 searches. To run in System One practices in Central Locality To attend regional meetings quarterly to share experience</p>	<p>Tool does not generate useful clinical list of patients approaching EOL</p>	<p>Jan-22 Mar-24</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>	<p>• 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>	<p>Nicky Hibbert</p>	<p>Heather McClelland</p>	<p>• Peer Navigator to start 24/7/23 • Multiple requests from across the country including Sheffield and Scotland to discuss the service we have developed and how they can move forward in their areas. • Homeless training dates set to commence September 2023</p>	<p>• Continue to build caseload • Re instate steering group now Wheatfield's have a new community manager</p>	<p>• Funding remains uncertain. We are working with the ICB to secure future substantive funding.</p>	<p>Apr-20 Mar-24</p>	<p>2 3</p>	<p>Y 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>	<p>-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>	<p>Liz Rees Helen Syme Claire Iwaniszak</p>	<p>Gill Pottinger</p>	<p>Survey closed to responses 30th June 103 responses as 15th June (28 LTH, STG 32, WFH 30, Home 8, CH 5) completion 18 post, 84 online, 1 telephone Unused survey envelopes collected from Merrion house (642 remaining from 2000 = 1358 given out) BCS Presentation at the LPCN celebration event 15th June</p>	<p>BCS group meeting July 2023 to discuss plan for results and plan for draft report 2022-23 and to plan next round and review current processes Meetings to be planned for September and November</p>	<p>Low response rate</p>	<p>Apr-23 Mar-24</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>	<p>- Re-establish project group links with LTHT 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>	<p>Jason Ward</p>	<p>Lesley Charman</p>	<p>Monthly LCH Palliative Cardiac MDT continues. Jason and Catherine attends. Planning an evaluation on how to evidence benefits of the MDT for patients. LTHT SPC team to discuss referral pathway for inpatients. Identified need for Advanced communications training for cardiology staff. Sub/cut diuretics (discharge from hospital) guidelines on LHP Symptom management guidelines for patients with advanced Heart failure have been rewritten by Jason. For circulation via LPCN evidence into practice group</p>	<p>Jason is liaising with Trish Stockton and Alex Simms re funding for comms skills training and provision of sessions Jason has updated HF guidelines with input from different teams. Will now go to evidence into practice group. Map Leeds against Hospice UK recommendations and identify gaps</p>	<p></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 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 / workshop 27th April. Facilitated by OD leads from ICB - Suzanne Saleh & Nadia Hussain. Mapped changes to pathways since 2018 and identified key areas of concerns (pain points).</p>	<p>To share write up of workshop. To check with Gill P regarding primary care input. To meet again end June / July then possibly another workshop in September to consider service offers. Finalise and agree TOR.</p>	<p>Lack of clinical capacity to engage will result in limited action</p>	<p>Apr-22</p>	<p>Mar-24</p>	<p>3</p>	<p>Wheatfield's Consultant Post Funding to LTHT 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>	<p>- 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>	<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-Q3 22/23 St Gemma's' has trained some crew members TOC group rep agreed</p>	<p>Circulate final version of SOP once approved by YAS. 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 Spring.</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>10. 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>	<p>-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>	<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>Mar-24</p>	<p>3 2</p>	<p>Y Historical NR</p>	<p>on track</p>
<p>11 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. Invited academic colleagues from UoL to discuss access to medicines research paper</p>	<p>Chris Bonsell</p>	<p>Chris Bonsell</p>	<p>• CB met with Jo Allred on behalf of SMOM who have finally agreed will sign off LPCN documents (providing they mention medication within them) as a "Chair's other items" item on their agenda as its expected there will not be any/many comments or changes needed having gone through the Evidence into Practice • SMOM sent back Bleeding and Seizures guides with minor comments - which have gone back to medical illustrations - and will then go back to SMOM and EIP group informed at next meeting • Liver and Renal Guidelines due for review in July 2023 - received feedback from Sandeep Whitehead Rachel Sorley (who took them to Liver and Renal groups at LTHT) but asking for community colleagues to feedback also. EIP Tracker and Actions log document updated incl review dates and shared with DB and AS. Awaiting info re Chris Toothill as group contributor.</p>	<p>The next EIP group meeting is scheduled for 25th July where we hope to agree Liver and Renal guides to then go to SMOM. CB will also draft an LPCN guidelines approval process to go out with papers and welcome any comments from EIP members before Bleeding and Seizure guides to go back to SMOM once their comments actioned and received back from Medical Illustrations. Now key members of EIP group established, will ask at next meeting for representatives form partner organisations for a wider reference group and build up a mailing list for future guideline reviews. Next meeting: 25 July23</p>	<p>EIP meeting requested to be pushed back by 1 month already to give time for feedback. If further comments from community colleagues not back in time might result in liver and renal docs not approved in time for expiry date July23. SMOM not approving documents in future or sending them back with further comments for changes, possibly delay the publication onto LHP.</p>	<p>Feb-23</p>	<p>Mar-24</p>	<p>3 5 Meds</p>	<p>N</p>	<p>on track</p>

<p>12 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 16.5.23</p> <p>Shared waiting list for EoL patients. (previously named as Interim System Pressures response for hospice referrals for EoL patients) - Group agreed to continue shared WL for foreseeable future with review at each ToC meeting</p> <p>Hope to have data available that will help evaluate impact of this approach</p> <p>ED Hospital PCT In-reach project: Has improved ED Transfer / turnaround. Data on number of patients transferred to hospice challenging to capture</p> <p>Trusted Assessor Model Task and Finish group (WFH, SGH and LHTH 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>Shared WL -For review at next TOC meeting</p> <p>Data presentation re impact of shared waiting list</p> <p>Faith Jacob (LHTH) has organised meeting with ED and hospice colleagues re data capture of patients transferred to hospice from ED and how to capture data on pts unable to be moved from ED to hospice (July 2023)</p> <p>Plan to meet to review data gaps / information on TTOs initially before review of checklist. AS to organise 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>13a 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 core Seacroft steering /planning group continues to meet and has identified that a longer time frame before death needs to be considered in the work. A facilitated meeting to look at case studies to identify gaps and duplication has taken place with a workshop/feedback session taking place in July to develop concrete actions around this.</p> <p>Morley</p> <p>Conversations with key stakeholders have continued. A change in clinical lead and delays in initial conversations with Wheatfields has meant that the work is less likely to start before the summer.</p>	<p>Seacroft case study workshop/feedback session planned for July</p> <p>The inaugural meeting for kick starting the work in Morley is now planned for September</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-24</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p>13b 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>Consideration on how to make best use of the remaining money have been shared with CFGI and initial ideas about possible collaborative working discussed.</p> <p>A meeting with Lucy Shuttlesworth to understand how the hubs may support this work has taken place and there is a recognition that links to the urgent care response is also needed.</p> <p>A business case template has been developed for the remaining NHSE money and agreed by the national team.</p>	<p>A meeting with Gaynor Connor to understand how PCAL+ may support this work is planned.</p> <p>Sarah will review EOL referrals going through the hubs</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-24</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p>13c 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-24</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p>14 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>TBA</p>	<p>Met with LHTH 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>Scope current education provision from all city wide providers. Identify gaps. Form a strategic group to review and update current strategy.</p>	<p>Time/ capacity/ funding</p>	<p>Sep-22</p>		<p>5 W</p>	<p>N</p>	<p>on hold</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"> - Plan ongoing delivery of training - Agree on facilitators - Deliver training - Evaluate 	<p>Leigh Taylor</p>	<p>TBA</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 to be circulated Plan a proposal for the remaining planning ahead budget.</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>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 Leigh Taylor</p>	<p>TBA</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. Echo Strategy Meeting to discuss future plans completed. Team roles clarified.</p>	<p>GP and PCN Programme commenced June 1st 4th session cancelled due to low numbers. Plan to review offer. AHP ECHO programme curriculum day completed in June; start of sessions planned for September 23.</p>	<p>Capacity of facilitators to train and workforce being able to attend the training due to other pressures.</p>	<p>Ongoing</p>	<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>	
<p>17 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>TBA</p>	<p>The strategy group has had an initial meeting to set out the plan to develop the strategy. LT has carried out 121 / group interviews with key stakeholders; there will be carers and staff involvement. Analysis of key themes have been identified from the interviews. Key themes have also been identified from the LPCN Bereaved carers survey There will be a workshop in February 23 following this work to agree key goals for the strategy.</p>	<p>A New date will be circulated for second workshop. Ongoing information gathering continues to determine the scope of the strategy.</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>18 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>TBA</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>19 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>Nicky Hibbert</p>	<p>TBA</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 Friday 11th of November - Successful. The business case has been approved.</p>	<p>A further 6 training dates have been planned. To invite organisations throughout the city that support homeless and vulnerably housed people.</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>Mar-24</p>	<p>5</p>	<p>LPCN</p>	<p>on track</p>
<p>20 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. Data input being finalised.</p>	<p>Waiting to receive full data set for audit from LCH Karen Neoh and Moira meeting Sarah Mitchell, UoL, in August to move forward with analysis 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>TBA</p>	<p>5 4 Meds</p>	<p>N</p>	<p>on track</p>	

<p>21 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. No new updates from TPP yet.</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>TBA</p>		<p>5 2 4 Meds</p>	<p>Y NR</p>	<p>on hold</p>
<p>22. West Yorkshire urgent supply of palliative care drugs service</p> <p>To provide palliative care support to maintain and develop the service</p>	<p>- 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>	<p>Moira Cookson</p>	<p>Chris Bonsell</p>	<p>The management of this service has transferred to the ICS. W Y Palliative and End of life Care group have created a task and finish group to review the service. First meeting was on the 4th April. The main focus of this was around communication. There was some talk of standardising anticipatory meds across West Yorkshire. If this does come up for discussion will reconvene the LPCN anticipatory meds group to discuss any plans or changes. Meeting 19th May See notes over</p>	<p>Prescriber's to be made aware of the 'top tips for prescribers' 2020.04.01-Appendix-One-Revised-Formulary-information-sheet.pdf (cpwy.org) Health and Social Care staff to use NHS Service Finder, Out-of-hours-medicines - NHS (www.nhs.uk) to find pharmacists who are part of the Community Pharmacy Palliative Care Service For urgent situations only, when a community pharmacy does not have the required medication and it cannot be sourced from other local pharmacists the pharmacy can ask the local Acute Trust to provide the medication Report any medication incidents to NHSE via england.wyat-phes@nhs.net</p>	<p>Patient's unable to access medication required.</p>	<p>Apr-21</p>	<p>TBA</p>	<p>5 Meds</p>	<p>N</p>	<p>on track</p>
<p>23 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. Content from providers shared with Emma. Draft progressing. Concern we have right focus. 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 To arrange follow up meeting to review draft and consider content and style.</p>		<p>Apr-23</p>	<p>March 2024</p>	<p>6</p>	<p>N</p>	<p>on track</p>
<p>24 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>A successful Dying Matters Week (May 2023) with a number of activities happening across the city: * 11 organisations received Dying Matters grants to hold events to mark the week, including a number of Neighbourhood Networks, the BME Dementia Service (Touchstone), People in Action, Leeds GATE, Leeds Involving People. Activities such as legal Q&As, crafting and flower arranging, a partnership roadshow and various peer support events. * Successful event held at Leeds Kirkgate Market with over 20 partners, discussions with around 100 people, and good networking opportunities. * Trialled hosting a stall at the White Rose Centre, which had some footfall, but due to train strikes was informed the centre was quieter than normal. Would try again in future / try different centres around the city. * A lot of positive traffic on social media promoting the various events during the week, good engagement across the city * Dying Matters Survey relaunched this year - received around 1,000 'clicks' but low completion rate (20 completed surveys).</p>	<p>Evaluations now received from the Dying Matters grant recipients, action to collate this and share learning from this year's campaign. Need to review capacity for the Dying Matters website - Leeds Bereavement Forum do a lot of the communications support and promotion for the week. Hoping for more capacity in the public health team to support. Training programme going very well - Retirement LIFE (LCC Sheltered Housing) have requested for all their staff to receive the DM training (over 60 people). Small amount of funding remaining for the Dying Matters Partnership, proposals to be drafted. Ideas include additional training opportunities and targeted community engagement to boost responses for the DM survey.</p>	<p>Risk - changes to funding arrangements for Leeds Bereavement Forum (key partner supporting with comms, delivering Dying Matters training, and leading on delivery and coordination of the grants). Lost key LCC Comms link and so relying on partners to support - hoping for more capacity in Public Health to help in the future.</p>	<p>Ongoing</p>		<p>7</p>	<p>Y LPCN and CCG S256</p>	<p>on track</p>

<p>25 Whole city EOL linked data</p>			<p>Adam Hurlow</p>								<p>on track</p>
<p>26 EOLC Metrics Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<ul style="list-style-type: none"> - Full Metrics Report Produced - Understand links to other metrics / information systems (EG RAIDR) -EPaCCS report flowing routinely every quarter - 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>Adam Hurlow</p>	<p>Adam Hurlow</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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>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>