

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: #d9534f; 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					
				Aug-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 finalising analysis and preparing report of methods and findings; Now expected October.		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>	<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 made to S1 tool following clinical review of codes. Ethics committee have given approval. EMIS data has started to be shared with MA Meeting held with Calderdale – GSF lite team – they are using John Hopkins Predictability tool. Shared our validation tool with them. S1 searches under way.</p>	<p>To continue trial in practices and meet with practice staff for feedback EMIS practices -completed initial trial 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 (Inclusion Service) 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>We have had confirmation from the Integrated Care Board that We will not be receiving any further inequalities funding. This is extremely disappointing news for the service. Peer navigator Lucy Staveley started in post at the end of July. She has been a great addition to our team. Lucy will work across both Leeds Community Health Inclusion team and the palliative Care Inclusion team. We have made a new stakeholder in the Leeds street outreach team. We are now going out monthly with the team to start to build relationships with some of the entrenched rough sleepers in Leeds. Currently the city is seeing high numbers of rough sleepers and the team are keen that they build relationships with Palliative Care services. Homeless teaching sessions – these commence in September. Funded by the LPCN, with facilitators from across LCH, LHT and both hospices. We have had great interest from many organisations across Leeds. Steering group meeting to be re-instated in September.</p>	<p>To explore further funding opportunities. Embed the Peer navigator role across LCH and the Palliative Care Inclusion service. Continue to build relationships with the street outreach service.</p>	<p>No further non-recurrent funding available. Existing funding will run out this year. There is a risk that the service with cease if a new funding stream is not found.</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>	<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 Brown Helen Syme</p>	<p>Gill Pottinger</p>	<p>Survey closed to responses 30th June Group met briefly 4th July. Numbers of survey returns low. 107 surveys have been received so far. Return rate from those sent approx 7% Healthwatch to draft report and review at next meeting.</p>	<p>Healthwatch to draft report Group to identify alternative survey providers. Chris to send current survey to reader group for feedback on ease of use. Also to ask EDI group for opinion on survey. Meetings to be planned for September (review report) and November (consider survey mechanism).</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>	<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 and Catherine attends. Planning an evaluation on how to evidence benefits of the MDT for patients. LHHT 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. Comments received from LPCN partners. Guidelines finalised and sent to SMOM.</p>	<p>Jason is liaising with Trish Stockton and Alex Simms re funding for comms skills training and provision of sessions Map Leeds against Hospice UK recommendations and identify gaps Update Exec re guideline progress Once approved via SMOM ensure guidelines are on LHP and website</p>		<p>Ongoing</p>		<p>3 2</p>	<p>Y R</p>	<p>on track</p>
<p>8. Respiratory/Breathlessness Pathway Provide a collaborative partnership forum for reviewing patient experience and care pathways for patients at end of life living with respiratory conditions and / or breathlessness and support quality improvements</p>	<p>Review existing Pathways and identify key issues Agree actions that can be undertaken to improve service Take actions as agreed Share updated service offers and referral routes Effectively share and amendments made, updated service specifications etc.</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 27th July TOR approved; still seeking primary care rep. Workshop slides reviewed briefly to consider actions further. EOL Board considered respiratory EOL A&E attendance - No action for group unless becomes priority area for Board or city. Project manager to support the work has been appointed.</p>	<p>Leeds have offered to host a meeting of the National Palliative Interstitial Lung Disease Group in November. This impacts on capacity and date of next planned workshop. LHHT COPD guidelines including managing breathlessness are being reviewed - led by Suzie Gillon. To meet again 5th October to review outputs from last workshop, consider referral process and service offers. Key actions for discussion at this meeting have been drafted.</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 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>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 Group met 19th July 23. TOR agreed Improvement Plan Updated and RAG rated-Q4 22/23 New plan drafted. Q1 23/ 24 report circulated.</p>	<p>Circulate final version of SOP once approved by YAS. Poster final amends and print for circulation. 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 arrange meeting Oct, Feb and 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>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>	<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 all having an emphasis on an 'early stage' role working with a range of teams. Other roles, such as memory nurses, are being created in different LPC areas. Symptom recognition for people with dementia - the NIHR grant application has been rejected and will not be resubmitted. Advance Care Planning – the My Future Wishes document is being reviewed at an ICS level and the easy read version will be reviewed after this.</p>	<p>The group will meet twice yearly to review progress. At the next meeting a decision will be taken as to whether the group continues to meet or if an annual update might be a better way forward. A more comprehensive leaflet for WMTM is to be produced, led by public health.</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>	<ul style="list-style-type: none"> • EIP group meeting held on 25th July confirmed approval of Bleeding & Seizures guidelines accepted by SMOM and added to LHP & LPCN website. • CB shared draft LPCN guidelines approval process with comments for minor amendments then signed off • Liver & Renal guidelines still in process of receiving comments from partners - Final comments by Sept 20th to Rachel Sorley • Awaiting info re Chris Toothill as group contributor 	<ul style="list-style-type: none"> • Liver & Renal guides to go to SMOM once their comments actioned, once approved will be uploaded to LHP / LPCN website • Jason Ward finalising Heart Failure Symptom Mangement document which has been accepted by EIP for use in Leeds partner organisations. Sent to SMOM for sign off. • Next meeting: end Sept 23 	<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 To identify and work towards eliminating delays in the transfer of care, from hospital to hospice, of patients receiving palliative and end of life care.</p>	<ul style="list-style-type: none"> - Refresh Terms of Reference - Refresh the SOP for the referral process - Agree new areas for improvement and prioritise Current key work streams are: <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 EoLc patients. (previously named as Interim System Pressures response for hospice referrals for EoLc patients) - Group agreed to continue shared WL for foreseeable future with review at each ToC meeting 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>Meeting to review discharge medicines held with medicines colleagues and draft paper with subsequent suggestions shared by LC.</p>	<p>Shared WL -For review at next TOC meeting 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 Discuss discharge medicines at next TOC meeting - Sept 13th 23</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 Service Offer / Integration project To work collaboratively within LCP to learn how services might be redesigned</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>Seacroft The core Seacroft steering /planning group continues to meet. A facilitated meeting to look at case studies to identify gaps and duplication has taken place with a follow up workshop/feedback session presenting the work to more strategic leaders The core group have agreed some concrete actions to take place and a newsletter describing these has been circulated.</p> <p>Morley The inaugural meeting for kick starting the work in Morley is now on hold.</p>	<p>Seacroft priorities identified for work throughout the Autumn for improved case management and care coordination. The work on information, training and promotion supports this work and the group will meet in September. A small grant is available that will be applied for to support meeting costs for training.</p> <p>The inaugural meeting for kick starting the work in Morley is now on hold due to staff changes and the need for work in Seacroft to be completed.</p>	<p>That staff are too fatigued to engage with the work. 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 Scoping a P&EOL SPA for Leeds To gather intelligence from across Leeds, ICS and nationally to determine the preferred service model for a SPA in Leeds</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>Consideration on how to make best use of the remaining money have been shared with CFG and initial ideas about possible collaborative working discussed. A meeting with Lucy Shuttleworth 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. Links to Gaynor Connor to understand how PCAL may support this work is planned.</p>	<p>After the conversation with Lucy Shuttleworth and Gaynor Connor have taken place a meeting to understand the next steps is planned.</p>	<p>That staff are too fatigued to engage with the work. 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. To ensure partners and Board aware of project progress as it develops.</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<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. Financial situation for Health economy challenging with no new proposal being funded at this time. ICB's required to make efficiency savings on their running costs.</p>	<p>Conversations with the Board about increasing Community resource ongoing. Aware that resources are limited and that a process for scheme consideration (value propositions) has been developed by ICB in Leeds. None can be approved at this time until funding for ICB in WY and Leeds is clearer.</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>	<p>- 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>	<p>Trish Stockton</p>	<p>TBA</p>	<p>Met with LHST 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</p> <p>To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<p>- Plan ongoing delivery of training - Agree on facilitators - Deliver training - Evaluate</p>	<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. Flyer distributed to 1st December.</p>	<p>Deliver 2023 training Report of 3 sessions 22-23 to be circulated Plan a proposal for the remaining planning ahead budget. A review meeting is planned with facilitators Plan 2024 training sessions.</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</p> <p>To continue to deliver and develop the use of ECHO / tele-education in Leeds</p>	<p>- 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>	<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. Team roles clarified.</p>	<p>GP and PCN 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</p> <p>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>	<p>- 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>	<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. There will be a workshop following this work to agree key goals for the strategy. Decision to change the title on the programme to ' Care home Education report' to provide information on current education provision in care homes, and make recommendations for future development of education.</p>	<p>Information gathered will be used to develop a report on current palliative and end of life education within care homes. This will include what is working, where the gaps are and what are the opportunities moving forward. Recommendations will then be derived from the information. This may lead onto the development of a strategy in the future .</p>	<p>Time and capacity of Key stake holders, staff and carers due to work pressures.</p>	<p>Jun-21</p>	<p>Mar-24</p>	<p>5 W</p>	<p>N</p>	<p>on track</p>
<p>18 Review Advance Care Planning training in Leeds</p>	<p>- Mapping out city wide ACP education provision. - Scope out current resources used. - Aim to promote consistent and standardised training throughout the city</p>	<p>Leigh Taylor</p>	<p>TBA</p>	<p>Contact key people throughout different organisations to gain insight into current education provision and resources used.</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>	<p>- 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>	<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. Pilot day Friday 11th of November - Successful. The business case has been approved.</p>	<p>A further 6 training dates have been planned. City wide facilitators are confirmed. Flyer distributed to advertise course</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>ongoing</p>	<p>5</p>	<p>LPCN</p>	<p>on track</p>

<p>20 LHTH CSW Clinical Educator project</p> <p>To provide EOLC training to 2000 CSW in LHTH and plan for how future refresher training could be sustainably delivered.</p>	<p>Appoint Clinical Educator Design the training programme Determine how best to deliver training to targeted staff group Deliver training Monitor and report uptake Evaluate Effectiveness Determine future package and delivery model Liaise and share with system wide partners as appropriate</p>	<p>Claire Iwaniszak</p>	<p>TBA</p>	<p>Clinical Educator appointed Claire Iwaniszak Agreed with Christopher Palmer (LHTH finance) how best to invoice funds split across 2 years Scoping what current palliative care education is being delivered for CSWs (LHTH & City wide) Heatmap underdevelopment to select areas to target first Training on new to care CSW bootcamps run by LHTH and dates set for next two cohorts Meeting (21/8/23) with Katie Robinson (Associate Director of Nursing) to establish skills & level of training requirements for Band2/3 CSWs Started developing a Padlet with CSW palliative and EoLC educational resources</p>	<p>Meet with LHTH Organisational Learning to plan roll out/launch of priority training Attend LPCN Education Group to discuss option of setting up a working group for educators delivering training to unregistered staff. Select areas for roll out based on heatmap data Plan Launch and training dates</p>	<p>Low attendance at training</p>	<p>Aug-23</p>	<p>Jul-24</p>	<p>5</p>	<p>LPCN</p>	<p>on track</p>
<p>21 Anticipatory Medications</p> <p>To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<p>- 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>	<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>22 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>23 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>24 Carers page in website To improve useful information available to the public</p>	<p>Agree purpose and likely content for this page Develop content Build page Promote website</p>	<p>Emma Marshall</p>	<p>Emily Curran</p>	<p>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>25 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>Robina Ahmed</p>	<p>Sarah McDermott</p>	<p>Staffing update – Robina Ahmed will now be taking over this workstream alongside Helen Laird for the Public Health Older People's team. Recruiting for a PO2 position which will add additional capacity to support the partnership. Funding – the partnership is in the process of allocating the small amount of remaining Dying Matters budget. It is not yet finalised but likely to be spent on an additional Dying Matters training session and community engagement around increasing completion of the Dying Matters survey.</p>	<p>Get confirmation of the funding allocation from the Partnership and get sign off with appropriate processes. Focus on improving awareness and uptake of the Dying Matters survey. Consider Dying Matters comms and potential involvement in other end of life campaigns across the year.</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).</p>	<p>Ongoing</p>		<p>7</p>	<p>Y LPCN and CCG S256</p>	<p>on track</p>
<p>26 Whole city EoL linked data</p>	<p>Agree need for and content of Whole city linked data set for P&EOLC Secure approval and support from EoL Population Board Work with ICB Health and Care IT team to develop data set and reporting Support from AUPC as required</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>Obtained EoLC Board support for use of Leeds Data Model (LDM) to developed linked data sate for P&EoLC</p>	<p>Catch up with LDM team Autumn 2023 to agree next steps</p>	<p>Dependent on capacity within ICB team</p>	<p>Apr-23</p>	<p>March 2024</p>	<p>Popn Needs</p>		<p>on track</p>
<p>27 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 ICB in Leeds 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. 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 LTHT 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 LTHT data not added Delay Escalated to the Board</p>	<p>Ongoing</p>	<p>?</p>	<p>Popn Needs</p>	<p>LPCN for LTHT ReSPECT data transfer</p>	<p>off track</p>