

## Leeds Palliative Care Network Group Meeting

### Actions of the meeting held on Wed 18<sup>th</sup> January 2023 via Zoom

<b>Attendees</b>	<b>Init</b>	<b>Role</b>	<b>Org.</b>
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Emily Curran	EC	LPCN Clinical Executive Team Member	SRWFH
Jenny Baines	JB	Senior Pathway Integration Manager (End of Life and Frailty)	Leeds Health and Care Partnership
Jane Robinson	JR	Manager	Leeds Bereavement Forum
Leigh Taylor	LT	LPCN Clinical Practice Educator	LPCN
Laura Speight	LS	Head of IPU	SGH
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Jo Neiland	JN	Head of Community Services	SGH
Bhajneek Grewal	BG	Palliative Medicine Registrar	SGH
Mandy Parker		Palliative Care Clinical Quality Lead	
David Whitley - McDermott	DWM	Staff Wellbeing Project	LTHT
Sarah McDermott	SMc	Clinical Service Manager (Palliative Care and Community Cancer Support Services)	LCH
Charlotte Jones	CJ	Palliative Care Clinical Quality Lead	LCH
Jo Joy-Jones	JJJ	Planning Ahead Co-ordinator	LS25/LS26 PCN
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
<b>Guests</b>			
Emma Clare	EC	Director and Operations Executive Chair of EOL Doula UK	EOL Doula UK
<b>Apologies</b>			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Chris Bonsell	CB	LPCN Lead for Medicines Management	Kirkstall Road Medical Centre
Michelle Atkinson	MA	Chief Officer	Leeds Care Association
Clare Russell		Director of Information & Culture	SGH
Mandy Gash		Palliative Care Clinical Quality Lead	LCH
Joan Nelson		Palliative Care Clinical Quality Lead	LCH
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Clare Russell	CR	Director of Information & Culture	SGH

<b>No.</b>	<b>Action</b>	<b>Lead(s) for action</b>
<b>1. Welcome and Apologies</b>		
	Adam welcomed everyone to the meeting. Especially Emma from EoL Doula UK. Apologies were given as shown above.	

<b>2. Approval of Previous Action Log and Matters arising</b>	
The Action Log of the Meeting held 30 <sup>th</sup> November 2022 was agreed as a correct record.	
<b>Matters Arising – see below</b>	
220	The virtual ward leaflet and Leeds Dying Well in the Community Phase 1 report will be circulated with the meeting notes. <b>The items were circulated.</b>
<b>3. Chair's Update</b>	
<p><b>Chair of the LPCN</b> – Adam updated the Group that the term of office for the Chair of the LPCN was 3 years, and that his time was due to expire in April 2023. The Exec Team have discussed this and decided it was reasonable for Adam to continue until April 2024 which is allowable under the Terms of Reference. The LPCN will look to identify someone who can take over the role following a period of handover with Adam. The role is designed to be one which rotates between the partners.</p> <p><b>Engagement Event</b> - The Exec Team have been discussing whether or not to hold an engagement event to showcase the current key projects of the LPCN, discuss the future direction and potentially meet some of the EOL Population Board.. This could be a face to face event, possible ½ day. The members felt this would be very useful.</p>	
<b>4. Network Manager's Update</b>	
<p><b>LPCN Terms of Reference</b> – Diane updated the Group that she has amended the LPCN ToR to reflect the new governance structure now that the ICB is established. This will be sent to the signatories of the Memorandum of Understanding.</p> <p>The ToRs of the LPCN sub groups will also be updated to reflect the new structure.</p>	
<b>5. EOL Doulas</b>	
<p>Emma Clare gave an interesting update on the work of the EOL Doulas who first presented to the Group in November 2021. This resulted in a pilot project in Leeds providing 1500 paid hours commissioned by the ICB, beginning in May 2022. The project is being evaluated by the Open University.(slides attached)</p> <p><b>So far...</b></p> <ul style="list-style-type: none"> <li>• 9 EoL Doulas in team, 7 currently supporting people</li> <li>• 98 referrals to date at time of writing</li> <li>• 28 people currently receiving support</li> <li>• 13 people declined support</li> <li>• Have enough support</li> <li>• Close to end of life</li> </ul> <p><b>Key learning so far:</b></p> <ul style="list-style-type: none"> <li>• Majority of referrals (87 out of 97) coming from Health Case Management Service, almost all fast-track referrals</li> <li>• A different way of working compared to other areas</li> <li>• A role for us assisting those with additional support needs</li> </ul> <p>The group discussed how the project could become more embedded and increase its links with GP surgeries and older people's services.</p>	
<b>6. SPOC Scoping reports</b>	
<p>Diane updated the Group that the report from the Single Point of Contact (SPOC) Project had been received. The report is in 2 parts, a Summary Report and a report detailing the background intelligence gathered by Valerie Shaw. Diane shared a few key findings and potential options.</p> <p>The summary Report will be circulated with the notes of the meeting – <b>Action 221</b></p>	
<b>7. EOL Population Board</b>	
<p>Jenny updated the Group about the latest EOL Population board meeting. In light of the significant financial deficit the Board looked at which risks should be held by the board and how it should assess risk. The LPCN System Issues and Board risk registers should be aligned.</p>	

As contracts come up for renewal the Board will be asked to make recommendations about future service and funding. Currently the Board agreed that it did not have enough information about services to suggest how funding is allocated.

Work is still ongoing to refine how the population segment for EOL is defined.

There is an aspiration to look back at a cohort of people who died within one year to gain insight into the services they accessed.

Work is also ongoing to determine who is included in the palliative care workforce.

## 8. West Yorkshire PEOLC Group

Diane attended this meeting and updated the Members.

Jonathan Booker is looking to develop some Metrics at ICS level and has met with each place to discuss what they might be able to share.

There is an aspiration that each place will complete the HNA toolkit developed by the ICS.

The Urgent Care Group raised that Resus UK have requested that the term ReSPECT **plan** is used instead of ReSPECT form.

The Urgent Care Group have devised a spreadsheet to capture information about the ongoing problems with access to medicines out of hours. This has been distributed to partners.

The Y&H Symptom Management Guidelines will be reviewed and updated later this year by the SCN.

Bee Wee has stepped down and a replacement is being sought.

A national staff confidence survey using NACEL questions but with a community focus may be circulated in February

A Regional conference is being planned probably for 4<sup>th</sup> October.

The ICS have engaged Healthwatch to meet to gain feedback from people. They will meet with 25 people of different backgrounds and experience from each area and produce a report for each place and the region.

## 9. Risk Register/Systems Issue Log

### Systems Issue Log

**Systems Issue 1** - Capacity issues have been amalgamated to incorporate all the challenges, increased demand/flu/Covid /staff shortages/strikes etc. The LPCN Transfer of Care Hospice to Hospital Group are enacting their response to system pressures.

**Systems Issue 3 Syringe Drivers** – A further meeting is planned for February and hopefully this issue may be closed. Approximately half of the care homes have received their drivers and a plan is in place for the remainder.

### LPCN Risk Register –

**Capacity** – Additional external capacity is secured when possible. It remains a challenge however.

**Homelessness** – This has been added as a risk as funding is not recurrent and the loss of the service would impact on the inequalities aspects of the Strategy.

## 10. Finance Report

The Q3 Report is not yet available.

The bid has been approved to fund an audit of ReSPECT both quantitative and qualitative analysis.

There is still a small amount of slippage available for bids if they are for citywide projects which support the aims of the strategy.

## 11. Programme Update

Member's attention was drawn to the Programme overview which details the activities of the LPCN.

**Timely Response Tool (EoL)** The clinicians are working in some pilot Emis practices. The SystmOne searches still need some refinement.

**Bereaved Carers' Survey** The survey is due to begin in February. It is being distributed by the Registrars.

**Respiratory Group** – The group met in January and are keen to do some work to understand and clarify the current service offer.

**Palliative Care Ambulance** - The Ambulance Group have also met and updated the Action Plan.

**Transfer of Care** – The hospices are working to their agreed relaxed criteria to help with flow.

**Evidence into Practice Group** – The group has met and discussed adapting some of the guidelines into an information booklet format. The Group will meet again in March

**Leeds Dying Well in the Community phase 2** – James Woodhead has been appointed as project lead for the Seacroft and Morley LCP integration work.

**Education** – New dates have been circulated for Planning Ahead Training and are filling up. Dates towards the end of the year are still available.

**Echo** – A meeting has been held with Stakeholders to plan the curriculum for the next programme.

**Care Home Education Strategy** – Another workshop is planned for February.

**Homelessness Citywide Training** – a meeting is planned to look at finalising further dates for training.

**Metrics** – Work continues to get the Hospice data into the Leeds Data model. The Planning Ahead report now contains data on all deaths, not just those with an EPaCCS record. The DSA has been signed to get LTHT ReSPECT data into the Planning ahead Report.

### 11. Updates from the Members

**LCH** – Sarah queried if there had been any issues with the new syringe drivers. She has queried with Gerry. No other partners were aware of any issues.

**AUPC** – The AUPC have appointed a new associate clinical professor of primary care palliative care, Sarah Mitchell. There is a vision to develop an academic team that has a focus on primary care palliative care. The team now has 1 professor, 3 associate professors and a number of post doc researchers. Hopefully the Evidence into Practice group can be a focus to develop clearer links and overlap between the front line and research.

### 12. AOB

There was no further business.

### 13. Actions Agreed

221	The Summary Report from the SPOC Scoping Project will be circulated with the notes of the meeting	AS/DB
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### 14. Next Meeting

The next meeting is planned for Wednesday 29<sup>th</sup> March 10:00-11:30 via Zoom