

LEEDS PALLIATIVE CARE NETWORK

PROGRAMME OVERVIEW 2023 / 2024



Objective:	To capture progress of the LCPN 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 and by the EOL Board.	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">on track</div> <div style="border: 1px solid black; padding: 2px;">on hold</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">delayed</div> <div style="border: 1px solid black; padding: 2px;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">complete</div>	Chair Name: A Hurlow Start Date: April 2023 End Date: March 2024
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Jan-24				Progress
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Project title and Purpose	Key Milestones	Project Lead	LPCN Executive Lead Support	Update	Next Steps	Risks	Start date	End date	Strategy Outcome 1-7 Enablers	EOL Board Outcome	Funding?	Add from dropdown
1 LTHT ReSPECT Audit AUPC Audit of LTHT ReSPECT data to give further detailed understanding of use and implementation and to inform future improvement work	- Bid for funding - Agree IG and DSA required to enable data transfer - Transfer data to AUPC - Audit and analysis by AUPC - Draft Report - Final Report - Agree next steps	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; Report now expected February 24		Apr-21	Dec-23	1 PN	1	LPCN	delayed
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. Work with WY&H ICS to explore options for shared palliative care view within Leeds/ WY&H Care Record 2. Evaluate Planning Ahead (ReSPECT/EPaCCS) to inform further quality improvements required 3. Work collaboratively to : - -Audit the number and quality of ReSPECT forms across care settings -Identify training needs to support Planning Ahead implementation - Develop and review the Planning Ahead (ReSPECT/EPaCCS) template - Develop and maintain ACP links across work streams e.g. frailty - Seek patient and public involvement and feedback - Make available patient information about the ReSPECT process within Planning Ahead - Review 2021 national changes to EPaCCS - Raise awareness about Planning Ahead and ACP.	Sarah McDermott	Gill Pottinger	Planning Ahead Task and Finish Group met 19th September to review and agree final actions related to the new Information Standards. Delivering training for new community ReSPECT signatories (see below). ReSPECT Steering group ended. Task and Finish group to ensure closure report. NB Sarah member of National ReSPECT Group 'What if things change' - Leeds PH Pre-ACP Booklet finalised and on the website Frailty work looking at possibility of ReSPECT document being available to read and write via Leeds Care Record. Linked to Home First programme SMcD met with Megan Rowlands (Home First) about ambition for ReSPECT plan sharing and urgent response.	Information Standards Actions: •Draft a new EHCP template for comments that will enable use of Bleeding and Seizure patient information plans •Add codes for PPD for LD and MH patients Respect Audit - See below. Maintain links to Frailty work and sharing of information plans	Lack of shared record results in risk that the ReSPECT Form seen is not the most recent.	Jan-21	Mar-24	1 4	1	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 . LTHT finalising question for people experiencing ReSPECT then will pilot in vascular clinic and care of elderly wards. LCH waiting update from MA with regards to plan and data transfer.	Waiting for data flow agreement. MA will liaise with Data Quality to secure data. Need to plan health professional interviews/involvement	Delays in accessing data	Mar-23	Mar-24	1 4 PN	1	LPCN	delayed

<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>Temba Ndirigu</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 model agreed and recruited. Group met on 16th November. Reviewed initial plan - to consider achievements and plan further. Need fewer tasks. Defer LOPF proposal until WY HNA received.</p>	<p>Group members including PH to pursue options available to gather EDI data; To update HNA 2023 when possible Members to agree what marginalised group they might focus on in their organisation. Seek further support once plan of action clear. Diversity £ use to be wider to support group. Meet again February.</p>	<p>Lack of capacity to take forward project work identified</p>	<p>Oct-21</p>	<p>March 2024</p>	<p>2</p>	<p>1</p>	<p>LPCN</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 Meeting 28th Sept 23 All Initial searches completed. MA To add outcomes to the spread sheets Three practices merging ensure safe storage and access of files. 12 monthly follow up searches continuing. Data being shared with MA. Group met January 25th Follow up searches / reviews started and data being shared with Matthew. Outcomes added to spreadsheet. Files following merger seem to be accessible still To share S1 version of searches with Kath Lambert</p>	<p>12 month follow up continues. MA starting to analyse data. To attend regional meetings quarterly to share experience as required</p>	<p>Tool does not generate useful clinical list of patients approaching EOL</p>	<p>Jan-22</p>	<p>Mar-24</p>	<p>2 1 Popn Needs</p>	<p>1</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. Discussions being held with WYICB regarding possible Inclusion / Health Inequalities funding to support service. Funding Likely</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</p>	<p>Mar-24</p>	<p>2 3</p>	<p>1</p>	<p>Y LPCN Funding To extend for further year Health Inequalities £ Nothing going forward</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>Natalie Sanderson</p>	<p>Gill Pottinger</p>	<p>Survey closed to responses 30th June Numbers of survey returns low - 109 received Return rate from those assumed sent = 8% New project lead agreed. Report of reader group feedback on survey content / format received - mainly positive. Feed back for Registrars received - concerns about timing. Final version published December 2023. Future survey mechanism discussed at January EOL Board. Agreed to pause current method and review other feedback received by partners and Medical Examiner</p>	<p>To consider future survey mechanisms in light of feedback and low returns. Next meeting March 2024</p>	<p>Low response rate</p>	<p>Apr-23</p>	<p>Mar-24</p>	<p>3 Popn Needs 6</p>	<p>2</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. Comments received from LPCN partners. Guidelines finalised and sent to SMOM. Minor amends made following feedback from 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 Once approved via SMOM ensure guidelines are on LHP and website. Being approved for use in LTHT.</p>		<p>Ongoing</p>		<p>3 2</p>	<p>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>Natalie Sanderson</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. TOR approved; still seeking primary care rep. Workshop meeting 5th October. 'Pathway' slides further reviewed and possible actions identified. Service Offers from providers are being developed. EOL Respiratory unplanned activity has been agreed as a citywide priority. Further detailed data to be provided and analysed by EOL Board. Board sub group includes Alison Boland. Seacroft LCP /PCN Project group will undertake clinical review of cases.</p>	<p>Leeds hosted a meeting of the National Palliative Interstitial Lung Disease Group in November. LTHT COPD guidelines including managing breathlessness are being reviewed - led by Suzie Gillon. Notes of 5th October workshop, actions produced and circulated. Service Offer drafts finalised and will be circulated for comment / final amends Seacroft project to undertake clinical review of cases Continuing to support citywide work for Healthy Leeds Plan. Active discussions about need for Palliative Oxygen Therapy guidance and advice. DONM - Feb 2024</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>2</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>Patient information leaflet updated and ready for use 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 4th October. Improvement Plan Updated, some actions finalised and closed. RAG rated. Still need to identify Contact in Dodgson Funeral service. SOP finalised and circulated. November 23 - 2nd new Ambulance now in use!</p>	<p>Poster final amends agreed. To decide if want printed copies via Debbie Borrill Training will be agreed / planned (ongoing) Improvement plan updated YAS yet to start monitoring data on lack of Palliative Care ambulance availability i.e.- "unable to book due to capacity" . May need to be short snap shot by hand. Group to interrogate this data to inform provision of service To arrange meeting Feb and April</p>	<p>Service issues and industrial action may affect capacity</p>	<p>Ongoing</p>		<p>3 W Resources</p>	<p>2</p>	<p>N But YAS / Leeds Ambulance is funded by ICB</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 key areas of work</p> <p>End of Life Admiral Nurse post(s) EOL business case on hold 4 Admiral Nurses are in post across the City with differing remits; hospital discharge and primary care support</p> <p>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. Professional guide for WMTM on LPCN website now.</p> <p>Public engagement has been undertaken at a West Yorkshire level; the report on this work is due soon.</p>	<p>The group will meet twice yearly to review progress and activity.</p> <p>It has been agreed that the next meeting will be face to face with a series of updates presented.</p>		<p>Apr-21</p>	<p>Mar-24</p>	<p>3 2</p>	<p>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>SMOM confirmed they will review latest EIP documents in their February 2024 meeting.</p> <p>The group met on 14/12/23. On this occasion the draft LPCN guidelines review process (including for new suggested guidelines/documents) were accepted. Minor amendment to the community liver & renal guidelines and sent to SMOM for their next meeting and then will be informed when approved and on LHP. Hospital liver & renal guidelines to be approved by LTHT. Raised awareness of Marie Curie Daffodil standards & promotion via Royal Pharmaceutical Society (RPS) with community pharmacies to improve knowledge and support of patients/care givers around P&EoL care. We do not know which pharmacies have signed up to the standards as this is a voluntary choice. Comm Pharmacy WY (CPWY) have since responded to say they will update information regarding the MC-RPS Daffodil Standards on their palliative care service page on their website and include in the next newsletter(s). RPS have not replied to requests for information.</p>	<p>Review documents on LPCN website section (CB and DB)</p> <p>Await responses from SMOM for submitted documents and update the Exec / EIP group at the next opportunity.</p> <p>To review upcoming guidelines for 2024 and discuss at the next EIP</p> <p>Meeting planned for 20/03/24</p>	<p>Delays with receiving comments and reviews of guidelines are meaning Renal and Liver guidelines are pushed back further.</p> <p>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>2</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>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 LTHT PCT) : on hold</p> <p>Group met 1st November 23. Agreement re drugs dispensed on discharge from LTHT to hospice: LC and Lisa Nicholson have completed advice for LTHT prescribers and pharmacy – awaiting approval from Medicines management Clinical group. Potential saving of >£10k and less waste.</p> <p>ED to hospice pathway being revisited and promoted again. To continue with shared waiting list.</p>	<p>LC to circulate guidance and amended ToC referral form (updated in light of this and previous discussion re information required on transfer) for approval by ToC group</p> <p>Dissemination planned for LTHT staff Jan 2024</p> <p>CM To make amends to ED - Hospice pathway if required Hospices will audit transfers</p> <p>Hospices to clarify what they can offer regarding complex care patients</p>	<p>No risks</p>	<p>Ongoing</p>		<p>4 3</p>	<p>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>Seacroft has agreed to be a pilot area for the City wide work on understanding respiratory unplanned admissions, as part of city's Healthy Leeds Plan . (Data showed a high number of unplanned admissions within this locality) A process to undertake a case review of four patients has taken place and the case studies were presented to ICB respiratory city wide meeting. Partners spent time understanding the existing challenges together and framing key areas of focus to be further tested. The LCP has agreed that the remaining underspend is used to create a strong community programme. The programme is taking a tiered approach; with a universal offer of a leaflet delivered to all homes, community grants with a support café as tier 2 and the final tier looking to develop a buddying scheme. Community members directly engaged to ensure a co-production and asset based community development approach.</p>	<p>The core group partners will establish the ongoing infrastructure it will require to maintain support to the EoL partnership in Seacroft and the work it will progress once the project manager leaves at the end of March.</p> <p>This work has been factored into the support and the community work.</p> <p>Morley</p> <p>The work in Morley remains on hold.</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>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>There is ongoing consideration on how to make best use of the remaining money and how we might best link this to the hubs and PCAL.</p> <p>Following meeting with Sarah Mc Dermott- At present the timing is not considered to be right.</p>	<p>Ideas for new ways of how this money could be maximised are needed.</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>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</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. 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. Financial position deteriorating.</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>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>Leigh Taylor Covering</p>	<p>Met with LTHT OD representative to discuss the need for a sustainable model of communication skills training in the trust and capacity to deliver. Meeting with the LAHP to discuss their support in developing a training model that would be delivered across all health/ social care providers in Leeds in palliative and end of life care.</p>	<p>Scope current education provision from all city wide providers. Identify gaps. Form a strategic group to review and update current strategy April 24.</p>	<p>Time/ capacity/ funding</p>	<p>Sep-22</p>		<p>5 W</p>	<p>3</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>	<ul style="list-style-type: none"> - Plan ongoing delivery of training - Agree on facilitators -Deliver training Evaluate 	<p>Leigh Taylor</p>	<p>Leigh Taylor Covering</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. 2023 Training complete</p>	<p>2024 Programme confirmed , flyer distributed. First session Feb 24th fully booked 2023 training complete, report to be developed and circulated.</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>3</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>Leigh Taylor Covering</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 ECHO offer reviewed, agreed a to look to different offer as current offer unsuitable due to current pressures on Primary care and limited time. Good attendance for the 5th AHP session 1 sessions remains, followed by session evaluation. Scoping for further AHP programmes.</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>3</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>
<p>17 Care Home Education Review 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>Leigh Taylor Covering</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. 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>Report circulated to education group for feedback, this will then be circulated to key stakeholders group and brought back to the Exec group with recommendations of next steps.</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>3</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>Leigh Taylor Covering</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. Draft report circulated to Education group, feedback and discussion round recommendations planned for Feb workshop. Suggestions for next steps brought back to Exec team.</p>		<p>Jun-22</p>	<p>ongoing</p>	<p>5</p>	<p>3</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>Leigh Taylor Covering</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. 3 education days held.</p>	<p>6 training dates have been planned. Participants continue to register on the course. 4th Education day fully booked March 24 A further 2 sessions to follow.</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>ongoing</p>	<p>5</p>	<p>3</p>	<p>LPCN</p>	<p>on track</p>
<p>20 LTHT CSW Clinical Educator project To provide EOLC training to 2000 CSW in LTHT and plan for how future refresher training could be sustainably delivered.</p>	<ul style="list-style-type: none"> 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>Claire Iwanisak</p>	<p>Leigh Taylor Covering</p>	<p>410 CSWs have received palliative and end of life care priority training (new to care CSWs (bootcamp) = 267 Speciality & Integrated Medicine wards= 67 Cardio-Resp Wards= 59 Oncology wards= 17 Have sessions booked for the Band 2 CSW oncology study days in May, August to add to numbers of CSWs missed in January Update presented at LPCN group 24th January by Elisabeth Brown</p>	<p>Training to start in Neurosciences clinical service unit in February Planning agenda and send invites out to potential speakers and exhibitors for conference to meet with Oncology event coordinator in February to help with administration tasks. To confirm CSW figures for assignment of priority training on ESR with organisational learning (OL). To meet with OL to discuss E-learning module development Continue to teach on new to care CSW bootcamp Presenting at LTHT CLIC meeting on 21st February.</p>	<p>Low attendance at training (winter pressures)</p>	<p>Aug-23</p>	<p>Jul-24</p>	<p>5</p>	<p>3</p>	<p>LPCN</p>	<p>on track</p>
<p>21 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>A meeting planned for early Dec 23 with the Uni, Sarah Mc Dermott, LCH Palliative Care Leads, Karen Neoh and Moira to have a first look at what the Uni had managed to pull from our data. Unfortunately the Uni Staff cancelled the meeting. Now awaiting responses to Karen's emails regarding rescheduling. They also did not share any analysis with us. The plan was then to firm up what further analysis was needed and re convene the original Anticipatory meds group to look at city wide action based on this data.</p>	<p>Awaiting further information following rescheduled meetings and when data & analysis has been provided Moira will keep Chris updated.</p>	<p>Engagement from all partners</p>	<p>1st Sept 22</p>	<p>TBA</p>	<p>5 4 Meds</p>	<p>3</p>	<p>N</p>	<p>delayed</p>

<p>22 Electronic Prescribing in the Hospice Out Patient / Community setting</p> <p>Improve prescribing and recording of medicines prescribed on System1 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>There is no longer the offer of a pilot with TPP and very little support available. The IT issues that have prevented inpatient and out-patient prescribing have been resolved by TPP Due to capacity, the need to develop S1 knowledge and lack of TPP input we would not be in a position to progress this until the start of the new financial year.</p>	<p>Still remains ON HOLD NB LCH clinicians can now e-prescribe via System1</p>	<p>TPP do not support the project</p>	<p>TBA</p>		<p>5 2 4 Meds</p>	<p>3</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>WY Service has been rolled over until March 2024. Now part of ICB not NHSE.</p>	<p>Plan to review service – not currently sure to what extent. Moira has been asked to be part of the review.</p>	<p>Patient's unable to access medication required.</p>	<p>Apr-21</p>	<p>TBA</p>	<p>5 Meds</p>	<p>3</p>	<p>N</p>	<p>on track</p>
<p>24 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>Natalie Sanderson</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 following meeting with SMcD & DB To consider a relaunch once leaflets and website refreshed. NB Bereavement page added to website.</p>	<p>Review layout , design and content of Website and Bulletin 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 with group in February to review final draft</p>	<p>Services change and leaflet becomes outdated quickly</p>	<p>Apr-23</p>	<p>March 2024</p>	<p>6</p>	<p>4</p>	<p>N</p>	<p>on track</p>
<p>25 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>Robina Ahmed</p>	<p>Sarah McDermott</p>	<p>Dying Matters training delivered on 8th February 2024, by Leeds Bereavement Forum. Details to follow. Ongoing development of Leeds Directory pages on End of life & Bereavement Support.</p>	<p>Continue to support the development of Leeds Directory Pages. Plan the next Dying Matters partnership Meeting. Plan Dying Matters week 2024 with DM Partnership.</p>	<p>Loss of Leeds Bereavement Forum and impact on Partnership.</p>	<p>Ongoing</p>		<p>7</p>	<p>4</p>	<p>Y LPCN and ICB 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 Initial discussions about plan / aspirations for reporting. Paper to EOLC Board in Dec 23 to secure support for focus on ACP data and enabling AUPC access to data to help analysis</p>	<p>Ongoing work to determine how best to report once additional data flowing into LDM.</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</p> <p>Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<p>- Full Metrics Report Produced - Understand links to other metrics / information systems (EG RAIDR) -EPaCCS report flowing routinely every quarter - Metrics agreed for next Leeds Strategy - Add 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. Can now access data for all deaths - not just Planning Ahead. LTHT ReSPECT Data transfer has been added to Schedule 6 of the LTHT contract Data now flowing from LTHT.</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. • To understand when LTHT data can be added to local reports.</p>	<p>LTHT data not yet 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>on track</p>