



LEEDS PALLIATIVE CARE NETWORK										 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 and by the EOL Board.							Chair Name: A Hurlow		Start Date: April 2023		End Date: March 2024				
	Mar-24														Progress
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. Published article completed 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; Final report now expected March 24 Published article in Resuscitation Journal.		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. The identification of patients with P EoL 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 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. Quantitative 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>Met February 28th February Work to review LD ACP documents shared - To continue as sub group To discuss further opportunities to scope out current EOL EDI activity and projects across Leeds Understand what data is collected against protected characteristics WY Healthwatch report shared. To invited to next meeting. Shared learning from regional training - Sheffield ACP pages and pastoral care.</p>	<p>Group members including PH to pursue options available to gather EDI data; HMCC, TN and DB too meet to discuss future work plan. Seek further support once plan of action clear. Diversity E use to be wider to support group. Meet again April</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>	<p>- Secure funding to support the project - Establish working group - Agree resources required – Exec Lead, GP clinical leads, academic evaluation, data quality - Gain agreement to undertake project from National EARLY Team - Clarify scope, agree methodology and project plans - Appoint GP's to undertake project - Agree PCN and practices that will be within initial project phase - Review / Audit existing tool performance within Practices - Modify Tool as required - Test Modified Tool in same practices. - Review and adjust as required - Academic review of process, findings and report produced - Agree next phase and roll out into Primary Care if tool effective and validated</p>	<p>Gill P</p>	<p>Gill Pottinger</p>	<p>Bids to Regional SCN and Leeds Ageing Well funds successful Agreement to go ahead and develop a local search tool 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 Meet again in April 2024</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>Funding: WY ICB have allocated funding for 1 year starting April 2024 Temporary Peer navigator post: currently discussing the role, LCH keen to now make this a permanent post. Education: kindly funded by the LPCN. 2 sessions left, great feedback from attendees, these sessions have resulted in the identification of new referrals. CNS Katie Longbottom commenced Non Medical Prescribing course</p>	<p>Working on data outcomes with the WY ICB Decision to be made around peer navigator post Start to evaluate education element of the service</p>	<p>The service does not have substantive funding Peer navigator role is not made permanent, which will reduce capacity in the team.</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 £ 1 year WYICB non recurrent</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% Natalie Leaving - Require new Project Group lead. Agreed to pause current method and review other feedback received by partners and Medical Examiner Met in March 24. LHT and hospices have significant quality assurance feedback Still need to understand LCH / community and care home position. Medical Examiner now member of group and willing to support.</p>	<p>To consider future survey mechanisms in light of feedback and low returns. Understand community feedback mechanisms and care home position. Next meeting May 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>	<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.</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 Guidelines approved via SMOM. Ensure guidelines are on LHP and website.</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. Meeting of Group Feb 2024 Service Offers completed - to go onto LPCN website. Still require Neighbourhood Teams and Primary Care. Action list reviewed and updated. Palliative Oxygen guidance drafted and out for review. EOL Respiratory unplanned activity has been agreed as a citywide priority. Seacroft LCP /PCN Project group undertook clinical review of cases and presented story as Seacroft priority area - IMD1 Citywide workshop identified potential contributing factors - hypothesis Board sub group includes Alison Boland. Request to review cases via Integrated MDT - Alison B considering.</p>	<p>LHHT COPD guidelines including managing breathlessness are being reviewed - led by Suzie Gillon. Seacroft project to consider next steps - ? Case coordinator Continuing to support citywide work for Healthy Leeds Plan. Palliative Oxygen Therapy guidance and advice Draft to be finalised. Then to go to EIP group for SMOM approval. To prioritise next actions on list at next meeting. Consider case review via Integrated MDT.</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 LHTH 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>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 SOP finalised and circulated. Feb 24 Improvement plan updated Still need to identify new contact at Dodgson Funeral Directors for support if death in transit. This may impact on SOP advice.</p>	<p>Poster final amends agreed. To decide if want printed copies via Debbie Borrill Training will be agreed / planned (ongoing) Improvement plan updated Unable to monitor declined requests but new hub means less likely now - no recent cases. Identify new named link at Wm. Dodgson Funeral Directors To arrange meeting 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 has agreed to meet twice a year to discuss key areas of work including: Upcoming and current projects End of Life Admiral Nurse post(s) 4 Admiral Nurses are in post across the City Advance Care Planning – the My Future Wishes document has been reviewed at an ICS level and the easy read version will be reviewed after this. Public engagement has been undertaken at a West Yorkshire level by Healthwatch; the report is now available.</p>	<p>The group will meet twice yearly to review progress. It has been agreed that the next meeting will be in July and will be held 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>EIP met on 20/03/24 and updates to all active guidelines were provided</p> <p>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. - SMOM reviewing currently and expect to approve in the April24 meeting</p> <p>Hospital liver & renal guidelines to be approved by LHHT.</p> <p>Daffodil standards were promoted through the CPWY Newsletter 25/1/24 and added to the palliative care service gateway page - EIP group informed on 20/03/24</p> <p>Symptom Mgmt. in Heart Failure (JW) approved by SMOM March24 and asked CB to communicate to LHP for publication. To go on LPCN website.</p>	<p>Review documents on LPCN website section (CB and DB) Await responses from SMOM for submitted documents and update the Exec / EIP group at the next opportunity. LPCN Guidelines coming up for review in 2024 are: 1. Using morphine and other opioid painkillers to treat moderate to severe pain in palliative care patients 2. Guidance on prescribing and administering drugs for syringe drivers in the last days of life in the community (Defer to 2025) 3. Opioids for Breathlessness in Advanced Disease Other: • Palliative oxygen therapy Guidance currently being finalised - with Jane Slough • Yorkshire Symptom Mgmt. Guidelines - after long delays is now expected to be approved March24 • Medicines Optimisation Guidance for Adult Patients with a Limited Prognosis - added to guidelines log</p>	<p>Delays with receiving comments and reviews of guidelines are meaning Renal and Liver guidelines are pushed back further. 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</p> <p>To identify and work towards eliminating delays in the transfer of care, from hospital to hospice, of patients receiving palliative and end of life care.</p>	<p>- Refresh Terms of Reference - Refresh the SOP for the referral process - Agree new areas for improvement and prioritise Current key work streams are: - 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>	<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 LHHT PCT) : on hold</p> <p>Group met 1st November 23. Agreement re drugs dispensed on discharge from LHHT to hospice: LC and Lisa Nicholson have completed advice for LHHT prescribers and pharmacy – approved for use. 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>• Partners plan to monitor ambulance transfers at weekends for 3 months (1.4.24- 30.6.24) to clarify if Ambulance capacity impacting on patient transfers • Agreed that we are reverting back to previous admission criteria to Hospice EoL beds (nurse led beds). Continuing with joint waiting list but clearly communicating that these are suitable for patients who have a prognosis of around 2 weeks. • Amended Agreement re medication supplied on discharge - no issues highlighted re this change so far. LHHT hope to monitor impact over next year to attempt to quantify this once imbedded in practice. CM To make amends to ED - Hospice pathway if required</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 - 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 evaluation of the project, with a stakeholder survey and qualitative assessment of lessons learnt taken place. Seacroft has acted as a pilot for the City wide work on understanding respiratory unplanned admissions. Four case studies have been analysed looking for areas of improvements and protective factors. After discussion with the COL Population Board, this has informed 4 main areas of focus: anxiety, self-management, care co-ordination and local knowledge. The LCP has agreed that the remaining money will support the sustainability of the project; ensuring the core group are supported and offering citizens a tiered approach of support. This includes the development of Dying Well in Seacroft material which is being co-designed with the local community.</p>	<p>Evaluation report will be presented to CPiG in April. The core group partners will establish the ongoing infrastructure it will need to maintain to support the EoL partnership in Seacroft. Funding to further support end of life care is being considered by the PCN. The first "Life and Loss" bereavement café is planned for April. Morley Conversations about progressing the work in Morley have been restarted.</p>	<p>Lack of capacity and resources to share learning to benefit wider population.</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 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 a business case for investment will be required. Consider how best to maximise efficiency between partners 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 and across the system. 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 LHOT 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 face to face session completed Feb 24th Next session planned for May 2023 training report to be 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</p> <p>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. Planning meeting booked. AHP Physio and OT sessions complete. Evaluation day April 24. 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</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>	<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 Feedback received and report updated. Report to be circulated to the Care home Education stakeholders. Following this a workshop will be planned for 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>	<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>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 received and report updated, and circulated to exec team. Plan for education team to discuss recommendations and next steps in next Education meeting.</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>	<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>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. 4 training days complete and 2 remain, next training date May 24</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 LHTH CSW Clinical Educator project 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>Leigh Taylor Covering</p>	<p>Training now started in urgent care CSU. A further 78 CSWs trained in March. 30% CSW trained to date. Booking now open (26/3) for CSW conference on 26th June – promoted to CSUs Draft agenda for conference with confirmation of speakers with representation from LPCN including Wheatfields hospice and Palliative care clinical quality lead, LCH & EoLC Care Home facilitators</p>	<p>Start CSW training in abdominal medicine and surgery (AMS) CSU from w/c 15th April To promote training to all CSUs for CSWs to attend. To promote CSW SUPPORT champions conference Continue to provide training on new to care CSWs boot camp Development of E-learning package with Organisational Learning (OL) OL to assign CSW priority training on ESR/Training interface</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>	<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 Neeh</p>	<p>Chris Bonsell</p>	<p>• Slipped due to Leeds University project resource being withdrawn due to capacity • Meeting held 1.2.24 with hospice project leads and LCH Palliative Care Leads to review the data and next steps</p>	<p>• Data to be shared by hospice project leads with LPCN anticipatory medicines group for review and to help inform guidance • Awaiting confirmed timeframe. Moira will keep Chris updated. Feb24 - no further update on this yet</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 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>Requires adequate hospice capacity Lack of TPP input</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 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 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>See prior months updates Feb 24 Group met. New Patient and Carer Leaflet finalised, shared with group and sent to LPCN Executive. 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 Approved leaflet at March Executive To add to website as separate page. Develop draft easy read version at the same time -KS.</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 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>Dying Matters Partnership meeting has taken place. The partnership is supporting the promotion of Dying Matters week May 2024. Promote Dying Matters survey during DM week. Leeds Bereavement forum has delivered Free Bereavement Training. Leeds Bereavement Forum have ceased operation. Death Café's taking place across Leeds Updating Leeds Directory with End of Life planning and bereavement services.</p>	<p>Public Health to create a comms plan and resources pack to be shared with Dying matters partnership. All DM Partnership members to promote DM week. Want to know more about Dying Matters- Webinar to run in May 2024 by Public Health Leeds. Dying Matters Exhibition to take place at Leeds Museum https://museumsandgalleries.leeds.gov.uk/events/leeds-city-museum/living-with-death/ Several DM events to take place across the city</p>	<p>Considering impact of Leeds Bereavement forum ceasing operation. Considering impact of discontinuation of ICB Dying Matters funding.</p>	<p>Ongoing</p>	<p></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></p>	<p></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 LHHT ReSPECT data to citywide report once flowing - Undertake LHHT ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>• Work between ICB in Leeds and LHHT PPM+ team ongoing regarding building LHHT ReSPECT data into citywide EPaCCS report. Can now access data for all deaths - not just Planning Ahead. LHHT ReSPECT Data transfer has been added to Schedule 6 of the LHHT contract Data now flowing from LHHT.</p>	<p>• Need to revise Planning Ahead report in light of refined Primary Care / Community DSA and LHHT data. • Liaise with Population Board about strategic metrics • Will need to monitor ICS metrics plans also once agreed. • To understand when LHHT data can be added to local reports.</p>	<p>LHHT data not added to report.</p>	<p>Ongoing</p>	<p>?</p>	<p>Popn Needs</p>	<p></p>	<p>LPCN for LHHT ReSPECT data transfer</p>	<p>on track</p>