


LEEDS PALLIATIVE CARE NETWORK													 Leeds Palliative Care Network	
PROGRAMME OVERVIEW 2024 / 2025														
Objective:		Key to Progress Status On track On hold Delayed Off track				Key to Programme Priority Project Education Workstream				Chair Name: A Hurlow Start Date: April 2024 End Date: March 2025				
May-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 1-4	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 May 24 Published article in Resuscitation Journal.		Apr-21	Dec-23	1 PN	1	LPCN	off track		
2 Improving Planning Ahead (ReSPECT/EPaCCS), its use and reporting Improve personalised approach to planning ahead through use of What Matters to Me, ReSPECT and EPaCCS Increase the use of Planning Ahead template across Leeds Providers to improve 1. The identification of patients with P&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 McDermott	Gill Pottinger	Planning Ahead Task and Finish Group actions related to the new Information Standards reviewed 29.4.24 • New tab using new 'emergency health care plan' code drafted for approval – to focus on management of bleeding and seizures and local Leeds guidance • New code 'review of advance care plan' to replace assessments needs in section 9 of the ReSPECT Plan • Summary view to be updated accordingly • Liaison between T&F group reps, LCH clinical records team and ICB data quality manager agreed to progress these changes. Easy read information for WMTM and ReSPECT added to LCH Planning Ahead Version and being added to Primary Care version. Delivering training for new community ReSPECT signatories (see below). NB Sarah member of National ReSPECT Group	Frailty work looking at possibility of read and write ReSPECT being available to via Leeds Care Record. Linked to Home First programme • Further update with Megan Rowlands (Home First) in early April • Testing of the new Frailty Plan within hospital settings planned but slow – Next steps group will be established in due course and include exploring ReSPECT plan read write access Finalise emergency health plan work on Planning Ahead template.	Lack of shared record results in risk that the ReSPECT Form seen is not the most recent.	Jan-21	Mar-25	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 providers	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. Martel is working on an improved data sharing agreement. This will enable sharing of more data. The plan is to be able to run the data again in August for AUPC to then work on in September.	Waiting for data flow agreement. MA will liaise with Data Quality to secure data. New data agreement to finalise July. Data transfer in August. Analysis commences September. Need to plan health professional interviews/involvement	Delays in accessing data	Mar-23	Mar-25	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. Agree future actions Secure new lead</p>	<p>Temba Ndirigu</p>	<p>Heather McClelland</p>	<p>Met April 24 Work to review LD ACP documents ongoing via sub group WY Healthwatch report presented Opportunities to scope out current EOL EDI activity and projects across Leeds - to seek project support Understand what data is collected against protected characteristics - info shared from BI To consider what EDI EOL training might be beneficial Sub group met to oversee and plan (HMcC). Actions agreed. Take proposal that EOL could be next group for citywide Equality Delivery System (Em Campbell) EDI page on website started.</p>	<p>Consider project support to scope out baseline EDI activity Sub group actions re possible EDI training to follow up LD subgroup continuing to meet re ACP Attend WY workshop on 1st May (TN) Sub group met to oversee and plan (HMcC). Actions agreed. Diversity £ use to be wider to support group.</p>	<p>Lack of capacity to take forward project work identified</p>	<p>Oct-21 March 2025</p>	<p>2 1</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>Project progressing as planned Follow up reviews being carried out 12 months after first searches. Data being transferred to AUPC. Questionnaire developed to understand experience from GP practice staff perspective of Timely tool Sharing tool with Harrogate colleagues</p>	<p>12 month follow up continues. MA starting to analyse data. To attend regional meetings quarterly to share experience as required Next meeting 25th July 2024</p>	<p>Tool does not generate useful clinical list of patients approaching EOL</p>	<p>Jan-22 Mar-25</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 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>	<ul style="list-style-type: none"> -Work with partners 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>TBA</p>	<p>Gill Pottinger</p>	<p>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 LTHT and hospices have significant quality assurance feedback LCH / community and care home - to clarify position. Medical Examiner now member of group and willing to support. future work Actions from last survey agreed and documented</p>	<p>To consider future survey mechanisms in light of feedback and low returns. Understand community feedback mechanisms and care home position. Finalise and agree action plan for 22/23 survey Next meeting June 2024</p>	<p>Low response rate Lack of agreed process Lack of Lead</p>	<p>Apr-24 Mar-25</p>	<p>3 Popn Needs 6</p>	<p>2</p>	<p>Y Core LPCN Funding</p>	<p>on track</p>

<p>7. Respiratory /Breathlessness Pathway</p> <p>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 any amendments made, updated service specifications etc.</p>	<p>Alison Boland</p>	<p>Vicky Hogg</p>	<p>TOR approved; still seeking primary care rep. 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 agreed. PCN to also host MDT for same case reviews.</p>	<p>LTHT COPD guidelines including managing breathlessness are being reviewed - led by Suzie Gillon. Seacroft project to consider next steps - ? Case coordinator for PCN 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. DB attending EOL / Respiratory steering group Survey and MDT planning.</p>	<p>Lack of clinical capacity to engage will result in limited action</p>	<p>Apr-24</p>	<p>Mar-25</p>	<p>3</p>	<p>2</p>	<p>Wheatfield's Consultant Post Funding to LTHT for learning event</p>	<p>on track</p>
<p>8. Leeds Palliative Care Ambulance</p> <p>To provide support to the Operational Group and deliver service improvements identified</p>	<p>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 24/25 (Contracting and Commissioning is with WY ICB - Lisa Bentley)</p>	<p>Gareth Sharkey</p>	<p>Lesley Charman</p>	<p>May 24 New Palliative care ambulance referral number distributed via Ambulance Group. The new number is 0330 678 4172. Leaflet and Poster will need updating. Funeral Director contact made and agreed to join the group Improvement plan updated for Q4. Priorities for next year agreed - Training, Visit Funeral Directors, Establish links with new contact NB TOC group monitoring weekend transfers</p>	<p>Update Leaflet and Poster with new number Training will be agreed / planned (ongoing) Improvement plan for 24/25 to be agreed next meeting DBor to meet new contact at Wm. Dodgson Funeral Directors (Wendy Speight) Decide if Activity Report required quarterly</p>	<p>Service issues and industrial action may affect capacity to attend meetings and deliver service</p>	<p>Ongoing</p>		<p>3 W Resources</p>	<p>2</p>	<p>N Leeds Ambulance is funded by ICB</p>	<p>on track</p>
<p>9 Evidence into Practice / Research</p> <ul style="list-style-type: none"> Overseeing the development, review, approval and dissemination of clinical guidelines relevant to palliative and end of life care To encourage adoption across Leeds of the guidelines produced and agreed Share the learning from clinical audits undertaken locally Consider research findings and incorporate into best practice where appropriate. 	<p>Establish Group Agree Terms of Reference including membership Re-establish Guideline review process Start to consider research and Audit evidence. Invite academic colleagues from UoL to discuss research</p>	<p>Chris Bonsell</p>	<p>Chris Bonsell</p>	<p>Next EIP meeting on 06/06/24 and review/updates on all guidelines progress 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 approved in the April24 meeting and sent to LMOG then for publishing on LHP Symptom Mgmt. in Heart Failure (JW) approved by SMOM March24 and shared with LHP for publication (June24, with LHP in process) Leeds Opioid Conversion Guide For Adult Palliative Care Patients - Extended to May 2027 as per LHP Guidance on prescribing and administering drugs for syringe drivers in the last days of life in the community Extended 12m as agreed in EIP group (Mar24)</p>	<p>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 a. patient feedback suggested to be sought - raised at EIP meeting 6/6/24 2. Opioids for Breathlessness in Advanced Disease a. raise in EIP Sept24, not due until Nov24 Other: • Palliative oxygen therapy Guidance currently being finalised - with Jane Slough • Yorkshire Symptom Mgmt. Guidelines - after long delays is now high on the ICB chief pharmacists radars (x3) after emails with David smith and Elaine Boland , some responses , expected to be approved soon (tbc) • Medicines Optimisation Guidance for Adult Patients with a Limited Prognosis - added to guidelines log , review tbc</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>Ongoing</p>	<p>3 5 Meds</p>	<p>2</p>	<p>N</p>	<p>on track</p>

<p>10 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>	<p>Current key work streams are: - Monitoring TOC data to inform new work streams - Optimising transfer process in conjunction with ambulance group - Proactively identify cost / time saving opportunities and implement - Regular review of organisational identified themes / issues to identify new workstream / task and finish projects - Adapt to new / unpredicted challenges to patient flow – horizon scanning and acting on information from other LPCN groups - Trusted Assessor Model – (on hold)- scope and consider Leeds model to facilitate transfers to hospices OOH</p>	<p>Lesley Charman</p>	<p>Lesley Charman</p>	<p>Hospital PCT ED In-reach project: Has improved ED Transfer / turnaround. Data on number of patients transferred to hospice challenging to capture Cost saving QIP – partners agreed implementation of amended guidance re reduction in drugs transferred with patients – Implemented March 2024. Potential saving of >£10k and less waste. Project shortlisted for Oncology CSU award. Partners monitoring for any issues with transfers at weekends OOH- to report back June 2024 Trusted Assessor Model Task and Finish group (WFH, SGH and LTHT PCT) : on hold last discussed November 23. ED to hospice pathway being revisited and promoted again. To continue with shared waiting list. Amendment to informal agreement re nurse led bed admissions- continue shared waiting list, revert back to accepted criteria re admission criteria</p>	<p>Raise issue regarding syringe drivers and instances at SGH of where there has been no record of what prescribed drugs are in the driver. Liaise with LTHT Consultant Team/CSU and Head & Neck nurses for insight into why the number of tracheostomy patients has significantly reduced since COVID. Record weekend bookings for a 3 month period starting 1 April 2024. Agreed to log the number of palliative care ambulances booked and if appropriate times were offered or not and the outcome for the patient. Propose that the 2-4 weeks prognosis timescale is reviewed and changed to nearer 2 weeks. Effectiveness of communications between hospice and LTHT on a weekend and the approach to ensure the “most in need” patients are prioritised for Hospice care ED transfer process and if there is an opportunity for ED to raise the profile of the Hospices in LGI.</p>	<p>No risks</p>	<p>Ongoing</p>		<p>4 3</p>	<p>3</p>	<p>N</p>	<p>on track</p>
<p>11a Leeds Dying Well in the Community Phase 2 Service Offer / Integration project To work collaboratively within LCP to learn how services might be redesigned</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>Seacroft The evaluation of the project, with a stakeholder survey and qualitative assessment of lessons learnt took place with the final evaluation report complete. The first “Life and Loss” bereavement café in Seacroft was held. The core group partners have established the ongoing infrastructure it will need to maintain to support the EoL partnership in Seacroft.</p>	<p>Funding to further support end of life care is being considered by the PCN. 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-25</p>	<p>4 3</p>	<p>3</p>	<p>Y NR</p>	<p>on track</p>
<p>11b Leeds Dying Well in the Community Phase 2 Scoping a P&EOL SPA for Leeds To gather intelligence from across Leeds, ICS and nationally to determine the preferred service model for a SPA in Leeds</p>	<p>Phase 2 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>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. 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-25</p>	<p>4 3</p>	<p>3</p>	<p>Y NR</p>	<p>on track</p>
<p>11c Leeds Dying Well in the Community Phase 2 Adequate Resources 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 - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed.</p>	<p>Ruth Gordon</p>	<p>Sarah McDermott</p>	<p>High level information about the Dying Well Project shared with the board and via the LPCN annual Report. Financial situation for Health economy challenging with no new proposal being funded at this time. ICB's required to make efficiency savings on their running costs 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-25</p>	<p>4 3</p>	<p>3</p>	<p>Y NR</p>	<p>on track</p>
<p>12 Communication Skills Training To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care</p>	<p>- meet with the LAHP to discuss support for the project - outline current communication skills training provision - to who, how and what level and identify gaps</p>	<p>Trish Stockton</p>	<p>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 2024. Initial Plan - Scope current communication skills training provision throughout the city.</p>	<p>Time/ capacity/ funding</p>	<p>Sep-22</p>		<p>5 W</p>	<p>3</p>	<p>N</p>	<p>on track</p>
<p>13 Planning Ahead Training To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<p>- Plan ongoing delivery of training - Agree on facilitators - Deliver training - Evaluate</p>	<p>Leigh Taylor</p>	<p>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. 2nd Face to face training completed in May 24 2023 training report, 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>14 Tele-education (including ECHO) To continue to deliver and develop the use of ECHO / tele-education in Leeds</p>	<p>- Continue to deliver established programmes - to programmes in response to workforce development need - evaluate and amend accordingly to maintain high standard of education - develop feedback reports</p>	<p>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. Jane Chatterjee and Jason Ward move from core team, to support as subject experts as required</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 completed. 1 further session to be organised of communication and connection across the city. Group suggested further programmes for peers. Ongoing 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>15 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>	<p>- Establish Care Home Education 'Core LPCN Projects' group - Agree TOR - Scope out current Education offer and agree training gaps - Agree Actions required to meet education need identified</p>	<p>Trish Stockton</p>	<p>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. Workshop planned June 11th 24 to discuss 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-25</p>	<p>5 W</p>	<p>3</p>	<p>N</p>	<p>on track</p>
<p>16 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>17 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. 4 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 May session cancelled due to lack of numbers. Session booked for September, to be extended to those living in west Yorkshire.</p>	<p>Time/ capacity</p>	<p>Jun-22</p>	<p>Mar-25</p>	<p>5</p>	<p>3</p>	<p>LPCN</p>	<p>on track</p>
<p>18 LHHT CSW Clinical Educator project To provide EOLC training to 2000 CSW in LHHT 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>A further 107 CSWs trained in May. 41% CSWs have now received face to face palliative care priority for LHHT. Meeting with organisational learning 7th May – have formally agreed to assign CSW priority training on ESR.</p>	<p>SUPPORT champions conference 26th June Continue face to face sessions dates up to September to promote to all Clinical Service Units Continue to teach on new to care CSW Bootcamp Development of e-learning module</p>	<p>Low attendance at training</p>	<p>Aug-23</p>	<p>Jan-25</p>	<p>5</p>	<p>3</p>	<p>LPCN</p>	<p>on track</p>
<p>19 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>Moir Cookson Karen Neoh</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. Moir will keep Chris updated. Feb 24 - no further update on this yet</p>	<p>Engagement from all partners Capacity of clinicians</p>	<p>1st Sept 22</p>	<p>TBA</p>	<p>5 4 Meds</p>	<p>3</p>	<p>N</p>	<p>off track</p>

<p>20 Carer / Family Information on website To improve useful information available to the public</p>	<p>Agree purpose and likely content for this work Develop content Build page and information leaflets Promote website</p>	<p>Emma Marshall</p>	<p>Vicky Hogg</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. Leaflet page added to website Hard copies of Leaflet ordered.</p>	<p>Review layout , design and content of Website and Bulletin Approved leaflet at March Executive On website as separate page. Distribute hard copies Develop draft easy read version at the same time - KS.</p>		<p>Apr-23</p>	<p>March 2025</p>	<p>6</p>	<p>4</p>	<p>N</p>	<p>on track</p>
<p>21 Dying Matters Partnership 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 Matter week took place 6-10th May. Comms plan & resources were created by PH Leeds & shared with DM partnership, End of Life Board and Age Friendly partnership to promote via their networks during DM week. Daily Dying matters post have been posted on social media through DM Week. Want to know more about Dying Matters- Webinar took place in May. Dying Matters Exhibition is currently taking place at Leeds Museum, further details in the link above. Pluto Productions preformed Homeward Bound play in Leeds. The play was free of charge. Press release also took place to promote the play. New Dying Matters resources available at Leeds Museum. "The Great Mortality - Black Death in Yorkshire 1348-1350" Event took place at Leeds Museum. "The Crossing" an exhibition at the museum designed to help people think about, talk about and plan an end of life celebration, also took place at Leeds Museum. Several DM events took place across the city. LHTH staff having more conversation around DM.</p>	<p>Next DM Partnership meeting arranged for 18th June 2024. Monitor reach of Dying Matters Awareness Week 2024 Campaign</p>	<p>Considering impact of Leeds Bereavement forum ceasing operation. Considering impact of discontinuation of ICB Dying Matters funding.</p>	<p>Ongoing</p>		<p>7</p>	<p>4</p>	<p>N Funding ended</p>	<p>on track</p>
<p>22 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 2025</p>	<p>Popn Needs</p>			<p>on track</p>
<p>23 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 LHTH ReSPECT data to citywide report once flowing - Undertake LHTH ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>LHTH ReSPECT Data transfer has been added to Schedule 6 of the LHTH contract Data now flowing from LHTH. Can now access data for all deaths - not just Planning Ahead.</p>	<p>• Need to revise Planning Ahead report in light of refined Primary Care / Community DSA and LHTH data. • Liaise with Population Board about strategic metrics • Will need to monitor ICS metrics plans also once agreed. • To understand when LHTH data can be added to local reports.</p>	<p>LHTH data not added to report.</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Popn Needs</p>		<p>LPCN for LHTH ReSPECT data transfer</p>	<p>on track</p>