

LEEDS PALLIATIVE CARE NETWORK

PROGRAMME OVERVIEW 2024 / 2025



Objective: To capture progress of the LCPN projects and work during 2024 - 2025 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.	Key to Progress Status <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #6aa84f; padding: 2px 5px;">On track</div> <div style="background-color: #0070c0; padding: 2px 5px;">On hold</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #e69d00; padding: 2px 5px;">Delayed</div> <div style="background-color: #d9534f; padding: 2px 5px;">Off track</div> </div>	Key to Programme <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #e69d00; padding: 2px 5px;">Priority</div> <div style="background-color: #6aa84f; padding: 2px 5px;">Project</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #0070c0; padding: 2px 5px;">Education</div> <div style="background-color: #0070c0; padding: 2px 5px;">Workstream</div> </div>	Chair Name: A Hurlow Start Date: April 2024 End Date: March 2025
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Jun-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 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 Planning Ahead template Emergency Health Care plans for Seizure and Bleeding added to Planning Ahead template for community primary care and hospices. 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 via Leeds Care Record. Linked to Home First programme 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 All Information Standards Actions now complete.	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	
1B 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>2 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 Provide oversight and support to EoL EDI agenda</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 and other resources Attend WY workshop on 1st May (TN) Diversity £ use to be wider to support group.</p>	<p>Lack of capacity to take forward project work</p>	<p>Oct-21 March 2025</p>	<p>2</p>	<p>1</p>	<p>LPCN</p>	<p>on track</p>	
<p>2B Review LD Resources and other supporting documents for people requiring PEOLC</p>	<p>Establish T&F group Review existing ACP documentation and agree what is required in Easy Read Format Document identified resources Prioritise for Easy Read and develop those where gaps agreed</p>	<p>Sarah McDermott</p>	<p>Heather McClelland</p>	<p>Group established and meeting Met 12th June to discuss further documents and update spread sheet further Actions allocated across group members Easy read docs in development via all partners</p>	<p>Meet in September. Focus on: Advance care planning – LHTH have a leaflet in draft that Kathleen will bring Planning for your future care – LHTH have a leaflet in draft that Kathleen will bring End of Life Care and Support in Leeds – Beth and Kathleen to develop ahead of the meeting.</p>		<p>Apr-24</p>	<p>Mar-25</p>	<p>2</p>	<p>1</p>	<p>on track</p>	
<p>2C Review and agree possible training related to EOL and EDI</p>	<p>Establish T&F Group Discuss and share known existing training for EDI Agree actions required</p>	<p>Heather McClelland</p>	<p>Heather McClelland</p>	<p>Group established Met 29th May 24 To review Leeds Health and Care Academy/Skills for Health platform. Consider existing Cultural Competency Training Look at train the trainer training Liaise with Leigh Taylor What other EDI training?</p>	<p>Feedback to EDI group. Arrange follow up meeting.</p>		<p>Apr-24</p>	<p>March 2025</p>	<p>2</p>	<p>1</p>	<p>on track</p>	
<p>2D 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>3 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</p>	<p>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>4 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 	TBA	Gill Pottinger	<p>Natalie Leaving - Require new Project Group lead. Sarah McDermott considering. Agreed to pause current method and review other feedback received by partners and Medical Examiner</p> <p>Met 4th June 24 LTHT and hospices have significant quality assurance feedback LCH / community and care home - no specific P&EoLC qualitative feedback Medical Examiner now member of group and willing to support future work Actions from last survey agreed and documented. Plan developed</p>	<p>To consider future survey mechanisms in light of feedback and low returns.</p> <p>Liaise with Medical Examiner about support.</p> <p>Take actions agreed in response to 22-23 survey.</p> <p>Next meeting September 2024</p>	<p>Low response rate Lack of agreed process Lack of Lead</p>	Apr-24	Mar-25	<p>3 Popn Needs 6</p>	<p>2</p>	<p>Y Core LPCN Funding</p>	on track
<p>5. 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 any amendments made, updated service specifications etc.</p>	Alison Boland	Vicky Hogg	<p>TOR approved; still seeking primary care rep.</p> <p>Service Offers completed - On LPCN website. Still require Neighbourhood Teams and Primary Care. Met 5th June Action list reviewed and updated. Palliative Oxygen guidance finalised. Advise added about taking blood gases. To go via EIP to SMOM</p> <p>EOL Respiratory unplanned activity has been agreed as a citywide priority. Board sub group includes Alison Boland. Case review workshop held (LPCN supported) and survey open. Initial case review report shared with Jill Holmes re Community Matron role.</p>	<p>LTHT COPD guidelines including managing breathlessness are being reviewed - led by Suzie Gillon.</p> <p>Continuing to support citywide work for Healthy Leeds Plan.</p> <p>Palliative Oxygen Therapy Guidance To go to EIP group for SMOM approval. Once approved share with community and primary care with service offers.</p> <p>LTHT to develop breathlessness page on website. To review access to equipment next time. Consider developing POT podcast Add research to future agenda Promote breathlessness videos</p> <p>DB attending EOL / Respiratory steering group Survey and MDT planning. Agree next steps / business case.</p>	<p>Lack of clinical capacity to engage will result in limited action</p>	Apr-24	Mar-25	3	2	<p>Wheatfield's Consultant Post Funding to LTHT for learning event</p>	on track
<p>6. Leeds Palliative Care Ambulance 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>	Gareth Sharkey	Lesley Charman	<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 WY ICB Contract manager attends meeting. NB TOC group monitoring weekend transfers</p>	<p>Update Leaflet and Poster with new number</p> <p>Training will be agreed / planned (ongoing)</p> <p>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>	Ongoing		<p>3 W Resources</p>	2	<p>N Leeds Ambulance is funded by ICB</p>	on track

<p>7. 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 / Update Guideline review process Develop guideline tracker 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>EIP met on 06/06/24 and review/updates on all guidelines progress Renal & liver (community) guidelines now hosted on LHP. Leeds Opioid Conversation Guide for Adult Palliative Care Patients – review date extended to 2027 as previously agreed. Other guidelines: Patient Information Leaflet - Using morphine & opioid painkillers to treat moderate to severe pain in palliative care patients. LN advised that an easy read version of the leaflet should be produced. Kathleen is the LTHT link to the LPCN Leaflet Review Group. SMC agreed to add the leaflet to the LD list of priorities at the Leaflet Review Group. Leeds Symptom Management Guide for Heart Failure – DB advised this guidance is still not available on Leeds Health Pathways though it is available on the LPCN website. To continue chasing. Palliative Oxygen Therapy Guidelines – these are now finalised and will be circulated to the Group with the minutes of the meetings. CB will arrange for the guidance to progress through SMOM.</p>	<p>Next EIP meeting tbc Sept24 LPCN Guidelines coming up for review in 2024 are: Using morphine and other opioid painkillers to treat moderate to severe pain in palliative care patients - to sign off via Ian Hirst (MEDs III. LTHT) Opioids for Breathlessness in Advanced Disease raise in EIP Sept24, not due until Nov24 Other: Yorkshire Symptom Mgmt. Guidelines - awaiting approval from WY ICB David Smith; approved by NHY already link: https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/05/A-Guide-to-Symptom-Management-in-Palliative-Care-v8-Approved-by-HNY-IPMOC-February-2024.pdf 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>Opioids for Breathlessness in Advanced Disease – due for review in November. This review is already underway by LTHT (Susie Gillon/Lisa Nicholson) and will be circulated to the LPCN Respiratory Group in the first instance. Guidance for Patient or Carer Administration of Subcutaneous Medication (Palliative Care) – SMC advised that this is due for review and sits as an Appendix within LCH Drugs Policy which is also due for review SMC meeting with Chris Toothill, Pharmacy Lead in LCH to progress. SMC advised that the document should continue to be hosted on the LPCN website but the branding - LCH or LPCN will be further discussed. Confirmation the standard review cycle for guidelines is 3 years.</p>								<p>on track</p>
<p>7B 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 Neoh</p>	<p>Chris Bonsell</p>	<p>Slipped due to Leeds University project resource for analysis being withdrawn due to capacity Karen Neoh has shared the Anticipatory Medication audit 2024; the retrospective data was collected for patients who died between September – November 2022. See document for full details and conclusion. It was calculated an estimate of £4652.92 in wasted medications for this group of patients. If it is representative of the population it would be approximately £19,387 over the three month period.</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. Restart the Anticipatory Medicines Task & Finish Group to take forward the findings and recommendations of the anticipatory medicines audit once the report is finalised. Next steps from the Audit: To better understand the re prescription of medications and its impact we could do a case study, process map or time in motion around a patient who needs medications re prescribing so other agencies better understand the impact. Presentation of these results and further discussion with key stakeholders are required to discuss which medications are standard and number of ampoules dispensed</p>	<p>Engagement from all partners Capacity of clinicians</p>	<p>1st Sept 22 Restart June 2024</p>	<p>TBA</p>	<p>5 4 Meds</p>	<p>3</p>	<p>N</p>	<p>on track</p>

<p>8 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>Current key work streams are:</p> <ul style="list-style-type: none"> - 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>Lesley Charman</p>	<p>Lesley Charman</p>	<p>Hospital PCT ED In-reach project: Has improved ED Transfer / turnaround. Data on patients transferred to hospice challenging to capture ED now recording transfer to hospice data</p> <p>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.</p> <p>Partners monitoring transport for any issues with transfers at weekends OOH- to report back August 2024</p> <p>Trusted Assessor Model Task and Finish group (WFH, SGH and LTHT PCT) : on hold last discussed November 23.</p> <p>ED to hospice pathway being revisited and promoted again. ED staff rotate and ensure both LGI + SJUH staff are aware of pathway</p> <p>Amendment to informal agreement re nurse led bed admissions- continue shared waiting list, revert back to accepted criteria re admission criteria</p> <p>Considering 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</p>	<p>Liaise with LTHT Consultant Team/CSU and Head & Neck nurses for insight into why the number of tracheostomy patients has significantly reduced since COVID.</p> <p>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.</p> <p>Agree that the prognosis timescale has reverted to around 2 weeks.</p> <p>Ongoing discussion re use of ToC meeting for all partners</p>	<p>No risks</p>	<p>Ongoing</p>		<p>4 3</p>	<p>3</p>	<p>N</p>	<p>on track</p>
<p>9a 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>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.</p> <p>A presentation on the ongoing community work is planned for CPIG in July.</p> <p>Over Summer 2024 a final report will be drawn together, and this will be presented to a final meeting and celebration event of CPIG in early Autumn 2024.</p> <p>Morley</p> <p>Conversations about taking work forward in Morley have not progressed</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>9b 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>At present the timing is not considered to be right and funds are held by LPCN.</p>	<p>Over Summer 2024 a final report will be drawn together, and this will be presented to a final meeting and celebration event of CPIG in early Autumn 2024.</p> <p>The remaining money from this project await ideas on how this money could be maximised.</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>9c 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.</p> <p>Consider how best to maximise efficiency between partners</p> <p>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.</p> <p>Financial situation for Health economy challenging with no new proposal being funded at this time.</p> <p>ICB's required to make efficiency savings on their running costs and across the system.</p> <p>Financial position remains challenging and requires further efficiency savings.</p>	<p>Conversations with the Board about increasing Community resource ongoing</p> <p>Aware that resources are limited and that a process for scheme consideration (value propositions) has been developed by ICB in Leeds.</p> <p>None can be approved at this time until funding for ICB in WY and Leeds improves.</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>10 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.</p> <p>Form a strategic group to review and update current strategy 2024.</p> <p>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>11 Planning Ahead Training 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 	Leigh Taylor	Leigh Taylor Covering	<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. 2023 training report, circulated. 2 Face to face sessions completed with good feedback. Potential dates for 2025 circulated to facilitators.</p>	Capacity of facilitators to train and workforce being able to attend the training due to pressures.	Jan-21	ongoing	5 W	3	Y NR	on track
<p>12 Tele-education (including ECHO) 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 	Leigh Taylor	Leigh Taylor Covering	<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. Ongoing scoping for further AHP programmes</p>	Capacity of facilitators to train and workforce being able to attend the training due to other pressures.	Ongoing		5 W	3	Y ECHO support team recurrent	on track
<p>13 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 	Trish Stockton	Leigh Taylor Covering	<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 completed on June 11th. Plan to work on recommendations achievable with current resources. Follow up workshop 5-6months.</p>	Time and capacity of Key stake holders, staff and carers due to work pressures.	Jun-21	Mar-25	5 W	3	N	on track
<p>14 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 	Leigh Taylor	Leigh Taylor Covering	<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>		Jun-22	ongoing	5	3	N	on track
<p>15 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. 	Nicky Hibbert	Leigh Taylor Covering	<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. 5 training days complete and 1 remains Session booked for September, to be extended to those living in west Yorkshire.</p>	Time/ capacity	Jun-22	Mar-25	5	3	LPCN	on track

<p>16 LTHT CSW Clinical Educator project</p> <p>To provide EOLC training to 2000 CSW in LTHT 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>The 'SUPPORT Champions' conference was successfully held at the Bridge Community Church on June 26th, with an impressive attendance of 45 Band 3 Clinical Support Workers.</p> <p>A total 770 (47%) clinical support workers have received palliative care training to date</p>	<p>Evaluation and follow up with SUPPORT champions following pledges</p> <p>Continue to roll out Palliative Care Priority Training to all Clinical Service Units</p> <p>Continue to deliver training at new to care CSW bootcamps</p> <p>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>17 Carer / Family Information on website</p> <p>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.</p> <p>Bereavement page added to website. Leaflet page added to website Hard copies of Leaflet distributed to providers. LCH -500, LTHT - 300, Hospices-50, Primary Care - 500 Other patient / family leaflets on website as own page to further improve accessibility.</p>	<p>Review layout , design and content of Website and Bulletin</p> <p>Leaflet approved at March LPCN Executive On website as separate page. Hard copy distributed to providers. Await feedback from frontline staff on leaflet use. Order more as required.</p> <p>Develop draft easy read version at the same time -KS and BW (see 2B above)</p>		<p>Apr-23</p>	<p>March 2025</p>	<p>6</p>	<p>4</p>	<p>N</p>	<p>on track</p>
<p>18 Dying Matters Partnership</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:</p> <ul style="list-style-type: none"> - Stakeholder and community Engagement - Building Capacity - Communications and Marketing - Supporting communities dealing with grief and bereavement <p>The work is coordinated by the Leeds Dying Matters Partnership</p>	<p>Robina Ahmed</p>	<p>Sarah McDermott</p>	<p>Planning next Dying matters Partnership meeting, to include:</p> <p>Reviewing Dying Matters resources with Sarah McDermott</p> <p>Update & review of DM week activities.</p>	<p>Next Dying Matters Partnership meeting on 9 July 2024</p> <p>Collate Dying Matters week activities undertaken by Dying Matters Partnership.</p> <p>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>19 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>20 EOLC Metrics</p> <p>Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<ul style="list-style-type: none"> - 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>Adam Hurlow</p>	<p>Adam Hurlow</p>	<p>LTHT ReSPECT Data transfer has been added to Schedule 6 of the LTHT contract Data now flowing from LTHT.</p> <p>Can now access data for all deaths - not just Planning Ahead.</p>	<ul style="list-style-type: none"> • 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>LTHT data not added to report.</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Popn Needs</p>		<p>LPCN for LTHT ReSPECT data transfer</p>	<p>on track</p>