

**Leeds Palliative Care Network
Group Meeting**

Actions of the meeting held on Wed 8th July 2020

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Trish Stockton	TS	LPCN Education & Research Lead	SGH
Moira Cookson	MC	LPCN Medicines Management Lead	SGH/SRWFH
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Sue Waddington	SW	LPCN Clinical Executive Team Member	SRWFH
Gill Warner	GW	Clinical Service Manager	
Tom Daniels	TD	Senior Commissioner	CCG
Julie Marshall-Pallister	JMP	Community Clinical Nurse Specialist	SRWFH
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Elaine Hill	EH	Director	SRWFH
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Andrea Dobson	AD	Head of Continuing Care	LCC
Liz Messenger	LM	Head of Public Health (Older People)	LCC
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Ellie Harrison	EH	Artistic Director	The Grief Series
Anna Turzynski	AT	Senior Producer	The Grief Series
Jessica Sweet	JS	People and Projects Producer	The Grief Series
Apologies			
Mike Stockton	MS	Director/Consultant and Chair	SGH/LPCN
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Clare Russell	CR	Head of Transformation	SGH
Dave Green	DG	Head of PTS Service & Standards	YAS
Debbie Borrill	DBo	Palliative Care Discharge Facilitator (Strategic Lead)	LTHT
Jim Barwick	JBa	Leeds GP Confederation	GPConf
Sarah McDermott	SMc	LPCN Clinical Executive Team Member	LCHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Valerie Shaw	VS	Head of Community and Day Services	SGH

No.	Action	Lead(s) for action
1. Welcome and Apologies		
	Adam welcomed everyone to the Meeting and introduced himself as the new Chair of Leeds Palliative Care Network. This is the first meeting of the Group since January as the March and May meetings had to be cancelled due to Covid-19 Apologies were received as shown above	
2. Approval of Previous Action Log and Matters arising		
	The Notes of the Meeting held on 22 nd January 2020 were approved as a correct record. Matters arising 154 – Out of Hours portal – There has been no further update on this. TD agreed to find out the current situation - action	

155 – The internal bid form was circulated	
156 – The PID for the Community Flows Improvement Project was circulated	
157	Tom Daniels to check if there is any update on the out of hours portal
	TD

3. Chair's Update

Adam reflected that although Covid-19 had meant that many of the LPCN workstreams and projects had been put on hold, there had been an effective and coordinated response to the crisis, such as swiftly publishing symptom management guidelines on the LPCN website, supporting those dying in the community and care homes, support to LYPFT and the setting up of oversight groups where issues could be escalated quickly. New ways of working were implemented by everyone in a very short space of time.

It was suggested that the continuing hard work and commitment of the staff should be formally acknowledged by the LPCN. The members strongly supported this and Adam agreed to write a paragraph thanking staff which could then be circulated. - **action**

Annual Report

The LPCN Annual Report has now been finalised and submitted to NHS Leeds CCG. Copies have been sent to the signatories to the Memorandum of Understanding and members of the LPCN Group. The report can now be found on the LPCN website using the link below.

<https://leedspalliativecare.org.uk/wp-content/uploads/2020/07/LPCN-Annual-Report-2019-20.pdf>

Adam thanked everyone who had been involved in providing content for the report.

158	Adam to write a formal thank you to staff, as Chair of the LPCN, which could then be circulated.	AH
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4. Risk Register and Issues Log

Risk register – Most of the risks on the register concern capacity of the LPCN to progress the projects

- Education Workstream – funding has been secured to create additional capacity to support this work. Discussions are now underway to work out how this should best be implemented.
- Dementia & EoLC project lead – Ruth Gordon has been secured as a project lead – this risk can now be closed – **action**
- Coronavirus has been added to the Register since January

Issues Log

- Palliative Care Ambulance - There have been no updates from YAS regarding procurement of the new Ambulance.
TD agreed to find out if there is any further information. – **action**
It was also agreed to change the name of the Lead for the issue from Mike Stockton to Tom Daniels on the system Issues Log - **action**
- ReSPECT – the community/primary carer hospice version was launched in April. There is still a lot of work to do to link electronic systems supporting ReSPECT within the city and region but it is a positive that it launched during Covid. Lots of training has taken place, catch up sessions are planned for GPs on acp and communication skills. Phase 2 training is on hold as it needs to be reviewed.
There is need to be mindful that there has been some concern from the public and in the press nationally about ReSPECT being used to make blanket decisions for vulnerable groups. Involving the patient has always been central to the process in Leeds
The hospital has audited ReSPECT plans completed in April and it was reassuring that the proportion that were made with a patient with mental capacity, as opposed to for a patient who lacked mental capacity, had increased. There was also an increase in younger and BAME patients completing the forms.
- Medication shortages – during Covid there has been a lot more activity from the CCG medicines management team liaising with pharmacies to monitor stock. This is continuing. There are still some problems at weekend, hospice staff are doing a lot more prescribing.
- Syringe drivers. – There have been significant ongoing problems with the syringe drivers, steps have

been taken to mitigate this and version 3 drivers are not being used in the community. Heather raised this at the regional ECLiHP meeting and the experience of other areas was mixed. The issue was taken to the national ECLiHP meeting and Hospice UK have sent out a questionnaire to gauge the national picture.

McKinley have sent a response to Sue Waddington asking for further information about the internal set up of the drivers which she has passed to Gerry Holliday at LTHT medical physics.

A letter from the LPCN to MHRA is outlining the serious impact of the issues is currently being drafted by Moira and should be ready to send by the end of July.

The new drivers are being piloted on the oncology ward in LTHT and information being collected.

The Group agreed as much pressure as possible should be used to resolve the issues as problems with the drivers in the community directly affects the ability to support people to die at home. Equally the previous drivers are now nearing 10 years old and may begin to fail with no replacement fit for purpose.

HMc agreed to send the details of the Hospice UK contact who sent out the survey to LC - **action**

159	Risk 3 – No project lead for the Dementia & EoLC workstream from April 2020 to be closed and removed from the live Risk Register	DB/AS
160	Tom Daniels to check if there is an update on procurement of the Palliative Care Ambulance.	TD
161	Mike Stockton to be removed from the Lead for Palliative Care Ambulance on the System Issues Log and replaced with Tom Daniels.	DB/AS
162	Heather to send details of the Hospice UK survey contact to Lesley	LC

5. Finance Report

The end of year finance report was circulated with the meeting papers. There were no issues.

Adam informed the members that he had had confirmation that the funding for the LPCN was now recurring in the NHS Leeds CCG budget.

6. Strategy Development Update

The LPCN has been working on a new strategy as the previous one ended in 2019. High level strategic aims have been developed and a summary of progress against the goals to date. These have been sent to Penny Allison at NHS Leeds CCG who has agreed to edit the document.

A further meeting of the PEOLC Strategy Advisory Group is planned for 14th July but TD will review this and may postpone the meeting.

The strategy was developed before the Covid-19 outbreak and the 5 year strategy outcomes remain the same. The response to Covid has seen barriers broken down and some changes made rapidly out of necessity. Hopefully this progress will not be lost and will support delivery of the outcomes.

7. Programme Update

Education – Project work has been put on hold over the last 4 months due to Covid but a huge amount of education has taken place. There has been really good collaborations between partners and tele education, remote learning and the LPCN website have been widely used.

Training has taken place on symptom management, verification of expected death, advance care planning and infection control. Training was given to staff preparing to work at the Nightingale hospital. Further ReSPECT training is being planned and sessions for care homes around grief and loss.

The model for delivering training has changed significantly moved largely online. The website has been an important resource.

The Education Group is meeting tomorrow (16th July) and will discuss the new education role and priorities for the group over the next year.

Metrics - The preparation of the EPaCCS report was put on hold by the CCG due to Covid. It is now actively being chased as it is also needed by Primary Care colleagues.

The issues with receiving data in a timely manner have been ongoing and represent a risk to the delivery of the strategy outcomes.

EoLC is now in the Leeds Left Shift blueprint and has metrics against it. The need to report at a citywide level also highlights the importance of getting the data promptly.

It was agreed to add obtaining metrics data to the LPCN Systems Issues Log - **action**

Bereaved Carers' survey – Healthwatch have completed the first draft of the report and this was discussed by

the group at their meeting on 13th July. The final report is due in September and the group will then begin to look at the survey for next year. Mental Health services have been invited to explore being involved.

Community Flows Improvement Group – The LPCN is working with Leeds Beckett to look at how we can use resources in the best way possible in the community and optimise interaction with the hospital. A large stakeholder event was originally planned could not go ahead. The group have been considering options to recreate this online in the Autumn. The outcomes from stakeholder engagement may drive a lot of the work linked to the strategy.

Medicines Management – The collaborative response to Covid has helped some of the projects in this workstream. Guidelines were produced and commented on in a timely manner, useful links were made with the CCG Medicines management team and prescribing guidelines for Care Homes with Nursing were rapidly amended.

163	Timely receipt of Metrics data to be added to the LPCN Systems Issues Log	DB/AS
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8. Presentation from The Grief Series

Ellie Harrison gave an informative presentation about The Grief Series which uses art as a prompt for people to talk about grief and loss. Ellie gave an overview of some of the projects provided through the series such as The Unfair and The Crossing and outlined some experiences of working with groups and communities. She highlighted the importance of the non-clinical setting and that conversations which happened after the events themselves. (slides attached)

She updated the Group that a large event called All that Lives is planned for Leeds in 2023. This will draw on some of the concepts of the Mexican Day of the Dead to engage the city in conversations about death, grief, loss and remembrance.

The LPCN was asked to support the Grief Team to make connections by sharing information about them widely through the Networks and LPCN social media, and also to consider providing some funding towards the All that Lives Project.

Information about The Grief Series can be found on their website www.griefseries.co.uk

9. Dying Matters Update

Liz Messenger gave an update about the work of the Dying Matters Partnership. She highlighted how encouraging communities to have conversations about dying and supporting them to do so, was key to achieving outcome 7 of the new Strategy.

As a result of Covid Dying Matters had to refocus a lot of its work and many of the Dying Matters Week events could not go ahead. The message needed to be more sensitive due to Covid and the focus switched to comms and marketing about planning ahead and considering what would happen if people fell ill.

A poster previously used by LTHT was redesigned and made available to download and promoted through a social media campaign. This still linked to the national programme and tied in with the national message.

Virtual death cafés were piloted and worked successfully, a programme has now been planned.

14 community grants were originally awarded, due to Covid 12 of them paused the planned activities but 2 went ahead. Case studies are currently being written.

Following the Health Needs Assessment Refresh a focussed campaign targeted men and BAME communities through community radio.

An organisation called Lippy People collected vlogs on love loss learning and legacy. These were storytelling videos about the participants’ experiences.

A new partner called Calm and Centred joined the Partnership as a community interest project to work with the community in Chapeltown.

Liz agreed to circulate the action plan for information - **action**

164	Liz to circulate the dying Matters Action Plan to the Group	EM
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10. Members’ Updates /Future meetings

LCH - It is still a challenging time for the Neighbourhood Teams supporting the Care Homes. There has been an increase in those choosing to stay at home which has an impact on teams like the Night Service.

Sue Ryder Wheatfields – The CNS teams are still very busy and doing a lot more prescribing. The hospice is now looking at what the 'new normal' will be.

St Gemma's – Community Teams are still busy supporting the care homes. Normal business for hospice is now picking up again.

LTHT – Still busy as the community 'resets'. Referrals to the Palliative Care Team are getting back to normal numbers.

Care Homes (Villa Care) – Staff are still feeling challenged. New ways of working have speeded some things up new ways of working but it is challenging to be forced to change.

Future meetings have been finalised as below:

Wed 23 rd September 2020	10 - 11:30
Wed 25 th November 2020	10 - 11:30

Meetings are currently being held via zoom and joining details are circulated shortly before each meeting.