


LEEDS PALLIATIVE CARE NETWORK						 <b>Leeds Palliative Care Network</b>	
PROGRAMME OVERVIEW 20 /21							
Objective:	To capture progress of the LCPN projects during 20 -21 To enable monitoring of achievement and provide targeted support where required.				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #6aa84f; color: white; text-align: center;">on track</div> <div style="border: 1px solid black; padding: 2px; background-color: #0070c0; color: white; text-align: center;">on hold</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e69d00; color: white; text-align: center;">delayed</div> <div style="border: 1px solid black; padding: 2px; background-color: #c00000; color: white; text-align: center;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; background-color: #999999; color: white; text-align: center; margin-top: 5px;">complete</div>	Lead Name: Adam Hurlow	A Hurlow
					Start Date: March2020	April 2020	End Date:March2021
<b>December / January 2021 Update</b> Given the Covid -19 pandemic and impact on frontline capacity it is recognised that some projects have slipped over the recent months. All Project Groups continue to meet virtually and progress work where possible.							Progress
Project title and Purpose	Key Milestones	Project Lead	Update	Start date	End date	Funding?	add from dropdown
<b>Education and training</b>							
<b>1. Palliative and EoLC Learning Outcomes</b> Ensure a consistent approach and standard is used for delivery of EOLC education that is evidence based.	-Map city wide education to the outcomes where relevant. -Provide guidance on different ways to use; -Evaluate the impact of using the outcomes. - Leeds input to Regional work; benchmarking CNS roles to outcomes	Trish Stockton	Prof Taylor has undertaken an evaluation of how the outcomes are currently being used in Leeds and what challenges there are to implementation. The EOLC outcomes are now in the Professional section of the new LPCN website as a key place to access, they have been updated to include the Nurse Associate role. CNS mapping completed and they are being used regionally through ECHO programme; The plan is to formulate some guidance on how to use them in practice and also to use them to map against training content.	Jul-17	Ongoing	N	on track
<b>2a Communication Skills Training</b> To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care	- 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	Trish Stockton	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.	Oct-20	Mar-21	N	on track
<b>2b Communication Skills Training</b> To deliver consistent and high quality training in communication skills for EOLC across Leeds - Strategy and Programme Content	-Update current training material. -Refresh Communication Skills Strategy	Trish	The training material is currently being developed to be delivered on line for the foreseeable future. To discuss training more facilitators with the education group.		Mar-21		on track
<b>3 Planning Ahead Training</b> To deliver training to all partners who will use the Planning Ahead Template across Leeds	- Establish Planning Head Training group -Agree training required and cohorts to train - Develop training programme - Agree who will deliver programme , dates etc. -Delivered training - Monitor and Evaluate	Trish	Training group Established Cohorts agreed and training being planned	Jan-21	Mar-22		on track
<b>4. ECHO System</b> To develop, support and promote a tele-education system citywide. (incl GP's, Care homes, EOL Teams and NHS Trusts).	- Engage with national roll out for use of ECHO -Secure Funding for staff time to support project -Complete training for initial ECHO team -Citywide Engagement event -Agree next steps and roll out -Start first ECHO course -Evaluate ECHO use -Agree next stage roll out - Recruit Admin Support	Jane Chatterjee	Commenced 2nd GP programme Feb 2020. ECHO Co-ordinator - currently vacant but will go out to recruit in March21 CNS regional ECHO programme completed and evaluated. SGH is the hub to deliver EOLC training for HSW's across WY&H - facilitators involved from the Leeds in delivering the training Discussions with key people about using the Hub for other areas of training e.g. Frailty and also working other regional hubs. Significant ECHO/ tele-education use during Covid -19 outbreak to enable access to training virtually	Sep-17	Mar-21	Funding made recurrent for ECHO Support Team	on track

Patient Experience & Quality Improvement							
<p><b>5 EOLC Metrics</b> 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"> <li>- Full Metrics Report Produced</li> <li>- Understand links to other metrics / information systems ( EG RAIDR)</li> <li>-EPaCCS report flowing routinely every quarter</li> <li>- Further Metrics agreed for next Leeds Strategy</li> <li>- Continue to pursue interoperability and influence LCR</li> </ul>	Adam Hurlow	<p>Hospital attendance and admissions in last 90 days data now available</p> <p>Metrics for Left Shift Blue Print Proposed to CCG. These will be same as in Strategy Document.</p> <p>2019-2020 EPaCCs Annual Report Received and published on website. Q1 2020-21 Received. Planned dates for remaining report production this year provided Q2 report provided and shared.</p>	ongoing	Mar-21	N	on track
<p><b>6. Improving EPaCCs, its use and reporting</b> Increase the use of EPaCCs across Leeds Providers to improve the coordination and management of Palliative &amp; EOL Care.</p> <p>To improve the reporting of EPaCCs data to further improve use, monitor EOL outcomes and inform system planning.</p> <p>To include the use of and access to the <b>ReSPECT</b> document and process. (Recommended Summary Plan for Emergency Care and Treatment)</p>	<ul style="list-style-type: none"> <li>-Develop PPM+ version of EPaCCS template and reports.</li> <li>-Pilot PPM+ version</li> <li>-LTHT launch</li> <li>-Explore options for shared palliative care view within Leeds Care Record</li> <li>-PC information leaflet updated and implemented</li> <li>-EPaCCs User Feedback</li> <li>-Patient consultation</li> <li>-Evaluate EPaCCs to inform further quality improvements required</li> <li>-Fully Review EPaCCs tool</li> </ul>	<p>Sarah McDermott</p> <p>Matthew Allsop</p>	<p>LTHT EPaCCs developed within ReSPECT; in use Reports development in progress.</p> <p>Primary Care added the ReSPECT form to current EPaCCS template in both System 1 and EMIS to support need for increased ACP and improve communication across system. LCH colleagues implemented same from end of April 2020. GP Training on ACP and use of ReSPECT ongoing</p> <p>ReSPECT programme reviewed; planning ahead template and education groups to resume; Comms plan in discussion with public health.</p> <p>Planning Ahead working group revising template and version 3 Respect form. What Matters To me Public Health led template included. Finalised and approved, launched across community 26.1.21. GP training video completed. LCH x2 Planning Ahead training videos in development for Signatories and general awareness.</p> <p>Agreement that hospices will lead development of senior clinician ReSPECT signatory training to support Planning Ahead template launch - in March April.</p> <p>Public awareness Comms plan in discussion with public health.</p> <p>Final report provided. Clarifying process used to determine ethnicity profile.</p>	Sep-17	Mar-21	N	on track
<p><b>7. Improving EOL care data within the Leeds data set</b> To expand the EOL data available for future analysis and planning by adding hospice data.</p>	<ol style="list-style-type: none"> <li>1. Meet with the Leeds health and care Informatics team</li> <li>2. Agree what hospice data should be included within Leeds data set from both St. Gemma's and Wheatfields</li> <li>3. Agree how data will be collected / flow</li> <li>4. Check all IG requirements are covered including any additional data sharing agreements</li> <li>5. Consider other useful data that might be included - e.g. CHC fast Track data.</li> </ol>	Mike Stockton	<p>Additional data sharing agreement may be required- Simon Harris reviewing the need for this.</p> <p>update: 15.02.21</p> <p>Final format of the data agreed by cohort (Simon Harris, Souheila Fox, Susheel Sharma, TD, Danny Yates)</p> <p>Frequency agreed (Monthly)</p> <p>Next Steps: Setup the dataflow 0195 document with DSCRO DSCRO to setup up the DLP platform Both Hospices are in a position to provide the data - just awaiting the DSCRO process sign off.</p>	Jul-19	Mar-21	N	on track
<p><b>8. Provision of 50 additional Syringe Drivers to core care providers</b> To improve patient care and experience through increasing availability and access to equipment required for effective symptom management</p>	<ul style="list-style-type: none"> <li>- Meet with LTHT medical Physics to explain bid and agree purchasing process</li> <li>- Order Syringe Drivers and lock boxes</li> <li>- Transfer fund to LTHT</li> <li>- Finalise numbers required with each provider</li> <li>- Medical Physic to check and label devices</li> <li>- Distribute to Providers</li> <li>- Work collaboratively as a system to manage risks and issues</li> </ul>	<p>Diane Boyne</p> <p>Liz Rees</p>	<p>Discussions via email in light of Covid 19 outbreak. Agreed to use syringe drivers in inpatient wards due to battery life risk in community. 35 = LTHT; 2=LYPFT; 7= St. Gemma's; 6= Wheatfields All Equipment delivered.</p> <p>Ongoing concerns across all providers about V3 of the T34 - e.g. life of battery. Monitor impact.</p> <p>LCH still short supply. Partners lending V2s On system issues log.</p> <p>New Field Safety Notice resulting need to use specific Duracell batteries, monitor when in use and not put in use those not yet started.</p> <p>Since the meeting in October the 3rd Edition Syringe Drivers have been released for use by the MHRA as long as used with the correct Duracell battery.</p> <p>LTHT are now gradually starting to put their supply into clinical practice within Oncology.</p> <p>LTHT have released 4 drivers for use in community.</p> <p>To agree date for further releases to LCH.</p> <p>Monitoring performance of 3rd edition model to understand battery length etc.</p> <p>Submission on behalf of system to BD regarding the replacement process. (201 in total)</p> <p>System to maintain collaborative working.</p>	<p>01/04/2019</p> <p>Sept 20</p>	<p>30/05/2020</p> <p>March 21</p>	Y CCG Pipeline Bid	on track
<p><b>9. Bereaved Carer's Survey:</b> To gain feedback on experience of EOLC delivered from carers of recently deceased patients.</p>	<ul style="list-style-type: none"> <li>-Work with Healthwatch on design, promotion and analysis</li> <li>-Review and refine survey for scientific rigour</li> <li>-Finalise survey to be delivered annually with CCG funding</li> <li>-Agree distribution process and dates for survey</li> <li>-Analyse returned surveys</li> <li>-Produce annual report of findings</li> </ul>	<p>Liz Rees</p> <p>Helen Syme</p>	<p>A unified quality measure for city proposed. Healthwatch to help calculate.</p> <p>2019-20 report approved, published and is on websites and has been distributed widely.</p> <p>Agreed to defer next survey until Spring 2021 given Covid impact and time required to plan and revise.</p> <p>Group Met on 27th January 2021; agreed to review the survey in terms of the information we wish to obtain and also look at a wider distribution of the survey in order to improve response rates. Healthwatch need to gain approval to add this to workplan but keen to support</p>		Mar-21	Y Recurrent funding Request annually	on track

Workforce & Service Development							
<p><b>10 Transfer of Care - Hospital to Hospice</b> To improve the transfer of patients between hospital and hospices to improve continuity of care and patient experience.</p>	<ul style="list-style-type: none"> <li>- Monitor impact of daily patient transfer meeting process.</li> <li>- Agree new areas for improvement and prioritise</li> <li>- Refresh Terms of Reference</li> <li>- Monitor ED transfer pathway impact</li> </ul>	<p>Lesley Charman</p>	<p>Meeting Dates Set for 2019-20. Priorities will be: <b>Hospital : Hospice</b> - Optimise use of Hospice EOLC Beds - Monitoring implemented changes and TOC data. - Scoping Trusted Assessor Models - Silver Command responses - ED TOC project To review and update the TOC process guidance following - ongoing. Catherine Malia to meet with ED consultants regarding ED TOC process. Hannah leading the Trusted Assessor pilot. LPCN Executive have agreed that Lesley Charman will now take on leadership for this workstream.</p>	<p>Oct-19</p>	<p>Mar-21</p>	<p>N</p>	<p>on track</p>
<p><b>11. TOC - Community Flows Improvement</b> To improve the transfer of patients between all providers to improve continuity of care and patient experience</p>	<ul style="list-style-type: none"> <li>- Establish new working group</li> <li>- Agree Scope for the project</li> <li>- Agree TOR including membership</li> <li>- Understand current service provision / models of care</li> <li>- Agree best way to improve model of care</li> <li>- Agree actions required and way forward</li> <li>- Implement changes agreed.</li> </ul>	<p>Ruth Gordon</p>	<p>A series of 8 meetings have been held to map the current Whole System for end of life care in Leeds. We had attendance from over 100 professionals; with particularly good attendance at the meetings focused on primary care and care homes. The feedback from these events will be analysed by LBU to produce a more detailed map and understanding of the current system by the end of February. Healthwatch has produced a draft report on the 31 responses to the survey and the work on describing 15 case studies. The aim is to develop recommendations from a better understanding about the experiences of people caring for those at the end of their life.</p>	<p>Oct-19</p>	<p>Mar-21</p>		<p>on track</p>
<p><b>12. Improving EOLC for people with Heart Failure</b> To improve the quality of care for patients with advanced heart failure in Leeds</p>	<ul style="list-style-type: none"> <li>- Re-establish project group links with LTHT Cardiology and Community Heart Failure Nurses</li> <li>- Agree priorities for 19/20 workplan</li> <li>- Map Leeds against Hospice UK recommendations and identify gaps</li> <li>- Put in place activity monitoring process</li> <li>- Check staff confidence via self efficacy scale</li> <li>- Deliver update / refresh training as required</li> </ul>	<p>Jason Ward</p>	<p>Report with recommendations written and circulated. Funding to support MDT and further Quality Improvement work agreed by CCG for 2019-20. Meeting to agree high level plan for 19/20 complete. Review against Hospice UK standards ongoing. Guidance on S/C diuretics in community implemented. Reviewing guidance - see Medicines</p>	<p>Apr-19</p>	<p>Mar-21</p>	<p>Y Recurrent funding</p>	<p>on track</p>
<p><b>13. Leeds Palliative Care Ambulance</b> To provide support to the operational Group and deliver service improvements identified</p>	<ul style="list-style-type: none"> <li>- Agree the new Terms of Reference</li> <li>- Establish formal reporting into LPCN</li> <li>- Develop Quarterly Activity Report for LPCN</li> <li>- Develop a Stand Operating procedure for the service</li> <li>- Ensure SOP is adopted by YAS formally</li> <li>- Agree service improvement plan for 20/21 (Contracting and Commissioning with CCG)</li> </ul>	<p>Dave Green</p>	<p>SOP added to LHP - staff view only Training to crew delivered. Investigating virtual training options. Still pursuing procurement of replacement ambulance. YAS now liaising with manufacturer about internal design and specification. Service promotional Poster and information leaflet produced. To support YAS with distribution. Activity Reports being received regularly. Ongoing discussion about how to receive patient feedback. YAS to create Palliative Care Ambulance page on their website using leaflet content. Group met on 8th December. Actions regarding website, training and ambulance replacement continue slowly due to Covid demands on capacity.</p>	<p>Apr-19</p>	<p>Mar-21</p>	<p>Y CCG funded service</p>	<p>on track</p>
<p><b>14. Improving EOLC for people living with Dementia</b> 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"> <li>-Secure funding for project lead</li> <li>-Establish a citywide project group</li> <li>-Develop project plan for priorities agreed.</li> <li>-Establish links with regional/ national groups</li> <li>-Identify gaps in workforce and propose solutions</li> <li>-Share Evidenced Base Practice</li> </ul>	<p>Ruth Gordon</p>	<p>The End of Life Dementia group continues to deliver three key work streams: <b>End of Life Admiral Nurse</b> post(s) for Leeds – a subgroup has produced a bid for funding for Admiral nurses hosted by LCH as they are in the best position to support these roles for the Leeds system. This has been approved by the LPCN subgroup and is now seeking approval from the LPCN executive. <b>Pain and symptom group</b> met recently and are developing a process to put together a bid for a grant to do a systematic review on the use of symptom assessment tools in practice. <b>Advance Care Planning</b> – the LPCN sub-group agreed that one more meeting of this sub group was needed to identify any further work and dovetail in with the regional work being led by the ICS</p>	<p>Jan-18</p>	<p>Mar-21</p>	<p>Pipeline bid</p>	<p>on track</p>

Medicines Management							
<p><b>15. Anticipatory Medications</b> To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<ul style="list-style-type: none"> <li>- Audit of S/C medication administered in last days of life</li> <li>- Present Results to Anticipatory Meds Group</li> <li>- Discuss issues identified at National Anticipatory Study Days</li> <li>- Review Anticipatory Syringe Driver Guidance</li> <li>- Identify next Steps</li> </ul>	Moira Cookson	<p>To undertake a further 3 month audit within LCH: Audit form redesigned and approved by PCL's at LCH Karen Neoh briefed PCL's about form completion. Audit to commence Jan 2020 for 3 months to include pre and post death medication quantities Anticipatory Syringe Driver Guidance redrafted as appendix to LCH last days of life guidance. To circulate to LPCN Group once comments received from working group. First Audit work being presented as Poster to Palliative Care Congress - March 2020; was cancelled. Develop link with Ben Bowers (Cambridge) to share learning through audit work and influence national agenda. Capacity within LCH due to Covid requires project to be temporarily put on hold</p>	Sep-17	Mar-21	N	on hold
<p><b>16. Review and Refresh Existing Guidance</b> Ensure all existing and approved guidance is updated within agreed timescales and redistributed across the system</p>	<ul style="list-style-type: none"> <li>- Ensure all approved guidance have review dates agreed</li> <li>- Establish review groups for guidelines as required</li> </ul> <p>Review and update Liver and Renal Guidance</p> <p>Review and Update Heart failure Guidance</p>	Moira Cookson  Rachel Sorley  Jason Ward	<p>Ongoing</p> <p>Previous author group met to update documents. Minor amends required. Moira to update community renal guidance in line with above document. Circulated to LPCN group for comments; documents amended in light of comments received. Rachel to agree amends with Liver and Renal teams and share final document. Final amends made; waiting for formal approval prior to being added to LHP and website.</p> <p>Y&amp;H guidance requires updating. Jason has agreed to lead this for Leeds as Y&amp;H author group no longer exists</p>	Ongoing  Sept - 20	Mar-21  Mar - 21	N	on track
<p><b>17 Electronic Prescribing in the Out Patient / Community setting</b> Improve prescribing and recording of medicines prescribed so reducing risk of medication error</p>	<ul style="list-style-type: none"> <li>- Produce internal LPCN bid for funds to support pharmacist time</li> <li>- Link with TPP to identify if System One developments required in order to plan timescale of project</li> <li>-Produce Leeds Hospices Community Formulary</li> <li>- Implement EPS to allow paper less prescribing in community by specialist Palliative Care Teams</li> <li>- Support LCH in developing a formulary for use by their prescribers as they too implement EPS</li> </ul>	Moira Cookson	<p>Will request LPCN funding as / when required. Capacity due to Covid requires project be temporarily put on hold</p>	Mar-20	Mar-21		on hold
Corporate							
<p><b>18 Palliative Care Website:</b> To maintain LPCN website for public and professionals to provide advice and support regarding EOLC.</p>	<ul style="list-style-type: none"> <li>- Oversee input and website content</li> <li>- Quarterly oversight and review group meetings</li> <li>- Manage associated promotional materials</li> <li>- Maintain links with BML who support management and development of website.</li> </ul>	Diane Boyne	<p>Website Group to oversee further developments established. Activity on website significantly increased Agreement for BML support for 2020-21 agreed. Invoice paid. Added banner to front page to direct to key content Reviewed Covid pages to ensure still relevant and up to date. Added Bereaved carers report and updated links etc. BML contract due for renewal end of February. To Liaise with BML and meet with Emma.</p>	Jun-19	Mar-21	Recurrent Funding to maintain from 20-21	on track
<p><b>19 Strategy Development</b> To inform and develop the next Strategy for Palliative and EOLC for Leeds</p>	<p>Develop draft Strategy in partnership with CCG and agree Key Authors Circulate Draft to Strategy group and LPCN executive Final comments and content from partners. Share final Draft with NHS Leeds CCG Executive share with CCG Comms for finalisation ready to publish Publish and share. Place on LPCN Website</p>	Adam Hurlow	<p>Impact of Covid-19 extended timescales. Approved final amend to Outcomes. Updated version put on website.</p> <p>Recognise system will be in different operational position post Covid and will impact on actions.</p> <p>Updated Document circulated for final comments to Strategy Group and LPCN Execs; Due back 2nd October Final draft approved by CCG Executive but recommend adding data appendix Strategy Group met 28th January and approved final draft PA to finalise ready for publication Tom and Adam sharing with HWBB early February</p>	Feb-19	Mar-21	Core LPCN	on track

Wider Network / External							
<b>20 Frailty</b> Ensure palliative & EoLC is represented in plans for development of Population Management Approach to Frailty and EOL	Maintain LPCN links to working groups and ensure mechanism for feeding back	Adam Hurlow Sarah McDermott Gill P	LPCN maintaining involvement. Working groups formed: Training & Culture; Proactive Care; Virtual Ward; Rapid Response; Discharge. Frailty agenda remains complex and variable so Adam H will continue to liaise via Frailty Strategy Group.  New Frailty Support Service to commence in response to Covid-19 demands. Virtual Ward now citywide and linked to geriatricians for support and oversight.	n/a	ongoing	CCG PHM £6k	on track
<b>21 Single Point of Access (SPA)</b> Ensure Palliative & EoLC is represented in plans for Citywide SPA.	Better understand the citywide work.	Sarah McDermott Diane Boyne	No update received since Covid outbreak. Remains an aspiration within P&EOLC strategy	n/a	n/a		on track
<b>22 Respiratory /Breathlessness Pathway</b> Ensure Palliative & EoLC is represented in plans for COPD pathway(s).	LPCN contribute to citywide agenda and service redesign.	Chris Kane	Partner agreement there should be full service redesign for all breathless people from diagnosis to death. In meantime EOLC group to focus on redesign of an integrated service for people with advanced breathlessness in Leeds.  Chris Kane to be Clinical Lead. Group interested in developing a website. Alison Boland to liaise with DB for advice and support. Single point of referral for breathlessness management group established and to be rolled out incrementally whilst reviewing capacity to ensure this meets demand. Additional Palliative Care Consultant sessions funded to support.	n/a	n/a	Y  WF Recurrent Therapy Post	on track
<b>23. Care Homes</b> To provide Palliative and EOLC support to the citywide Care Homes agenda	- Contribute to the citywide Care Homes Groups - Ensure Care homes are represented within the LPCN	Helen Smith (CCG)  Diane Boyne	Citywide Care Homes Oversight Group meeting regularly again virtually. DB attends System reviewing support required by care homes in future. LPCN website linked from LCC Quality Team Care Homes website. ECHO training plans shared with the March Oversight Group. Mike S on <b>Silver Command Care Home Group</b> representing P&EOLC. Community Covid Group shares information about support into Care home regularly. Links to care homes in WSA work.	01/08/19	01/03/21		on track
<b>24 Dying Matters</b> 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.	This programme will be delivered through 3 work streams:  - Stakeholder and community Engagement - Building Capacity - Communications and Marketing  The work is coordinated by the Leeds Dying Matters Partnership	Carol Clarke  Liz Messenger	<ul style="list-style-type: none"> <li>A Want to Know More Session (webinar) was delivered through the Public Health Resource Centre on 10.2.2021 – attended by 38 staff including third sector and stat. sector. The session provided; an understanding and knowledge of both local and national work; an opportunity to articulate opinions on the importance of discussing dying, death and bereavement, particularly in the light of the impact of Covid-19; and to reflect on roles in promoting dying matters messages.</li> <li>Leeds Bereavement Forum's next virtual death café is due to take place 24th Feb</li> <li>Dying Matters Training Sessions via Zoom are planned to be developed and delivered with staff teams from Carers Leeds and Linking Leeds in March and April. The training is intended to be a short introductory session on How to have sensitive conversations around Death, Dying and Loss</li> <li>E-resource launched as part of Proactive and Preventative Approaches (older people and COVID) webinar now available through PHRC YouTube playlist – includes section on bereavement and grief support</li> <li>Planning for menu of virtual events and activities to take place as part of national Dying matters week (10 – 16th May)</li> </ul>	01/10/19	01/03/21	Additional £5,000 via LPCN	on track
<b>25 Shared Decision Making Pilot</b>	This is an NHSE supported pilot within Supporting People Living with Cancer in Leeds.	Gill Pottinger	Gill P is the LPCN and primary care representative within this pilot. The main focus of the trial is within oncology in LHHT engaging with patients that are living with cancer. Karen Henry is main lead for the Project. 2nd workshop focused on patient engagement. Next steps are looking at specific training available for clinicians on SDM. Also looking at patient groups to get involved. Also consultant letters - now informing GPs it is a palliative approach. No recent meetings or updates available.	01/08/19	Mar-21		on track
<b>26 Rotational Nursing Posts</b> To pilot recruiting newly qualified nurses to an 18 month rotational post opportunity between the hospices and LHHT (Respiratory Unit)	Project between both Hospices and LHHT led by SR Wheatfields LHHT will be the lead recruitment and employing body	Sue Waddington	Initial meetings held. Challenge with capacity due to Covid pandemic impact on services	0/12/19	March-21 TBA		on hold
<b>27 Learning Disability EOLC Service</b> Improve EOLC, including support at home, for people living with a Learning Disability	Not a formal Project. Group are building links and engaging with LD patients about their needs and choices.	Margaret Deardon Chris Stothard	Presented at Celebration event- slides on website Easy Read documents produced and shared. Julie Royle Evatt now lead work in LYPFT. Dr Sam Browning CCG interested in ACP for people with LD so introductions made.			N	
<b>28 Gypsies and Travellers</b> Supporting individuals at EOL to access care and remain in their own home.	Not a formal project. Hannah Wilson CNS at Wheatfields has developed links with the Liaison Officer for the Cottingley Springs Gypsy and Travelers Site: <a href="https://www.leeds.gov.uk/residents/housing/housing-options/gypsy-and-travellers">https://www.leeds.gov.uk/residents/housing/housing-options/gypsy-and-travellers</a>	Hannah Wilson	Highlighting issues with fair access to care and GP registration. Presented at celebration event - slides on website.				
<b>29 Prison EOLC MDT</b> Providing Specialist Palliative Care advice and support to the Armley Prison Health	Consultant and therapist attend 1/12 MDT to discuss advanced illness and complex cases.	Chris Kane	Ongoing input to MDT virtually or as required. Support given for managing dying patients during COVID. Prison staff now able to give PRN medication to people in the last days of life making supporting patients dying in the prison more possible. Developing links as liaison with other specialties such as Parkinson's team to enhance care Inmates would like to be able to die in cells not on healthcare unit - Challenges. Developing Education Programme for Prison Health and Care Staff.	Apr-18		Yes CCG R	

<p><b>30 Homelessness</b>  <b>Widening access to palliative and end of life care for homeless and vulnerably house people in Leeds.</b></p>	<ul style="list-style-type: none"> <li>• Establish project steering group.</li> <li>• Develop project plan.</li> <li>• Develop Job descriptions.</li> <li>• Recruit project Lead and project worker</li> <li>• Set up regular GSM</li> <li>• Develop educational sessions/teachings.</li> <li>• Develop a hand held easy read information tool.</li> <li>• Review existing system to enable identification of homeless people with palliative care needs.</li> </ul>	<p>Catherine Malia</p>	<ul style="list-style-type: none"> <li>• The steering group will meet again on the 3rd March</li> <li>• Practice Enquiry successfully delivered in January 2021, the session was recorded and will be available for staff</li> <li>• Two presentations have been written for the homeless sector and for healthcare professionals</li> <li>• Information about the project has been presented to the Yorkshire Specialist Consultant and Registrars group</li> <li>• A homelessness and palliative care toolkit has been adapted for hostel workers</li> <li>• Marketing strategy being developed</li> <li>• Project continues to be discussed at key GP Gold Standards meetings to encourage referrals and 11 referrals have been received since the start of the project.</li> </ul>	<p>Apr-20</p>	<p>01/09/21</p>	<p>N</p>	<p>on track</p>
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