



**North East & Yorkshire Palliative and End of Life
Strategic Clinical Network
Board Meeting**

23rd September 2021 10:00 - 11:30

via MS Teams

Present:	Representing:
Alexa Clark	Palliative and End of Life (PEoLC) Strategic Network Clinical Lead, NE & North Cumbria
Marie Hancock	PEoLC SCN Manager North East & Yorkshire
Kerry Jackson	Yorkshire and Humber Hospices
Yasmin Khan (Chair)	Deputy Medical Director -System Improvement and Professional Standards
Suzanne Kite	PEoLC Clinical Lead West Yorkshire & Harrogate ICS
Sam Kyeremateng	PEoLC Clinical Lead, South Yorkshire & Bassetlaw ICS
Sarah Mitchell	PEoLC Clinical Lead, South Yorkshire & Bassetlaw ICS
Michelle Muir	PEoLC Clinical Lead Humber Coast and Vale ICS
Susan Picton	PEoLC Clinical lead, Yorkshire and Humber Children's Palliative Care Network
John Powell	ADASS, National Programme Board Rep.
Emma Simpson	Children's Palliative Care Network NE & North Cumbria
David Smith	Hospices NE and Cumbria
Jocelyn Thompson	Children's Palliative Care Network NE & North Cumbria
Tyler Thompson	Regional Relationship Manager, NHSE&I
Apologies:	
Ian Golton	Deputy Director, NE&Y Clinical Networks, NHS E/I
Davina Hartley	CYP Network Manager, Yorkshire and the Humber
Adrienne Moffet	Northern Cancer Alliance Delivery Manager

Item	
1.	Welcome, Introductions & Apologies Apologies were noted as above.
2.	Minutes from Previous Meeting & Actions Members agreed that the previous meeting minutes were a true and accurate record.

	<p>Actions</p> <p><u>Terms of Reference</u> Members were asked to send any comments via email to S Beal – stephaniebeal@nhs.net [Action: All]</p>
3.	<p>Commissioning Exemplar Sites</p> <p>Presentations were provided by</p> <ul style="list-style-type: none"> • HCV Bernie Dawson, Michelle Rollinson • SYBL Sarah Mitchell. • Tees Valley – Update paper circulated post meeting. Presentation at next meeting. <p>The slides were circulated immediately after the meeting. [Action: MH Completed]</p>
4.	<p>Updates</p> <p><u>National</u> T Thompson provided an update and gave a presentation which will be shared with this group.</p> <ul style="list-style-type: none"> • The New National Delivery plan was launched last week. Focus on Access, Quality, Sustainability and Equity • Getting to Outstanding – expressions of interest have been submitted and national team currently identifying who will be early adopters. The programme will be launched on 23 November and invitations will be sent out shortly • Sherree Fagge, Lead Nurse, PEOl National Team has offered support to the two hospices recently rated inadequate by the CQC • The first phase of the National Dashboard has been completed and phase two is progressing. There are sections for adults and CYP • The CYP hospice grants will be issued shortly <p><u>ICS (Adults)</u></p> <p>NE and N Cumbria</p> <ul style="list-style-type: none"> • Clinical Lead - AC is stepping down at the end of September and Lucy Lowry will be replacing J Sheridan • Workstreams – symptom control guidelines are being updated • Advanced care planning – continuing with <i>Deciding Right</i> documentation and the audit tools for DNACPR decisions have been circulated. Currently looking to digitalise the <i>Deciding Right</i> documents • Consideration being given to increase the number of patients identified as being in the last 12 months of life and may consolidate the work which has already been done in practices • K Hall is the EPACS lead in the ICS and has been liaising with others across the region including Kath Lambert. <p>South Yorkshire & Bassetlaw Update provided by S Mitchell within the presentation – see agenda item 3.</p> <p>Humber Coast & Vale</p> <ul style="list-style-type: none"> • Concentrating on recruitment. New Clinical lead for HCV, Helen Turner who will be starting on 11 October.

	<ul style="list-style-type: none"> • Bid for match funding for clinical lead time and more project support which has received ICS agreement in principle. Posts will be fixed term to end of March 2022 • A further bid has been submitted for personalised care ICS workforce funding. Focussed on tiered training - what personalised care is and further roll out ReSPECT and EPACCS <p>Hospices D Smith provided an update.</p> <ul style="list-style-type: none"> • Hospice UK currently developing a strategy for the next 3 years • Experiencing workforce issues but have been able to maintain services • There has been a reduction in the number of referrals • Covid financial support from government to hospices last year has made a difference and will result in an underspend this year <p>West Yorkshire & Harrogate</p> <ul style="list-style-type: none"> • The work plan is being drafted • SK to meet with ICS programme leads to ask that the PEOC is considered in their planning • Hospices are experiencing workforce issues due to the constant increase in demand <p><u>CYP</u></p> <p>Yorkshire and Humber</p> <ul style="list-style-type: none"> • DH will be working in the national team two days a week with recruitment of a nurse to backfill, for the next year • Recruiting to EoL palliative team at Leeds Teaching Hospitals <p>North East & North Cumbria</p> <ul style="list-style-type: none"> • Establishing a palliative care team who will be working on referral pathways and communications pathways to join up the region • The education programme will be reviewed • Carrying out advanced care planning and pathway for transport of critically ill palliative children to their preferred place to die • ES will be standing down as CYP Network lead in January and discussions ongoing regarding a replacement • Looking to recruit a Network Manager. MH and DH are exploring options and have identified failure to recruit as a risk in the log. (Agenda Item 6)
5.	<p>SCN Update</p> <p>Budget We have invested heavily in clinical leadership with two adult leads in each ICS, some of which have been match funded by CCGs/Cancer Alliances. We have funded two CYP clinical leads across Y&H and now need a Network Manager in the North East to support the programme. There is some money in the budget for small projects and members are asked to contact MH if they would like to take advantage of this funding. Action: All</p> <p>Patient Voice</p>

	<p>Adverts are ready for the 4 lay member ICS PEOl lead paid roles. MH has been liaising with Marie Curie, Hospice UK, Healthwatch and Northern Cancer Alliance to support recruitment and establish links.</p> <p>CQC DNACPR Report In response to the report findings. The PEOl National Team have developed a set of key principles which are currently being tested. The aim being to have a consistent approach to ACP and DNACPR discussions. The results will be collated by October and a report published by December.</p> <p>CSNAT NW and SW regions are testing the CSNAT and we will keep abreast of their progress. The regional carers team are developing a primary care toolkit. A draft will be shared in November and we will have the opportunity to contribute to an EoL section.</p> <p>PEoL Needs Assessment The task & finish group met yesterday and representatives from PHE, Sheffield and regional analysts attended. Unsure of what question we are trying to answer and whether we should be taking this to ICS level to request clarity.</p> <p>Personalised Care – ICS plans Funding has been received by the ICSs. Their personalised care delivery plans include projects that support the PEOLC agenda in Y&H, SYBL and WYH.</p> <p>Recruitment Project support officer will commence in post in November and a ReSPECT implementer has been recruited to support the region for 10 days from Aug- Dec.</p> <p>SCN Launch 5th October 2021 Link has been circulated to all members.</p> <p>Lunch and Learn Webinars 16 September - ReSPECT webinar attended by 41 people 17th November - Medical Examiner Community Expansion</p>
6.	<p>Risks/Issues</p> <p>The log was circulated prior to the meeting for information.</p>
7.	<p>Any Other Business</p> <p>Social care requested as an agenda item for the November meeting. Action: MH and John P.</p>
8.	<p>Future Meetings</p> <ul style="list-style-type: none"> • 24th November 9.30 – 11:00 via MS Teams