



INSTRUCTION: This file is made up of 8 worksheets. Sheet (1) for key contacts and stakeholders. Sheet (2) is a listing of the core pathway improvement actions for NHS Boards from Living & Dying Well - Building on Progress - these are presented thematically within an overall pathway format. This sheet along with sheets 3, 4 & 5 are the sections in which the main detail of your baseline review should be written. Sheet (3) relates to pathway support via palliative care guidelines, and information. Sheet (4) focuses on Acute Hospitals and the actions from SLWG5. The National Advisory Group (NAG) is particularly interested in hearing of progress made in the acute sector, given the high proportion of deaths that occur in acute hospitals. Your review should outline clearly the progress made, future plans and challenges in this area. Sheet (5) is a list of actions for NHS Boards from *Living & Dying Well - Building on Progress* relating to improving care in 2 other specific care settings - Children's services, and Care Homes. Sheet (6) covers care co-ordination, community nursing and equipment. Sheet (7) - is a request for NHS Boards to share with the NAG the indicators and metrics used to monitor delivery against goals outlined in your NHS Board Palliative Care Strategy / Delivery Plan. Sheet (8) - is a summary of all the actions contained in

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Other key contacts e.g.

Palliative Care MCN Lead Clinician, where applicable
Palliative Care MCN Manager, where applicable
Other relevant MCN contacts, where applicable
Other relevant MCN contacts
Other relevant MCN contacts
Other relevant MCN contacts
NES Education Champion for your Board area
NHS Board officer who liaises with local Hospice(s) (if applicable)

Dr Rosalie Dunn
Dr Helen Alexander
George Beuken, Pastoral/Spiritual Director and Rosalie Dunn, MCN Lead Clinician
Marilyn Aitken, General Manager, South East Unit

NHS BOARD DELIVERY PLAN UPDATE

CEL 2 (2011) *Palliative & End of Life Care in Scotland* requires NHS Boards to review and update Palliative Care Delivery Plans.

Who is leading on updating the Delivery Plan in your NHS Board area?

When do you plan to have the update completed?

Dr Helen Alexander
31.12.11

IDENTIFICATION

Living & Dying Well - Living & Dying Well requested that NHS Boards, through Palliative Care Networks and CHP's, should ensure that recognised tools/triggers to support the identification of palliative and end of life care needs of patients diagnosed with progressive, life limiting or incurable condition and the needs of their carers are used across all settings by 2010. This should include the identification of children and young people.					
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Living and Dying Well	1.1 Which tools are you now using to identify patients with palliative and end of life care needs?	GSF-PIG, GSF-SCR1 summary sheet and front sheet	Review use of GSF-PIG and GSF-SCR1	Greater time constraints on staff (arising from current financial climate) to complete paperwork	MCN Executive Group
	1.2 What is your plan to ensure GSF-PIG, and SPICIT tools where appropriate, are routinely available for use in clinical practice in all settings, and staff are aware of these tools?	GSF-PIG widely available and reinforced with practices on one-to-one basis. SPICIT not widely known about, but encouraging practices to use it	Ensure SPICIT available on NHS Lanarkshire web site and intranet	Resistance to use of new tools due to quantity of existing paperwork	Dr Rosalie Dunn, MCN Clinical Lead
	1.3 Are there any gaps with / issues with identification tools in use?	Many people still using 'would you be surprised if this person died within six months?' GSF-PIG felt to be too long, SPICIT has been sent to all GP practices	Review uptake of SPICIT	Some GP practices are very interested in palliative care, others are less so	Dr Rosalie Dunn, MCN Clinical Lead
	1.4 Living & Dying Well encouraged the use of primary palliative care registers. What is the current uptake of the Palliative Care DES in your NHS Board area?	82 practices (84%)	The DES will continue in line with national agreements	Ensuring practices comply with DES requirements. Only 79 practices made a return in April 2011	Alistair Mackintosh, Primary Care Manager
Please describe below any further information relevant to your action in this area and future plans.					

ASSESSMENT

SLWG3 - Assessment tools. Please see the report of SLWG3 for full recommendations and additional information					
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Living and Dying Well	2.1 Which assessment tools are you using, or plan to adopt for palliative and end of life care?	Lanarkshire Palliative Care Assessment Tool and Liverpool Care Pathway	Developing version of LCPAT for Cambuslang/Rutherglen (Glasgow, not Lanarkshire contacts), LCP team developing self-audit and exit strategy for sustainability	Sustainability of LCP success difficult to envisage without retaining skeleton staff	MCN Executive Group & Julie Graham, LCP Team Leader
	2.2 In which settings?	LPCAT in all community settings, LCP in hospital, community and Care Homes	See above	See above	See above
	2.3 Which symptom assessment tools are you using, or plan to use?	LPCAT incorporating Support Team Assessment Schedule (STAS) and our community pain tool, LCP in last few days of life, acute hospital pain tool	See above and ongoing audit cycle for acute pain tool	See above and nursing time for acute pain tool audit	See above & Gillian Muir, Hospital Macmillan Nurse
	2.4 In which settings?	LPCAT in community, LCP in hospital, community and Care Homes, acute pain tool in hospitals	See above	See above	See above
Please describe below any further information relevant to your action in this area and future plans.					

CARE PLANNING

SLWG3 - Advance and Anticipatory Care Planning. Please see the report of SLWG3 for full definitions, recommendations and additional information					
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Progress & Living and Dying well	3.1 Could you describe how anticipatory and advance care planning for palliative and end of life care is undertaken with patients in your NHS Board area?	Long Term Conditions team developed a very successful Anticipatory Care Planning tool which was piloted in Care Homes. It has now been rolled out to other care settings along with staff training. Patients have the choice of self-completion or staff assisting with completion	Exploring need for shortened ACP for palliative phase	Long Term Conditions ACP has been very successful so uncertain of appetite for shorter version for palliative phase.	MCN Executive Group
	3.2 What is your approach to ensuring that relevant staff acquire the necessary skills and confidence to initiate the sensitive communication underpinning advance and anticipatory care planning?	In addition to ACP training, staff have various training options including sensitive communication courses at St Andrew's Hospice. We are currently piloting a new session aimed at all staff called 'Addressing the Great Taboo' of talking about death and dying. Three staff to be 'Sage and Thyme' trainers	Pilot 'Addressing the Great Taboo' training in two other care settings (A&E and a health centre). Develop plans to deliver 'Sage and Thyme' training once three staff are trained.	In the current climate it is almost impossible for staff to be released from frontline service to attend training. We endeavour to deliver training in short sessions and over lunchtime where possible.	George Beuken, Pastoral/Spiritual Director, St Andrew's Hospice and Rosalie Dunn, MCN Lead Clinician
	3.3 Who is your Board lead to co-ordinate the education/implementation process for the acquisition of skills/confidence over a 2-3 year period?	Joint responsibility of our palliative care education co-ordinators, George Beuken and Rosalie Dunn	Create opportunities to deliver training and/or raise awareness of the need for greater palliative care skills/confidence	See above	George Beuken, Pastoral/Spiritual Director, St Andrew's Hospice and Rosalie Dunn, MCN Lead Clinician
	3.4 Do you have mechanisms in place to ensure such plans are effectively communicated and shared?	MCN ensures wide communication and partnership working, mechanisms include meetings, MCN newsletters, Staff Bulletin	Continue to harness any opportunities to share and communicate	Competing pressures on staff	MCN Executive Group
	3.5 Other than advance or anticipatory care planning tools, what other forms of care planning are commonly used? In what setting? Are there any particularly effective features in your Board area?	GPs use Supportive Care Register front page (includes care planning), interventions/actions are included in the LPCAT (community settings), nursing notes include individual care plans (hospital and community settings)	Continue to reinforce the need for patient-centred care planning	Time for staff to link appropriately with patients and families	MCN Executive Group

Building on Progress	3.6	Living & Dying Well requested that NHS Boards and CHPs should take steps to facilitate the use of anticipatory prescribing. How do you manage anticipatory prescribing for palliative & end of life care in your area?	Just in Case boxes are being used in four of Lanarkshire's 10 localities. The initial pilot in two localities was extended to four due to demand and we are about to review audit results from >130 boxes to reach a decision about roll-out. Training in use of these boxes has been critical to the success thus far. Anticipatory prescribing is also Goal 2 of the LCP, and is therefore reinforced by the LCP team	Review Just in Case audit results and develop recommendations in relation to roll-out across Lanarkshire	Need to train staff (mainly nurses and GPs) and developing operational procedures for roll-out that are practicable enough not to discourage use	MCN Just in Case box sub-group
	3.7	What progress have you made in relation to the implementation of LCP or equivalent end of life pathway?	Our LCP team have rolled out the LCP to all care settings across Lanarkshire and both audit results and carer testimony demonstrate the difference this has made to patient care.	Develop exit strategy, including ongoing self-audit and aim to sustain use of the LCP	Difficult to envisage sustainability in the absence of any staff with responsibility to discuss any difficulties encountered and maintain awareness	Julie Graham, LCP Team Leader
Please describe below any further information relevant to your action in this area and future plans.						

REFERRAL

SLWG2 - Referral Criteria - Please see the report of SLWG2 for full recommendations and additional information						
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?	
Building on Progress	4.1	Do you have referral criteria in place for referral to specialist palliative care? (including referral of babies, children and young people)	Yes, forms for referral to specialist services are available on NHS Lanarkshire's public web site	Need to review criteria against SLWG2 recommendations	No local service for children, so referral to CHAS	MCN Executive Group
	4.2	Are you planning to update your referral criteria for specialist palliative care to cover all recommendations from SLWG2?	Date being set to review criteria against SLWG2 recommendations	See above	See above	MCN Executive Group
Please describe below any further information relevant to your action in this area and future plans.						

CARE CO-ORDINATION - ePCS

Additional area 1 - ePCS. Please refer to Building on Progress section 6 for additional information						
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?	
Building on Progress	5.1	Do you have a clinical lead in place for ePCS?	Yes	Continue as planned	Clinical Lead capacity to deliver training	Rosalie Dunn, MCN Lead Clinician
	5.2	Do you have an e-Health lead in place for ePCS?	Yes	Continue as planned	e-Health lead capacity due to competing pressures	Judith Milligan, IT Facilitation Manager
	5.3	Who is taking managerial oversight to ensure delivery of ePCS roll-out across the system?	Clinical Lead liaising with IM&T management and Service Management	Continue as planned	Unclear lines of management responsibility	Rosalie Dunn, MCN Lead Clinician
	5.4	Living & Dying Well Building on Progress requires NHS Boards to fully roll-out ePCS. Your estimated roll-out timescale is noted in sheet 8 of this workbook. What challenges do you face in delivering roll-out to all appropriate patients in all practices against the timescale outlined?	Majority of Lanarkshire practices use Vision software, which requires many steps for ePCS transfer. Delivering training to groups of GPs/Practice Managers did not work, so Clinical Lead is visiting individual practices to train them. This is going reasonably well, but taking considerably longer than anticipated.	Clinical Lead to continue individual practice visits to train practices in ePCS transfer	Clinical Lead MCN sessions to be reduced to one per week thus reducing capacity to deliver this action.	Rosalie Dunn, MCN Lead Clinician
Please describe below any further information relevant to your action in this area and future plans.						

CARE CO-ORDINATION - DNACpR

Additional area 2 - DNACpR. Please refer to Building on Progress section 6 for additional information						
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?	
Building on Progress	6.1	The NHS Scotland DNACpR Integrated Adult Policy was launched in May 2010, for NHS Board level implementation by October 2010. Is the integrated policy in use?	Yes	Continue to use policy and deal with any issues arising	Lack of clarity for individuals becomes apparent with ongoing use. Less of a problem than when the policy was first implemented	William Lannigan, Resuscitation Officer
	6.2	What activities have been undertaken to raise awareness of this policy across your Board area?	Awareness has been raised in various educational sessions, MCN meetings, in newsletters and on the NHS Lanarkshire web site.	Ongoing educational sessions as required	Capacity of Resuscitation Officer to provide all ongoing education needed	William Lannigan, Resuscitation Officer
	6.3	HIS is currently working with NHS Boards to identify measures to allow consistent national and local audit of DNACpR. How are you currently auditing or monitoring DNACpR in your Board area?	No dedicated DNACpR audit at present, but keen to undertake this. Ongoing informal monitoring by Resuscitation Officer and palliative care staff verbal reports at MCN meetings. Where the LCP is used, presence or absence of a completed DNACpR form is audited	Keen to undertake audit locally. Exploring LCP audit (including DNACpR form use) on the Lanarkshire Quality Improvement Portal	No capacity in Clinical Quality department to undertake audit. LCP audit now self-completion, so challenge is to encourage reporting	MCN Executive Group
	6.4	Has specific training been made available / is available?	The Resuscitation Officer has provided training in various locations, both proactively and in response to requests from specific groups. Training is ongoing e.g. for District Nurses.	Ongoing educational sessions as required	Capacity of Resuscitation Officer to provide all ongoing education needed	William Lannigan, Resuscitation Officer
	6.5	Is training now integrated into mandatory CPR training sessions?	Yes	Continue to include in mandatory CPR training	Need for ongoing reinforcement of DNACpR policy, perceived lack of relevance to some staff groups	Resuscitation Team

Please describe below any further information relevant to your action in this area and future plans.

BEREAVEMENT

Additional area 6 - Bereavement. Please refer to <i>Building on Progress</i> section 6 for additional information					
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Building on Progress	7.1 Do you plan to incorporate action on the recommendations from 'Shaping Bereavement Care: A Framework for Action for Bereavement Care' into your updated Living & Dying Well Delivery Plan?	No, appropriate aspects of Lanarkshire's LDW Delivery Plan have been incorporated into our local Bereavement Action Plan. 'Shaping Bereavement Care' has been carefully scrutinised to ensure comprehensive cross-referencing	Continue to engage with Lanarkshire's Bereavement Action Group	One representative from palliative care sits on the Bereavement Action Group and it is a challenge for her to maintain channels of communication	Marilyn Aitken, General Manager, South East Unit
Please describe below any further information relevant to your action in this area and future plans.					

PALLIATIVE CARE GUIDELINES

SLWG2 recommended that NHS Boards should have access to guidelines on 29 core topics and that Boards should collaborate to ensure availability. Please see the report of SLWG2 for full recommendations and additional information. HIS and SPPC will be supporting the Board collaboration led by NHS Lothian to ensure the future review and update of relevant guidelines and all NHS Boards will have the opportunity to contribute to this process and/or use the resultant guidelines.						
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?	
Building on Progress	8.1	Do you have palliative care guidelines in place and what, briefly, is their origin?	We worked with NHS Lothian to finalise their guidelines and use this agreed version in Lanarkshire. This has been the case for the current and previous versions of the Lothian guidelines	Continue to be part of the Lothian collaborative	Ensuring the guidelines are fully implemented in all care settings	Gordon Canning, Consultant in Palliative Medicine
	8.2	Are you utilising NHS Lothian's guidelines to plug any gaps in local guidelines when ensuring all 29 recommended areas are covered?	We use the NHS Lothian guidelines	See above	See above	Gordon Canning, Consultant in Palliative Medicine
	8.3	What are your plans for future development/review of guidelines? Do you anticipate participating in the "Lothian" collaborative?	Lanarkshire is part of the Lothian collaborative	See above	See above	Gordon Canning, Consultant in Palliative Medicine
Please describe below any further information relevant to your action in this area and future plans.						

PALLIATIVE CARE SERVICE INFORMATION DIRECTORIES

L&DW - Information / NHS Inform. Please see <i>Living & Dying Well</i> for more details.						
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?	
Living and Dying Well	9.1	Living & Dying Well required NHS Boards to develop service information directories to support palliative and end of life care pathways. What progress have you made in pulling together information? What approach have you taken?	The MCN undertook a major project to gather information for the palliative care service information directory. It is hosted both on the palliative care pages of the NHS Lanarkshire public web site and the Long Term Conditions Service Directory that was developed for General Practice. We have just completed the most recent round of checking the information is still up-to-date	Continue to maintain the most up-to-date information on the directory and add any service information that becomes available.	Time to maintain the site and getting to know about all the services that are available	MCN Executive Group
Please describe below any further information relevant to your action in this area and future plans.						

ACUTE HOSPITALS

SLWG5 - Acute Hospitals - Please see the report of SLWG5 for full recommendations and additional information. Note: This template should be completed with consideration of all hospitals that fit the definition used by SLWG5: <i>an acute hospital is defined as one to which patients with serious illness can be admitted as an emergency for assessment, diagnosis and treatment.</i>					
Document	Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
10.1	Do you have a clear organisational structure in the acute hospital system by which to implement Living & Dying Well programme recommendations?	Yes	See below	See below	MCN Executive Group
10.2	If yes, please briefly describe what this is.	We have senior acute division representatives on the MCN and link with appropriate people in relation to specific recommendations. We rely heavily on the hospital Macmillan nurses and senior hospital nurses	Continue to link with acute hospital senior nursing management to maintain awareness of LDW recommendations and ensure implementation where possible	Competing pressures and shortage of time for acute staff to maintain and implement palliative care skills	MCN Executive Group
10.3	If not, when do you plan to have this in place?	N/A	N/A	N/A	N/A
10.4	Do you have an acute hospital palliative care service in place? The report from SLWG5 defines this.	Yes, partially. Currently undertaking a pilot to augment palliative care for people who die in hospital	Continue with existing service and augment it by testing the involvement of volunteers who can 'be with' patients and their families towards the end of life	Recognition of palliative care needs on wards with high patient turnover. Ensuring rapid discharge near end of life where this is wanted and possible	MCN Acute Hospital sub-group
10.5	SLWG5 recommends that every acute hospital should have a ward-based palliative care resource. Do you have these available and in place?	Yes, partially. Currently undertaking a pilot that should augment palliative care resources for people who die in hospital	Continue with existing resources and augment with improvements to environment when someone is dying (dedicated resource for each ward)	Financial resources for improvements to environment and potential conflict with aspects of control of infection policy	MCN Acute Hospital sub-group
10.6	All acute hospitals should have access to a specialist palliative care consultation Mon – Fri 9 – 5 and specialist palliative care advice 24/7. There should be a clear process of referral in and out of hours. Are these arrangements in place locally, in all acute hospitals?	Yes	Continue with current arrangements	Capacity of limited specialist staffing resource to meet demand	Alison Graham, Area Board Medical Director and Kate Wilson, Service Manager
10.7	All acute hospital staff involved in providing general palliative care should have access to a palliative care training and education programme relevant to the hospital setting. Is such access in place?	Yes. Currently undertaking a pilot to augment palliative care for people who die in hospital	Continue with existing training and augment it by enabling staff to have time to reflect on deaths on the ward	In the current climate it is almost impossible for staff to be released from frontline service to attend training. We endeavour to deliver training in short sessions and over lunchtime where possible.	MCN Acute Hospital sub-group
10.8	The views of patients and their carers must be routinely captured. Do you have systems in place to capture such feedback?	Yes, although not always specific to palliative care	Planning to interview carers of people who have died whilst on the LCP	Patient complaints relating to deaths in hospital are not readily available.	MCN Executive Group
10.9	Appropriate specialist palliative care resources are required to: <ul style="list-style-type: none"> • Support generalists in the acute setting • Provide a specialist clinical service to patients with the most complex needs. How is this being achieved locally? 	There is a full-time Macmillan nurse in each of the three acute hospitals and a sessional commitment from three St Andrew's Hospice Consultants in Palliative Medicine	Continue with current arrangements	Capacity of limited specialist staffing resource to meet demand	Alison Graham, Area Board Medical Director and Kate Wilson, Service Manager, Palliative Care

10.10	The ehealth and electronic palliative care summary (ePCS) record must be implemented in all NHS Boards and accessible to acute hospitals [all wards, out-patients]. What progress are you making with this?	We are concentrating on implementing the ePCS link from GP practices to the out-of-hours service. Links to A&E and other areas of the acute hospitals will be explored thereafter	Explore transfer of ePCS into acute hospitals once link to out-of-hours is fully operational	ePCS not fully operational to out-of-hours service. Impossible to roll-out to other settings at present.	Rosalie Dunn, MCN Clinical Lead, Judith Milligan, IT Facilitation Manager
10.11	Acute hospitals across Scotland should use agreed quality indicators to measure quality of hospital palliative care and impact of implementing LDW recommendations. Such indicators are being developed and agreed at national level in collaboration with HIS. To inform the development of such indicators please state what quality indicators, if any, you currently use?	Ongoing pain audit and LCP audit in all three acute hospitals and ad hoc audits e.g. recent audit of reason for hospital admission for people with palliative care needs	Continue with hospital pain audit and LCP audit (now self-completion)	Capacity of hospital Macmillan nurses to support audit. Ensuring completion of LCP audit now that hospital wards are to be responsible for their own audit data recording	MCN Executive Group
Please describe below any further information relevant to your action in this area and future plans					
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CHILDREN'S SERVICES

		Additional Area 3 - Children & Young Persons Resuscitation Policy (aka CYPADM - Children and Young Persons Acute Deterioration Management Policy).		Please refer to Building on Progress section 6 for additional information		
Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Building on Progress	11.1	Is there a clinical lead identified to champion this policy in your Board area?	Yes	See below	See below	Dr Mary Callaghan
	11.2	Is the policy now operational across Children's Services in your Board area (including education and social work services)?	Policy is operational in NHS Lanarkshire. Colleagues in Education and Social Work are made aware when a child is in their establishment by the appropriate Children's nurse	Medical staff training session being held. Continue to use forms	No authority to ensure policy operation in Education or Social Work departments	See above
Please describe below any further information relevant to your action in this area and future plans.						

CHILDREN'S SERVICES

		Additional Area 5 - Children & Young People. Please refer to Building on Progress section 6 for information				
Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Building on Progress	12.1	How are you ensuring that recognised palliative care tools & triggers are used across all settings to support identification of adolescents and young adults with palliative and end of life care needs?	NHS Lanarkshire and partner Councils are early adopters of GIRFEC. The GIRFEC approach is used to assess needs in all children, including those with life limiting illness	Complete a local health needs assessment	We are not convinced that there are evidence based tools or triggers that can be used to identify impending end of life care in the great majority of children with life-limiting illness. Numbers are very small, even in a Board of NHS Lanarkshire's size	Jim Murray, Service Manager, Children's Services
	12.2	Have you developed service arrangements to facilitate transition from child to adult services including the identification of a lead professional in transition?	Transition of children and young people with long term conditions to adult services has been a high priority for Children's Services in NHS Lanarkshire. Leadership is vested in condition-specific MCNs rather than a single lead professional	Inclusion of palliative care perspective in individual condition-specific transition plans	Transition work currently strongly focused on developing the services. There has been a very low level of development of generic services for young adults with complex additional needs	MCN Executive groups
Please describe below any further information relevant to your action in this area and future plans.						

CARE HOMES

		Additional Area 4 - Care Homes. Please refer to Building on Progress section 6 for additional information				
Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?

Building on Progress	13.1	The Palliative Care in Care Homes Group, established under the Living & Dying Well programme, is working with NHS Boards to help support palliative care quality improvement in care homes. Can you briefly describe progress with supporting care home palliative care improvement work in your NHS Board area?	All care homes have an expectation to provide good quality palliative care, supported by community nursing generalists and, where required, palliative care specialist nurses and Consultants. Care homes have championed use of the Liverpool Care Pathway and a recent audit demonstrated the difference its use has made. Support involves training, guidelines, inclusion of care home staff in ongoing discussions e.g. current work around palliative care respite. Lanarkshire's Anticipatory Care Plan was piloted in care homes	There is a need for ongoing training (e.g. syringe pumps, symptom management) across Care Homes and this will be led by the Care Homes Liaison Nurses. We also hope to extend the anticipatory prescribing pilot into Care Homes	Capacity of the Care Home Liaison team to support training in all Lanarkshire care homes, issues around documentation and storage of anticipatory prescribing medicines, early recognition of palliative care needs in care homes, delays accessing advice and equipment, loss of LCP team to support ongoing use and self-audit, communication between families and the whole care team at the end of life	Trish McGlynn, Care Home Liaison Nurse
	13.2	What support would you need to enable Care Homes across your NHS Board area to universally offer high quality palliative care?	Some care homes already offer palliative care, supported by community nurses (specialists and generalists) and Palliative Care Consultants. Capacity is the main limiting factor for Care Homes wishing to offer anything requiring medical or nursing input	We are in discussion with a number of care homes wishing to create end of life care beds to identify what they need to have in place. It is not possible for palliative care specialists to support all the care homes	Lack of appreciation in some care homes of the extent of support and training they would require to offer end of life care beds and capacity of NHS staff to provide this support	MCN Executive Group
Please describe below any further information relevant to your action in this area and future plans.						

COMMUNITY NURSING

L&DW - Team support, named professional & 24hour access. See *Living & Dying Well* for details.

Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Living and Dying Well	14.1	Do you have a process in place to ensure 24 hour access to community nursing to support end of life care at home (including children)?	Care is available from 8:45am until 5:00pm and from 6:00pm until 8:00am, however Community Nurses are flexible about covering the two gaps depending on patient needs	Ongoing review of shift patterns for community nurses to ensure 24 hour access to support end of life care at home	Capacity of community nursing staff to ensure 24 hour access	Frances Leckie, Associate Director of Nursing, Primary Care
Living and Dying Well	14.2	Do you have a process in place to ensure patients are supported by a multidisciplinary team and have their care co-ordinated by a named professional?	Yes, a named Care Manager co-ordinates care for people in the community. The majority of their case loads are people with palliative care needs	Continue to support care management for people with long term conditions, including palliative care needs	Capacity of Care Managers to support the level of need, staff turnover and ongoing training needs for the many different aspects of the role	Frances Leckie, Associate Director of Nursing, Primary Care
Please describe below any further information relevant to your action in this area and future plans.						

EQUIPMENT

L&DW - Rapid access to equipment. Please see *Living & Dying Well* for more details.

Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who will be leading on this?
Living and Dying Well	15.1	Is there a system in place to allow rapid access to appropriate equipment to support dying at home (including equipment for children)?	Yes. Although the two local authorities have different systems they both function relatively well and prioritise the support of people dying at home	Ongoing links with the two equipment stores, both at organisational and individual staff level	Collection of equipment after someone has died is not always as fast as it could be and this causes some distress to families	Kate Wilson, Service Manager, Palliative Care
Please describe below any further information relevant to your action in this area and future plans.						

MEASUREMENT OF DELIVERY OF STRATEGIC GOALS

Indicators and Metrics from Local NHS Board strategies / Delivery Plans						
Document		Review question for NHS Boards	Summary answer / Current position	Future plans relating to this action	What major challenges do you face?	Who leads on this?
Building on Progress	16.1	What indicators and metrics are used to monitor delivery against your NHS Board Palliative Care Strategy objectives / goals?	Following a benchmarking exercise against the previous palliative care strategy, NHS Lanarkshire agreed that our <i>Living and Dying Well Delivery Plan</i> would be adopted as the strategy. Monitoring is tailored to specific actions and includes: ad hoc audit of the Gold Standards Framework, DES returns from GP practices, ongoing LCP audit (community, hospitals, care homes), pain management audit, ad hoc ACP audit, evaluation of <i>Addressing the Great Taboo</i> pilot, ongoing Just in Case box audit, ePCS uptake reports from Scottish Government (benchmarking against other NHS Boards), uptake of ongoing DNAcpR training, progress on palliative care aspects of the Lanarkshire Bereavement Action Plan, use of the Directory of Services web pages, and evaluation of the acute hospitals palliative care project	Ongoing monitoring, exploring inclusion of a palliative care metric in the Lanarkshire Quality Strategy dashboard	Capacity to support ongoing audit	MCN Clinical Governance group
Please provide details of these below.						

Living and Dying Well: Building on Progress - Overview of Actions

Action 1	Implementation and governance arrangements
Actions 2 and 3	Implement, review and update guidelines
Action 4	Implement referral criteria to specialist palliative care
Action 5	Implement assessment tools
Actions 6, 7 and 8	Implement advance/anticipatory care planning
Action 9	Implement palliative care in acute hospitals
Actions 10 and 11	Implement service configuration young people service recommendations
Action 12	Health promotion/public health
Action 13	Electronic Palliative Care Summary (ePCS)
Action 14	Adult Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy
Action 15	Children's resuscitation policy
Actions 16 and 17	Development of care home agenda
Actions 18	Scottish Children's and Young People Palliative Care Executive (SCYPPEX)
Actions 19, 20 and 21	Bereavement
Actions 22 and 23	Partnership between NHS Boards and independent hospices
Actions 24 and 25	Education and workforce development

* Monitoring of progress will be undertaken by the Scottish Government Health Directorates through the Living and Dying Well National Advisory Group.

SLWG6
SLWG7

*Service configurations for Adolescents and young people
Public Health & Health Promotion*

*See Children, Adolescents & Young People section
Action initially led by Scottish Partnership for Palliative Care*

ePCS Rollout : Expected rollout to practices (% of practices which have used ePCS)

NAME OF HEALTH BOARD	Jan-11	Jun-11	Sep-11	Dec-11
Ayrshire & Arran	27	50	70	90
Borders	0 no data rec'd			
Dumfries & Galloway	54	70	75	80
Fife	26 no data rec'd			
Forth Valley	38	50	65	80
Grampian	31	70	90	100
Greater Glasgow & Clyde	47	55	75	95
Highland	3 no data rec'd			
Lothian	71	75	80	90
Lanarkshire	27 no data rec'd			
Orkney	7	30	50	70
Shetland	0 Figures not available due to tech. issues			
Tayside	4	70	100	
Western Isles	42	65	80	90

Based on Information supplied to
National Clinical Lead for ePCS and
supplied to the National Advisory Group
in March 2011.