Regional Reporting – Q1
Overview

	North	Midlands and East	London	South
MOU Signed	[G]	[AR]	[G]	[G]
Q1/Q2 Funding released	[A]	[A]	[A]	[A/R]
Deliverable 1	[G]	[G]	[G]	[G]
Deliverable 2	[G]	[G]	[G]	[G]
Deliverable 3	[A/G]	[A/G]	[A/G]	[A/R]

Delivery Confidence RAG guide	
Rating	Guiding principles
[G]	Deliverable has been completed on time and to satisfactory quality
[AG]	Deliverable is on track to be complete on time and to satisfactory quality
[A]	Deliverable not on track, its completion may be slightly delayed or minor reforecasting may be required to complete to satisfactory quality but no material risk to delivery
[AR]	Deliverable not on track, delays or need to reforecast likely in order to complete to satisfactory quality, there may be material risk to delivery
[R]	Deliverable overdue or impossible to complete to satisfactory quality, there may be material risks and issues associated with this deliverable

Deliverable 1

Clinical and managerial participation in the quarterly national clinical network face to face meetings chaired by the NCD for End of Life Care.

Region	Meeting(s)
North	06 Jun – Representation at PEoLC Network meeting
Midlands and East	06 Jun – Representation at PEoLC Network meeting
London	06 Jun – Representation at PEoLC Network meeting
South	06 Jun – Representation at PEoLC Network meeting

Deliverable 2

Support local clinical engagement through mechanisms (and frequency) to be identified by the regional team.

Region	Date	Meetings
North	06 Jun	• Clinical leads teleconference: WY&H, South Yorkshire and Bassetlaw and Humber, Coast and Vale, with Y&H Regional clinical leads.
	08 Jun	• Quarterly meeting/ teleconference with Northern area regional EoL leads (North East, Cheshire and Manchester, Lancaster and South Cumbria, and Yorkshire & Humber) • North West Operational Group Teleconference
	13 Jun	• Yorkshire & Humber region P&EoLC Meeting • Lancashire & South Cumbria Palliative & End of Life Care Network Delivery & Oversight Group meeting • Clinical Advisory Forum met (Lancashire and South Cumbria)
	19 Jun	• People's Voice Launch (Lancashire and South Cumbria)
	26 Jun	• Greater Manchester and Eastern Cheshire Advisory Group meeting
Midlands and East	26 Apr	• Black Country STP Clinical Leadership Group
	13&18 May	• Citizen and patient engagement – death cafés (West Midlands)
	05 Jun	• Meeting with new Cancer Alliance nurse for 'living with and beyond' (West Midlands)
	07 Jun	• West Midlands Birmingham and Solihull STP Coordinated EoL Care Working Party
	14 Jun	• West Midlands Networks and Clinical Directors Meeting
	20 Jun	• West Midlands Palliative and End of Life Care STP Expert Advisory Group

Deliverable 2 continued

Region	Date	Meetings
London	02 May	• Quarterly Clinical Leadership Group meeting • London EOLC in Care Homes meeting (Working with three London AHSNs and regional Enhanced Health in Care Homes board)
	May/Jun	• Two meetings have taken place with key colleagues involved in improving EOLC for homeless people. Planning has started for a pan London EOLC in Homeless event that will take place in Oct 18
	Jun	• A planning meeting took place for the Commissioners webex that is to be held on 04 Jul
	20 Jun	• EOLC STP leads meeting to discuss EOLC related initiatives and outcomes (to ensure that EOLC is developed as a work stream in each footprint)
South	05 Apr	• Dorset EOL Care Partnership meeting
	18 Apr	• Dorset STP Clinical Innovation Alliance
	15 May	• HIOW STEP event in conjunction with SCAS (the challenges around High end emergency users of the service)
	18 May	• Wessex EOL Network meeting (workshop to discuss/agree recommendations for a Wessex wide unified approach to obtaining, recording, storing and sharing of EOL patient care plans)
	05 Jun	• Regional EOLC Meeting – Reading (South regions)

Deliverable 3

A choice of one (or more) of the measures of success.

Region/ Sub-region	Deliverable	Progress (Highlights)
North - Lancashire and South Cumbria	Increase in the number of people identified, offered personalised care and support planning, included in the GP's supportive/palliative care register and offer for inclusion in local EPaCCS. *Metric selected: metrics being scoped.*	14 Jun - Project launched.
North - Cheshire & Merseyside	Reduction in the number of people who have 3 or more emergency admissions in the last 90 days of life from care homes. *Metric selected: metrics being scoped.*	25 Jun – Project commenced, need data which shows where patient is admitted from, reason for admission and link to whether ACP in place.
North - Greater Manchester Eastern Cheshire	Increase in the number of people identified, offered personalised care and support planning, included in the GP's supportive/palliative care register and offer for inclusion in local EPaCCS *Metric selected: Meeting with data and intelligence team in July to firm up metrics.*	Discussions in progress re EPaCCS investment and person centred and community centred approaches.
North – North East	Increased access/ usage of shared digital records (EPaCCS) *Metric selected: Work in progress, hope to define in Q2 reporting.*	Work commenced around modifying data sets so that special patient notes are compatible with North East Ambulance service. The pilot site in North Tyneside is progressing (14 EMIS Practices + 4 additional GP practices across the region).
North - Yorkshire & Humber	Embed PEoLC priorities within STPs	Jun - Completion of community pharmacy SLA work WY&H/NHSE, Scoping of EPaCCS availability across Y&H concluded.

Deliverable 3 continued

Region/ Sub-region	Deliverable	Progress (Highlights)
Midlands & East: East Midlands East of England West Midlands	Embed PEoLC priorities within STPs. *Proposed metrics (TBC):* • *Number of STPs engaged (as a % of all in Mids and East)* • *Number of NHS RightCare Delivery Partners engaged (as a % of all in Mids and East)* • *Number of STPs with PEoLC in their 18/19 plan (as a % of all in Mids and East)*	**Midlands and East Region is operating under a new Regional model for 18/19 which has its own regional governance in place.** Due to leave it has not been possible to obtain a regional Q1 report, West Midlands have however provided an overview of their Q1 delivery which includes; sharing End of Life Care STP Support Packs, EPaCCS mapping exercise, scoping the possible implementation of the Right Care case studies (Parkinson's and Colorectal Cancer) and analysing the findings from a West Midlands report on Children and Young People/ Specialised Commissioning.
London	Increase in the number of people identified, offered personalised care and support planning, included in the GP's supportive/palliative care register and offer for inclusion in local EPaCCS *Metrics selected: GP Palliative Care Register/ number of CMC records .* *Planned future collection date(s): CMC data published monthly, GP Palliative care register annually.*	01 Apr – Project launched. Various incentives underway: • Care of care home residents - a draft project plan has been created and will be signed off by the steering group. • Bereavement support - a single signposting document is now being tested with patients and the public and the design is being finalised • The regional Access to Palliative Medicines task and finish group has been initiated to review and reform commissioning of community pharmacy provision of EOLC drugs in order to ensure that access is equitable. ToR have been signed off and work plan agreed.

Deliverable 3 continued

Region/ Sub-region	Deliverable	Progress (Highlights)
South - South East	Reduction in the number of people who have 3 or more emergency admissions in the last 90 days of life.	Progress has been made on; sharing and promoting good practice, dissemination of an EPaCCS evaluation tool (and identification of areas for improvement), launch of Sussex ResPECT Collaborative and delivery of training courses to care homes on ACP.
South - South West	Personalisation: Number of personal health budgets at the end of life.	Work proposed but as yet undetermined - See Risks.
South - Thames Valley	Reduction in the number of people who have 3 or more emergency admissions in the last 90 days of life.	Progress has been made on; sharing and promoting of good practice, working with South Central Ambulance Service and Thames hospice on 111 pilot, update UEC pathway with recommendations/ actions and scoping tool.
South - Wessex	Improved outcomes and experience (ONS-VOICES) in end of life care for people *Metric selected : Voices Survey data and data from various parties such as McMillian, Marie Curie, Diabetes Research, Mental Health charities, Kings Fund reports, Care Quality Commission reports.*	Working with public health watches, Wessex Voices and Dorset on this initiative. Research element has been completed. Currently identifying key stakeholders for a workshop, if successful this will help raise awareness of the importance of all EOL patients and their loved ones engaging in key conversations with health professionals, regardless of their illness or what stage they are at.

Risks

NHS England

70 YEARS OF THE NHS 1948 - 2018

Risks Identified (rated Amber or above)		
Risk	**RAG Rating**	**Mitigation (please also highlight if NHS E can support)**
North - Greater Manchester and Eastern Cheshire Allocation of funding to support the GMEC work stream for EPACCS and PCCA work not absolutely confirmed.	AMBER	Position paper for EPACCS developed and will go to the GM Clinical Reference Group , date TBC. Call in the planning with PCCA team re investment in the personalisation work stream. Outputs of may workshop available and shared.
North - Cheshire & Merseyside/ Lancashire and South Cumbria Transferring palliative and end of life care information electronically	RED	Trying to link into STP digital plans
Midlands & East – West Midlands Failure to engage STP/ICS leaders during a busy period of transition leading to non delivery of national deliverable and potential impact upon delivery of the Six Ambitions and 6 Point Choice Commitment. This is compounded by minimal funding to programme.	AMBER	STP Expert Advisory Group established (for all 6 STPs). Local STP reports and recommendations generated to aid strategic and operational planning at STP locality level. Regional approach for 18/19 to give focus and peer support/shared learning across the wider region.
South - South West Currently there are no resources in place to deliver a programme for EOLC across the South West. However, once Regional funds are released a clinical lead will be recruited, along with some programme management support. This team will be in place to deliver elements of the national work-programme, as yet these are undetermined.	RED	
South - Wessex • End of Life not seen as a recognised work stream in its own right and therefore does not receive funding from a variety of sources for ongoing projects. • Wessex does not currently have a clinical lead for End of Life • Wessex have been given £22k funding for 18/19 for the EoL program of work, this money will not cover work and resource beyond the Oct 18.	RED	

Issues

Issues			
Description	**Date raised**	**Date resolved**	**Actions**
North - Cheshire & Merseyside/ Lancashire and South Cumbria National funding for network project support finished in 2016. Haven't got an overview of what is in place since last review in July 2016	25/6/2018	N/A	Using 8 steps to EPaCCS framework as a basis for obtaining an overview of current network compliance and will inform report with recommendations to STP boards.
London The data provided for the EOLC survey is from Q2 2017. Further delay in the publication poses a risk to their value.	June 18	Expected by Aug 18	Issue raised to the clinical network Associate Director for resolution.

Category	Likelihood Scoring				
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Very Likely
Frequency / How likely is it to happen?	This probably will never happen/recur	Do not expect it to happen/recur, but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but is not a persisting issue or circumstance	Very likely to happen/recur; possibly frequently

Category	Impact Scoring				
Impact score	1	2	3	4	5
Descriptor	Very low	Low	Moderate	High	Very high
Operational	• Minor reduction in quality of treatment or service • No or minimal effect for patients	• Single failure to meet national standards of quality of treatment or service • Low effect for a small number of patients if unresolved	• Repeated failure to meet national standards of quality of treatment or service • Moderate effect for multiple patients if unresolved	• Ongoing non-compliance with national standards of quality of treatment or service • Significant effect for numerous patients if unresolved	• Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service • Very significant effect for a large number of patients if unresolved
Reputational	• Not relevant to mandate priorities • No adverse media coverage • No negative recognition from the public	• Minor impact on achieving mandate priorities • Low level of adverse media coverage • Small amount of negative public interest	• Moderate impact on achieving mandate priorities • Moderate amount of adverse media coverage • Moderate amount of negative public interest	• High impact on achieving mandate priorities • High level of adverse media coverage • Negative impact on public confidence	• Mandate priorities will not be achieved • National adverse media coverage • Total loss of public confidence
Financial	• Programme- Between £10m and £25m• Admin- Between £2m and £5m	• Programme- Between £25m and £50m• Admin- Between £5m and £10m	• Programme- Between £50m and £100m• Admin- Between £10m and £20m	• Programme- Between £100m and £250m• Admin- Between £20m and £50m	• Programme- More than £250m• Admin- More than £50m

To calculate your risk RAG rating you should identify the likelihood and impact score from the tables on the left, the RAG is as per the table above (where the scores meet).