

**National Implementation Advisory Group for the Strategic Framework for Action on Palliative and End of Life Care  
Friday 27 April 2018**

**Paper for Discussion  
Palliative and End of Life Care Workplan**

**Item status:**

For information

For discussion

For decision

<b>Key issues:</b>	Strategic Framework for Action on Palliative and End of Life Care (SFA) Workplan
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<b>Action/Outcome Required:</b>	<p>Following comments from the last meeting of the NIAG in December 2017, this paper provides an updated version of the workplan based on the ambitions and commitments set out in the SFA.</p> <p>Members are asked to note the updates to this document including:</p> <ul style="list-style-type: none"> <li>• Actions as provided by the commitment leads which will be covered under the relevant agenda items.</li> </ul> <p>We ask the group to:</p> <ul style="list-style-type: none"> <li>• Note the content of the workplan.</li> <li>• Note the intention is to develop last year's worth of reporting and completed actions into a summary of activity for 2017. This is currently being developed.</li> </ul>
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<b>Handling at meeting:</b>	Paper for information and discussion.
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## **Strategic Framework for Action on Palliative and End of Life Care (SFA)**

### **Policy Context**

The Scottish Government Strategic Framework for Action on Palliative and End of Life Care (SFA), was published in December 2015 and contains a range of commitments designed to improve the range and quality of palliative and end of life care services for people across Scotland.

The core aims of the SFA are:

- Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
- People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this accords with their needs and preferences.
- Communities, groups and organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.

### **Background**

In late 2016 it was suggested by several members of the group that it would be helpful to have one document that could be updated regularly that would show progress towards implementation the commitments in the SFA. This would support the group in prioritising areas for action.

A draft structure of a workplan was agreed at the meeting of the NIAG in December 2016. As agreed at this meeting, the workplan was subsequently populated with suggested actions to take forward the commitments in the SFA for further discussion.

Any changes to the structure or functioning of the workplan are noted in the Action Section at the start of this document.

The NIAG subgroups will take forward specific commitments set out in the SFA and are expected to have their own workplans to complement the overarching NIAG workplan. Subgroup Leads therefore provide updates on their work to the Secretariat to help inform the most recent version of the NIAG workplan. Subgroup workplans can be provided on request to the Secretariat.

**National Implementation and Advisory Group  
on Palliative and End of Life Care (NIAG)**

**Workplan**

**2018**

DRAFT

**NIAG Workplan**

A key to the workplan content is set out below:

- Commitment – An abbreviated summary of the commitment contained in the SFA
- Actions/Tasks - Suggested tasks that may need to be undertaken by members of the group or the group as a whole to help achieve the commitment. It is expected that more tasks will be identified and added as work progresses.
- Lead – Member of the group/subgroup or individuals responsible for taking forward the action/task.
- Age range – This column is designed to indicate work that is for specific age ranges. This has yet to be developed fully but currently, a purple marker indicates the work is geared towards children and young people (under 18).
- Time – This identifies a timescale in which the action is expected to be completed.
- Progress – Over time this will contain updates on each of the tasks and will be completed by the Lead ahead of each meeting. Two small columns to the right contains a RAG rating to indicate whether each task is on track at each of the NIAG meetings. A workplan that covers the full year will have three columns.
  - B – Black – Not started
  - R – Red – Running significantly behind schedule or at serious risk of not being completed
  - A – Amber – Running behind schedule or at risk of not being fully completed
  - G – Green – On track
  - BI - Blue - Completed
- Evidence of completion – Sets out a rough guide as to when the action could be considered complete.

**Workplan Monitoring and Usage**

Identified Leads (Annex A) will complete a progress update associated with their actions ahead of each meeting of the NIAG or on request from the Secretariat. This will be submitted to the Secretariat within the timescales set out in the table below. A table containing the deadlines for submission for 2018 is set out below. To aid leads in providing updates, for 2018 calendar requests will be sent to inform leads of deadlines.

NIAG Meeting Date	Workplan Update Deadline	NIAG Papers issued
14 August 2018 (14:00 to 17:00)	3 August 2018	7 August 2018
3 December (14:00 to 17:00)	19 November 2018	26 November 2018

Ahead of each NIAG meeting, completed actions will be removed from the workplan and stored in an Annex. This will help ensure that the workplan stays current but that there is a way of tracking progress across years if required. This will be held by the Secretariat. This will commence from 2018 onwards to provide members a view of a full year’s monitoring to allow any changes in this process to be made.

**Risks and Issues**

If there is slippage in any area of the workplan then the agreed Lead should register either the risks or issues associated with the slippage in the associated NIAG risks and issues logs (Annex B). These will be held by the Secretariat and circulated to members with the workplan ahead of meetings if any updates are added.

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**Commitment 1 - Support Healthcare Improvement Scotland in providing Health and Social Care Partnerships (HSCPs) with expertise on testing and implementing improvements in the identification and care co-ordination of those who can benefit from palliative and end of life care.**

**Key Public facing message -**

REF	ACTION/ TASKS	LEAD	C	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
1.1	Identify H&SCPs which to be used as test sites and agree funding for HIS	SG		Complete	B I	By May 2017	Confirmation of test sites and scoping exercise to explore improvement opportunities.
1.2	Recruitment of national support team.	HIS		Complete. PEOLC Social Services lead delayed – filled in the interim by LWiC Social Services National Lead. SSSC and the Care Inspectorate also provide us additional advice and guidance on request.	B I	By May 2017	Recruitment completed.
1.3	Build local capacity for palliative care improvement.			Complete. Recruitment: National improvement advisor, project officer and clinical leads are in post. 5 Associate improvement advisors recruited by HSCP test sites. Western Isles no longer activity participating in comm 1 focussing on comm 2.  Proposal in place for sixth test site  Ongoing. Development: HIS providing monthly project surgeries, improvement science development sessions and share learning opportunities to AIAs and test site participants. Online PEOLC learning network created open to test sites and wider PEOLC partners.	G	Recruitment by December 2017  Development by March 2019	Programme and project staff are in place for live test sites.  Sixth test site in negotiation – staff already in place.  Attendance to project surgeries, development sessions (including action learning sets), attendance to learning events, test site participants monthly 1:1s with IA and NL.  Programme activities recorded and evidence matrix available.
1.4	Identify local opportunities for palliative care improvements			5 original test sites undertaken understanding the system analysis to identify local improvement opportunities and concluded decision-making via local steering groups.  Western Isles considering option to develop commissioning strategy in a separate manner.	A	By December 2017	PEOLC Programme Delivery Group minutes; Local test site project steering group minutes; Project charters – aim, rationale, measures; Monthly update reports – aim, monthly activities, data outputs, risks, learning; Monthly project surgeries to understand current picture and change idea plans in place across test sites.

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			As of early 2018, introduction of an additional test site is being considered. Amber rating reflects that a new site may be further behind than other sites.			Evidence Matrix available.
1.5	Take forward local projects to improve the identification and coordination of people who would benefit from palliative care.		<p>As of March 2018, test sites are designing tools and interventions to test in relation to small tests of change to improve identification. Progress as expected for each test site per individual plans.</p> <p>Iterative PDSA cycle and initial learning from projects to be undertaken in summer 2018.</p> <p>Scale up and system learning to be undertaken autumn 2018.</p> <p>LWiC are developing tools and mechanisms to support national knowledge exchange.</p>	G	<p>Small test of change by summer 2018</p> <p>Scale up by Autumn 2018</p> <p>National outputs/ learning events by Mar 19</p>	<p>Improvement methodology support and programme infrastructure provided by LWiC team. Project charters in place and where initiatives have completed test of change learning reports are available (East Ayrshire) and sharing learning outputs are being produced (benchmarking film). To be agreed</p> <p>LWiC team have produced a PEOLC identification tools comparator, available nationally via iHub website providing webex to share learning.</p> <p>EA an-Ayrshire learning event March 2018 supported by LWiC and test sites</p> <p>LWiC focus on identification event May 2018 supported by test sites</p>
1.6	Review learning from local projects and complete final report.	HSCPs	After Action review is planned following the completion of the projects and a final report will be produced.	B	Expected by March 2019	<p>Review undertaken and Programme Report produced.</p> <p>NB Dundee end date November 2019 as agreed with SG.</p> <p>Sixth test site in negotiations</p>

**Commitment 2 - Provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships.**

**Key Public facing message -**

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
2.1	Form short life working group to support the drafting of the strategic commissioning guidance	SG	Completed	BI	By October 2016	Group formed and have met
2.2	Agree main themes to be included in the commissioning guidance		Completed	BI	By December	Areas to be covered in guidance discussed with SLWG

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2.2.1	• Create initial draft of guidance		Completed	B I	By Spring 2017	Draft composed and discussed with SLWG
2.2.2	• Reflect with SLWG on changes needed to draft Guidance		Completed	B I	Spring 2017	
2.3	Create final draft of Guidance for engagement with HSCPs		Final draft available for discussion at December meeting of NIAG	B I	By October 2017	Further engagement with NIAG prior to publication.
2.4	Hold SG Directorate meeting to discuss draft guidance and ensure messages are consistent with policy		Completed	B I	By September 2017	
2.5	Invite Hospice Chief Executives to present at Chief Officers meeting to set out what support they provide to local communities		Meeting took place in spring 2018. Ron Culley CO Western Isles chaired this . This was felt to be productive and next steps have been agreed.  It was agreed that the feasibility of establishing a memorandum of understanding between Hospices and Chief Officers would be explored.	G	By March 2017	Meeting taken place and next steps agreed.
2.6	Publish finalised commissioning advice note.		This is expected to be published in April 2018	G	April 2018	Advice published.
2.7	Identify opportunities to support HSCPs in the commissioning of services and supports		Medium to long term and ongoing.	B	Ongoing	Evidence of use of the guidance to inform commissioning activity by the boards – leading to shifts in health and wellbeing indicators and any agreed measures regarding end of life care.

### Commitment 3 - Support the development of a new palliative and end of life care educational framework.

#### Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
3.1	Undertake learning needs analysis of health and social services workforce -focus groups, rapid review of literature, mapping of existing learning & development frameworks.	NES/S SSC	Completed	B I	By Nov 2016	Summary reports
3.2	Co-create framework - engagement with partners by NES/SSSC team, expert groups to develop domain content and consultation with health, social services and education workforce through local workshops and online survey.		Completed	B I	By Mar 2017	Framework published
3.3	Create year 2 work plan - implementation and embedding		Completed	B I	By	Agreement by Education Advisory Group and detailed workplan submitted to SG

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3.4	Promotion / Dissemination of PEOLC Framework and associated resources across HSCP, Local authorities, third and independent sector.		<ul style="list-style-type: none"> <li>• Co-ordinate Raising Awareness sessions</li> <li>• Circulate to IJBs and offer of engagement to support local delivery of learning</li> <li>• Disseminate through SSSC news, Yammer and Social Media</li> <li>• Face to Face promotion through existing networks; PON, L and D / OD leads, Das</li> <li>• Development of Raising Awareness Resource through SSSC Learning Zone</li> </ul>	G	<p>May 18 May 18</p> <p>May/June 18 Ongoing</p> <p>December 18</p>	Actions completed by December 2018
3.5	Articulate alignment of resources to Registration requirements.		<ul style="list-style-type: none"> <li>• From Assessors guidance for resource, identify related NOS skills set and promote associated open badges for post registration training and learning</li> <li>• Support PEOLC skilled level domains within Dementia Ambassadors resources.</li> <li>• Continue to work with West of Scotland SLWG college network and their development of NPA and PDA CPD PEOLC opportunities.</li> </ul>	G	<p>December 18</p> <p>September 18</p> <p>October 18</p>	
3.6	Develop Local Area learning partnership model supporting all policy areas within scope of Integration.		<ul style="list-style-type: none"> <li>• Explore possibilities within ECHO model for contributing to local learning hubs</li> <li>• Pilot local learning hub model within two partnership areas – identification of pilot areas. Initial evaluation / Sharing of learning from pilot areas</li> </ul>	G	<p>September 18</p> <p>September 18 March 19</p>	Local engagement activity and resources supported
3.7	Respond to emergent learning needs associated by HIS test sites, IJBs and employers.		<ul style="list-style-type: none"> <li>• Facilitation of Inquiry led collaborative learning within partnerships to support locally led and sustainable learning solutions</li> <li>• Responsive support to partnerships / sharing of related resources to support implementation of Framework e.g. step into leadership, 23 things, facilitation resource.</li> </ul>	G	<p>Ongoing</p> <p>Ongoing</p>	Ongoing support to HIS and IJBs. Updates provided regularly to NIAG.
3.8	Impact evaluation of resource and learning.		<ul style="list-style-type: none"> <li>• Agreement with PEOLC Working Group &amp; PE Joint working group of outcomes chain to underpin impact evaluation of resource and learning</li> </ul>	G	June 18	Actions to be completed by March 2019.

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				<ul style="list-style-type: none"> <li>• Completion of Survey monkey evaluation of resources use and impact</li> <li>• Collation of learning evidence and impact on knowledge, skills and practice from Open Badge analytics</li> <li>• Delivery of evaluation report and updated resource</li> </ul>			February 19	
							February 19	
							March 19	

### Commitment 4 - Support and promote the further development of holistic palliative care for the 0-25 years age group.

#### Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
4.1	Explore with relevant stakeholders what high quality palliative care for children and young people should look like.	SCYP PEX/R CPCH	C	SCYPPEX/RCPCH hosted an event in March 2017 to explore this. Feedback from the event made available to NIAG in summer 2017 and favoured a 'network' approach.	B I	By June 2017	Take advice from relevant stakeholders.
4.1.1	Develop and agree a way forward to establish a CYP palliative and end of life care network.	SCYP PEX/ NSD/ SG	C	Discussion has commenced with NSD as to how best take forward a 'network approach'. A formal proposal has now been formed and is progressing through NSD's assessment process.	G	By Autumn 2018	Network in place.
4.2	Identify a mechanism to support discussions between HSCPs and CHAS to develop services and supports to meet local needs.	SG	C	Meeting has taken place between CHAS and Chief Officers.	G	By December 2017	Meeting taken place.
4.3	Establish effective commissioning arrangements to support Children and Young People's palliative care.	SG	C	These have been established for 2018/19 with the aid and assistance of NHS Lothian and its child health commissioner Sally Egan. Consideration being given to how best to link this mechanism into local commissioning arrangements. The amber rating reflects the complexity of linking effectively into all local areas as this will be a challenge.	A	Ongoing	Commissioning arrangements in place.

### Commitment 5 - Support the establishment of the Scottish Research Forum for Palliative and End of Life Care.

#### Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
5.1	Establish Research Forum	SG	C	Complete	B I	By Winter 2016	Forum established for a full calendar year.

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5.2	Develop plan to harness the work of the Forum to routinely inform policy and practice in improving palliative and end of life care across Scotland.	Scott Murray/ Bridget Johnston	<p>The next Research Forum meeting entitled “Community and Palliative Care Demands Tomorrow” was held on Wednesday 21 February 2018. The event was successful and focussed on:</p> <ul style="list-style-type: none"> <li>• Understanding methodology - an introduction to key terms used in research</li> <li>• Palliative and end of life care for multiple conditions</li> <li>• What will end of life care look like after 2021?</li> <li>• Community Palliative care – outcomes and money.</li> </ul> <p>Research Forum members have also been active in organising 2 other conferences for the NIAG:</p> <ul style="list-style-type: none"> <li>• 1st February 2018 - Supporting the needs of carers of those with a terminal illness</li> <li>• 2nd February 2018 - Inaugural SPICT international conference</li> </ul> <p>All events were well attended and received.</p> <p>The next open meeting of the Research Forum will take place on Wed 16 May at Norton Park in Edinburgh.</p>	G	Ongoing	
			<p>SG colleagues are considering a proposal from the Research Forum to expand on their work for the coming year. This is being explored with relevant SG colleagues given the implications and links to other policy areas. The amber rating reflects that this will have to be progressed and agreed with a number of SG colleagues.</p>	A	By summer 2018	
			<p>Smaller meetings continue between researchers and our national policy leads, HIS and NES, so that education and teaching materials may help support the ongoing work, especially with respect to anticipatory care planning and the</p>	G	Ongoing	

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support and training of social care workers and family carers.

**Commitment 6 - Support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this.**

**Key Public facing message -**

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
6.1	Develop a proposal to take forward this workstream for discussion with SG colleagues	SG/SP PC	Initial proposal and funding agreed	B I	By March 2017	Proposal produced and funding secured.
6.2	Discuss agreed way forward with NIAG to best utilise all available resources to inform the development of a rolling workplan for this workstream.	SG/SP PC	Invite discussion from group at April NIAG and begin development of workplan following meeting.	B I	By April 2017	
6.3	Recruit to new post at SPPC to support work around this commitment	SPPC	Appointment to post made	B I	End June 17	Post filled
6.4	Develop and implement work plan	SPPC/ SG	Workplan proposal for 2018/2019 provided to SG and this is expected to be formalised over the coming weeks.	G	By May 2018	Workplan formed and agreed
6.4.1	Scale up and build on existing areas of work, including: <ul style="list-style-type: none"> <li>• Running annual awareness weeks in May, accompanied by information resources and small grants schemes to support individuals and organisations to identify and address local issues.</li> <li>• Running annual To Absent Friends festivals, capitalising on these as opportunities to engage with audiences outwith traditional 'health and social care audiences', and making specific efforts to engage with communities which are often excluded or overlooked.</li> <li>• Promoting and modelling more open and supportive cultures relating to death, dying and bereavement in Scotland. For example, as we undertake activities such as those above we will also explore opportunities to create media coverage as this is an important way of bringing</li> </ul>	SPPC	A proposal has been put forward to SG to extend the post to support the continuation of this work.	G	Ongoing	

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	<p>these issues to people's attention and illustrating that it is socially acceptable to discuss them in public.</p> <ul style="list-style-type: none"> <li>• Providing opportunities for people &amp; organisations working in this field to share learning and work together, for example by publishing e-bulletins, running stakeholder networking events, and providing web-space for members to share activities. This community of practice can help to inform HSCPs wishing to adopt public health approaches to palliative and end of life care.</li> </ul>					
6.4.2	<ul style="list-style-type: none"> <li>• Explore and exploit opportunities to link with, inform and support other relevant work streams such as ACP, Realistic Medicine, Dementia Strategy, and the Health Literacy Action Plan.</li> </ul>	SPPC/SG	Discussion continues with other work streams to understand opportunities. Amber rating reflects the complexity of taking forward this work.	A	Ongoing	Examples of linkage/collaboration
6.4.3	<ul style="list-style-type: none"> <li>• Explore in more detail the other potential areas of work outlined in the aforementioned NIAG paper (eg Schools, Compassionate Workplaces), reporting back to the NIAG within 6 months of new staff capacity being in place at SPPC.</li> </ul>	SPPC	A draft report has been provided to the NIAG.	G	Ongoing	Report to NIAG

**Commitment 7 - Seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations.**

**Key Public facing message -**

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
7.1	NSS to review the use of ACPs across the country as part of out of hours review.	NSS	NSS has produced a report on the use of key information summaries across Scotland. This has taken longer than initially anticipated due to the complex nature of gathering this info.	B I	Summer 2017	Reports on use of ACPs and KIS published
7.2	Increase use of ACPs across Scotland	SG/NSS	See below.			
7.2.1	<ul style="list-style-type: none"> <li>• Include ACP as part of relevant SG strategies to increase awareness and use of ACPs</li> </ul>	SG	Ongoing. The Health and Social Care Delivery Plan, published in December 2016, emphasises the importance of using Key Information Summaries and the recently published Mental Health Strategy also recognises the importance of supporting people to not only live well but die well.	G	Ongoing	Key policy areas support the use of ACPs as a key component of care planning

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				SG colleagues have arranged an internal meeting to discuss how to drive forward this work in relevant policy areas.			
7.2.2	<ul style="list-style-type: none"> <li>Mobile device application "ACP APP for Scotland" to be developed to increase public awareness of ACPs, support capability for patients to record information about their own future health and care needs, and encourage the public to take some responsibility in their own health care.</li> </ul>	HIS		Completed. App launched at event in June 2017 as expected.	B I	By June 2017	App completed and rolled out
7.2.3	<ul style="list-style-type: none"> <li>Work with Children's Hospice Association Scotland (CHAS) and other representatives of children's palliative care services to develop an Anticipatory Care Plan for children and young people.</li> </ul>	HIS	C	Work on-going involving key parties.	G		ACP for children and young people agreed and rolled out
7.2.4	<ul style="list-style-type: none"> <li>New version of Children and Young Persons at risk of Acute Deterioration Management (CYPADM) to be developed to support better planning of care.</li> </ul>	APP M	C	Final version being developed for consideration. The ALLIANCE are lined up to review when a suitable draft is ready. Amber rating reflects the pace of development due to competing priorities.	A	Spring 2018	CYPADM agreed and rolled out
7.2.5	<ul style="list-style-type: none"> <li>Lead subgroup on ACP for people with COPD</li> </ul>	SG		Tim Warren and Jamie Begbie are leading a subgroup on increasing ACPs for people with COPD as part of wider COPD workstream. A meeting will take place in Spring 2018 to discuss this further.	G	Ongoing	Increase the number of people with COPD with a care plan in place
7.3	Move towards adopting the RESPECT process across Scotland by trialling implementation in one locality in the coming year covering both primary and secondary care services.	SG/ Marie Curie		On track. Juliet Spiller leading on this work and planning commenced to support Forth Valley as a test sites, with other Board areas – Fife, Lothian – recently expressing also interest.	G	Over 2017/2018	Progress towards adopting the RESPECT process across Scotland.
<b>Commitment 8 - Support clinical and health economic evaluations of palliative and end of life care models.</b>							
<b>Key Public facing message -</b>							
<b>REF</b>	<b>ACTION/ TASKS</b>	<b>LEAD</b>		<b>PROGRESS/RAG</b>		<b>TIMESCALE</b>	<b>EVIDENCE OF COMPLETION</b>
8.1	Establish baseline dataset to support this work	SG		Not started as data work to be further developed before work is possible.	B		
8.2	Develop a workplan to take forward this workstream using new routine datasets to support robust economic evaluations.			Not started as data work to be further developed before work is possible.	B		

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**Commitment 9 - Support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.**

**Key Public facing message -**

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
9.1	Produce work plan for remainder of 2016/17	ISD	Completed	B I	By October 2016	Submitted to NIAG.
9.2	Produce initial report on data currently available to support PEOC framework		Completed	B I	By October 2016	Submitted to NIAG.
9.3	Produce report outlining recommended work to be undertaken during 2017/18, covering routine analytical outputs and data gaps that need to be filled		Completed	B I	By April 2017	Submitted to NIAG.
9.4	Develop routine analytical outputs		Outputs have been developed for 3 out of 5 analyses agreed. Issues with data completeness and data quality impacting on progress on other outputs: <ul style="list-style-type: none"> <li>• Location of death - G</li> <li>• Rank days before death for hospice referral - G</li> <li>• Last 6 months of life - A</li> <li>• Last 12 months of life trajectories - A</li> <li>• End of life classification matrix – B</li> </ul> Amber rating reflects the average of the individual data ratings above.	A	Ongoing	Outputs on location of death available on ISD Source tableau platform

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9.5	Work towards filling data gaps, some of which will involve initial scoping work and collaboration with a variety of organisations		<p>Progress as follows:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospice Data – Ongoing review of hospice inpatient submissions to ISD to identify gaps and understand issues preventing some hospices from submitting data. Working closely with ISD data management team and hospices. - G</li> <li>• Collaborating with NSS IT (commissioned by the SG integration team) to scope IT capabilities across all hospices. Linking into this project will help identify potential solutions for hospices to automate submissions and get the right links to relevant IT infrastructures. - G</li> <li>• Hospice at Home data – Work is being progressed with 3 hospices that have agreed to be part of a pilot. A Public Benefit Privacy Panel (PBPP) application is being completed and IG guidance and permissions being progressed. - G</li> <li>• Quality of Care - Pending an update on progress with the VOICES pilot, a proposal for collaboration will be made to NHS Lothian. - A</li> <li>• Routine access to ACP via SPIRE - Contingent on the SPIRE roll out timetable. Linking with SPIRE deployment to identify GP Practices to run a pilot with. SPIRE Deployment is slow and so data extraction lagging even further. - A</li> <li>• Key Information Summary - Contingent on development of a new e-KIS system. Linking with NSS IT and SG e-health team. - G</li> </ul> <p>Others - Providing support to Strathcarron Hospice evaluation project and the results so far have been positive.</p>	G	Ongoing	
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9.6	AD-HOC support for relevant projects which could help meet aims of framework		<ul style="list-style-type: none"> <li>Link with LIST analysts to support Partnerships in developing their PEoLC commitments of the delivery plan.</li> <li>Ongoing support provided to research led by David Clark, into imminence of death in hospital patients.</li> </ul>	G		Ongoing	
9.7	Produce a work plan for 2018/19 with a view to completing work from 2017/18 and other projects to address data gaps.		<p>Continue data developmental work on:</p> <ul style="list-style-type: none"> <li>Location of death</li> <li>Rank days before death for hospice referrals</li> <li>Last 6 months of life</li> <li>Last 12 months of life trajectories</li> </ul> <p>Projects to address data gaps:</p> <ul style="list-style-type: none"> <li>Review of Palliative care service providers</li> <li>Inpatient hospice data submissions</li> <li>Hospice at home data pilot</li> <li>Quality of care</li> <li>Key information summary (KIS) research</li> </ul>	G		By March 2019	

### Commitment 10 – NIAG

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
10.1	Form an Implementation Advisory Group	SG	Completed	B		By Summer 2016	
10.2	Develop a workplan for the SFA to support the NIAG in taking forward this work	SG	A workplan has been produced for the NIAG.	G		By April 2017	
10.2.1	<ul style="list-style-type: none"> <li>NIAG to advise on next steps for developing the workplan</li> </ul>	NIAG	Complete	G		April 2017	
10.3	Develop a system of routinely communicating implementation progress to stakeholders	SG	An annual record of NIAG activity is now available and will be used to inform next steps on an activity report.	G		Ongoing	
10.4	NIAG website/communication options to be developed for discussion at the next meeting.	SG	SG webpages repurposed and updated to allow posting of updates. NIAG agendas, minutes and workplans will be available via this website. Amber rating reflects the rate of progress in this action.	A		Ongoing	

**ANNEX A**

Commitment	Lead Name/ Enquiries to	Contact Email
1. HIS and Local Change	<b>Michelle Church</b>	<a href="mailto:michelle.church2@nhs.net">michelle.church2@nhs.net</a>
2. Strategic Commissioning	<b>Christina Naismith</b>	<a href="mailto:Christina.Naismith@gov.scot">Christina.Naismith@gov.scot</a>
3. Educational Framework	<b>Lesley Whyte</b>	<a href="mailto:lesley.whyte@nes.scot.nhs.uk">lesley.whyte@nes.scot.nhs.uk</a>
4. Palliative care for 0-25s	<b>TBC</b>	
5. Research Forum	<b>Scott Murray</b>	<a href="mailto:scott.murray@ed.ac.uk">scott.murray@ed.ac.uk</a>
6. Public Discussion	<b>Mark Hazelwood</b>	<a href="mailto:mark.hazelwood@palliativecarescotland.org.uk">mark.hazelwood@palliativecarescotland.org.uk</a>
7. e-Health	<b>Blythe Robertson</b>	<a href="mailto:Blythe.Robertson@gov.scot">Blythe.Robertson@gov.scot</a>
8. Clinical and Economic Evaluations	<b>Tim Warren</b>	<a href="mailto:Tim.warren@gov.scot">Tim.warren@gov.scot</a>
9. Data	<b>Paul Leak</b>	<a href="mailto:Paul.Leak@gov.scot">Paul.Leak@gov.scot</a>
10. NIAG	<b>Tim Warren</b>	<a href="mailto:Tim.warren@gov.scot">Tim.warren@gov.scot</a>

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