

**National Implementation Advisory Group for the Strategic Framework for Action on Palliative and End of Life Care
Wednesday 13 December 2017**

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

Item status:

For information

For discussion

For decision

Key issues:	Strategic Framework for Action on Palliative and End of Life Care (SFA) Workplan
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Action/Outcome Required:	<p>Following comments from the last meeting of the NIAG in August 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"> • Addition of tertiary RAG column to mark progress from previous NIAG. • New actions as provided by the commitment leads which will be covered under the relevant agenda items. <p>It was suggested at the previous NIAG that bereavement work be included in the workplan. However, Officials are still considering how best to link the palliative care and bereavement policy areas and as such this has not been included at this stage.</p> <p>We ask the group to:</p> <ul style="list-style-type: none"> • Note the content of the workplan. • Note the intention is to develop the year's worth of reporting into a summary of activity for 2017. This will be developed over winter 2017/2018.
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Handling at meeting:	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

2017

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
3 April (14:00 to 17:00)	23 March 2018	27 March 2018
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 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	A	B	B	By May 2017	Number of HSCP agreed to become test site – 6. HIS received funding - Yes.
1.2	Recruitment of national support team.	HIS		In progress. 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.	G	G	G	By May 2017	Number of national posts in recruitment - 5 Number of national support team in post - 4
1.3	Build local capacity for palliative care improvement.			National improvement advisor, project officer and clinical leads are in post. 5 Associate improvement advisors recruited by HSCP test sites. Western Isles no longer recruiting AHP Lead or AIA but suitable plans are being firmed up.	A	A	A	By December 2017	Number of local sites starting analysis - 5 Number of local sites identified local opportunities for change - 5 Number of local AIA in post – 5
1.4	Identify local opportunities for palliative care improvements			5/6 test sites undertaken understanding the system analysis to identify local opportunities. 4/5 test sites (Fife, P&K, EA and Dundee) concluded decision-making via local steering groups . GGC City will conclude option analysis in December. Western Isles considering option to develop commissioning strategy.	A	A	A	By December 2017	Number of local sites starting analysis - 5 Number of local sites identified local opportunities for change - 5
1.5	Improve the identify of people who would benefit from palliative care			Test sites are designing tools and interventions to test in relation to identification. Testing to commence in the majority of sites early 2018.	G	A	A	By September 2018	Number of identification projects started - 2 (EA,P&K) Number of identification projects complete – None yet Percentage of identification projects that improved the identification of people with palliative care needs. –None yet

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1.6	Improve the co-ordination of palliative and end of life care	HSCPs	Test sites are designing tools and interventions to test in relation to identification. Testing to commence in the majority of sites early 2018. Learning from testing to follow later in 2018.	G	G	G	Ongoing	Number of co-ordination projects started. Number of co-ordination projects complete. Percentage of co-ordination projects that improved the co-ordination of palliative care. Number of co-ordination projects focused on anticipatory care planning. Number of co-ordination projects focused on advanced model for dementia Number of co-ordination projects focused on community-based co-ordination of care at home. Number of co-ordination projects focused on acute and hospice-based co-ordination of care.
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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	B	B	B	By October 2016	Group formed and have met
2.2	Agree main themes to be included in the commissioning guidance		Completed	B	B	B	By December	Areas to be covered in guidance discussed with SLWG
2.2.1	• Create initial draft of guidance		Completed	B	B	B	By Spring 2017	Draft composed and discussed with SLWG
2.2.2	• Reflect with SLWG on changes needed to draft Guidance		Completed	G	B	B	Spring 2017	
2.3	Create final draft of Guidance for engagement with HSCPs		Final draft available for discussion at December meeting of NIAG	G	G	G	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	G	G	B	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 to be rearranged. Ron Culley CO Western Isles and Mandy Yule coordinating this.	G	G	A	By March 2017	

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2.6	Identify opportunities to support HSCPs in the commissioning of services and supports		Medium to long term and ongoing.	B	B	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.
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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	B	B	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	G	B	B	By Mar 2017	Framework published
3.3	Create year 2 work plan - implementation and embedding		Completed	G	B	B	By	Agreement by Education Advisory Group and detailed workplan submitted to SG
3.4	Promote awareness and facilitate user engagement with the framework		<ul style="list-style-type: none"> Ongoing work with partners in awareness raising and dissemination through events, social media and sector communication (eg. SSSC News) Support to framework implementation initiated across health boards, hospices, MCNs, HSCPs, employer and provider organisations. Specificate implementation support provided for specialist sectors including prisons and state hospital, children's palliative care, heart failure, MND, learning disability, dementia Collaboration with Macmillan, Marie Curie, Sue Ryder, CHAS to support national, regional and local education, learning and development and alignment with framework 	G	G	G	June	Development and delivery of resources aligned to knowledge and skills framework

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3.5	Work with sector to develop targeted education/development responses to support the health and social service workforce		<ul style="list-style-type: none"> • Range of existing learning resources mapped to the framework • Draft content of Informed level resource completed and circulated for review, revisions underway. Learning activities within resource aligned to qualification requirements for registration • Development and delivery of open badged awareness raising programme with Care Home and Care at Home providers • Work with Care Home and Care at Home providers to develop Assessors Guidance to signpost alignment of framework with qualification requirements for registration • Developing a suite of open badges supporting achievement of framework domains at Informed Level • Development of PEOLC Forum Theatre scripts 	G G G	2017	
3.6	Strengthen connection with workforce activity and models of care and support across related policy areas		<ul style="list-style-type: none"> • Continued collaboration with educational developments across NES and with Registration and Fitness to Practice in SSSC to promote and spread reach of framework • Participation in national Personal Outcomes Network to connect outcomes focused support planning to PEOLC • Collaboration with Promoting Excellence colleagues to co-facilitate PEOLC in Dementia study days and promote framework across network of Dementia Ambassadors • Collaboration with HIS ACP work stream to deliver 'ACP in Palliative Care 	G G G	By Mar 2018	Engagement activity and resources developed under 3.5 signpost or include content from related policy areas

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3.7	Enhance knowledge sharing, learning opportunities and networking to support palliative and end of life care education, learning and development		<ul style="list-style-type: none"> • Learning and Sharing event confirmed for 1st February and planning underway • Delivery of podcast as learning resource for Care Inspectors, Webex session scheduled for national Care Home educators • Implementation support initiated with HEI nursing programme leads, framework promoted to SW programmes through programme leads network • Working with Council of Deans Health Scotland to explore promotion of framework • Engagement with Colleges Development Network to support framework implementation in FEIs. 6 colleges have established pilot to map provision against framework • Supporting Care Opinion programme to ensure learning activity informed by patient experience 	B A G	Ongoing	Delivery of PEOLC Learning and Sharing event and support to regional and sector networks
3.8	Work with other commitment teams to offer workforce and education perspectives and identify opportunities for collaboration		<ul style="list-style-type: none"> • Facilitation of ALS for PEOLC test site leads, HIS Improvement Advisors underway, with involvement from Care Inspectorate • ACP project team and Research forum team contributing to review of Informed resource • Collaboration with Research Forum to support dissemination of research findings through educational resources 	B G G	By March 2018	Completed delivery of Action Learning Set for PEOLC test sites leads in support of Commitment 1

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.	G G B	By June 2017	Take advice from relevant stakeholders.

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4.1.1	Develop and agree a way forward to establish a CYP palliative and end of life care network.	SCYP PEX/ NSD/ SG		Discussion has commenced with NSD as to how best take forward a 'network approach'. This is being developed further with relevant SG policy areas to ensure that any proposal is sustainable in the longer term. This has taken longer than initially envisioned due to the cross cutting nature of the desired approach.	B I	B I	A	By December 2017	A proposal agreed.
4.2	Identify a mechanism to support discussions between HSCPs and CHAS to develop services and supports to meet local needs.	SG	C	Meeting set up with CHAS and HSCP Chief Officer colleagues to improve links and establish next steps.	G	G	G	By December 2017	
4.3	Establish effective commissioning arrangements to support Children and Young People's palliative care.	SG	C	These have been established for 2017/18 with the aid and assistance of NHS Lothian and its child health commissioner Sally Egan.		G	G	By summer 2017	CHAS commissioned

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	Complete	B I	B I	B I	By Winter 2016	Forum established for a full calendar year.
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	The next Research Forum meeting entitled "Community and Palliative Care Demands Tomorrow" is to be held on Wednesday 21 February 2018, Holiday Inn, Glasgow, 9.30 – 13.30. We will be focusing on: <ul style="list-style-type: none"> Understanding methodology - an introduction to key terms used in research Palliative and end of life care for multiple conditions What will end of life care look like after 2021? Community Palliative care – outcomes and money. <p>Research Forum members are also active in organising 2 other relevant conferences for the</p>	G	G	G	Ongoing	

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			<p>NIAG:</p> <ul style="list-style-type: none"> 1st February 2018 - Supporting the needs of carers of those with a terminal illness 2nd February 2018 - Inaugural SPICt international conference <p>A link to these events are attached in the NIAG papers email.</p>				
			<p>A report of the dissemination event held in June 2017 will be presented at the NIAG meeting in December 2017 (paper NIAG 17-13). Further creative dissemination strategies and materials such as videos for care professional are the general public are being prepared collaboratively with HIS, NES and SPPC.</p> <p>Members of the forum are working with relevant colleagues to consider research to explore whether there is an increase in the number and quality of KIS.</p>		G	G	By December 2017
			<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 support and training of social care workers and family carers.</p>		G	G	Ongoing

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	G	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.	G	B I	By April 2017	

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6.3	Recruit to new post at SPPC to support work around this commitment	SPPC	Appointment to post made	B I I	End June 17	Post filled
6.4	Develop and implement work plan	SPPC/ SG	Now that the new post holder is in post we are firming up on more detailed plans, in discussion with SG colleagues and other stakeholders. Items 6.4.1-6.4.3 (below left) are the key areas of work which the funding for the post is designed to support..	G G G	By Autumn 2017	Workplan formed and agreed
6.4.1	<p>Scale up and build on existing areas of work, including:</p> <ul style="list-style-type: none"> 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. 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. 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 these issues to people's attention and illustrating that it is socially acceptable to discuss them in public. Providing opportunities for people & 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. 	SPPC	Scaling up is starting now that the new post is filled. The additional capacity is already proving very valuable.	G G	Ongoing	Metrics around activity and reach as part of GLGDGG routine reporting.
6.4.2	<ul style="list-style-type: none"> 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. 	SPPC/ SG	Early stages and needs more discussion with other work streams to understand opportunities.	A A	Ongoing	Examples of linkage/collaboration

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6.4.3	<ul style="list-style-type: none"> 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. 	SPPC		A series of working groups with relevant stakeholders have been scheduled to inform the production of the report back to NIAG. A draft report is being formed with a view to presenting to the NIAG in early 2018.	G	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.	A	B	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"> Include ACP as part of relevant SG strategies to increase awareness and use of ACPs 	SG		<p>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.</p> <p>Additionally the new health literacy action plan, Making it Easier, has now been published and includes references to work on PEOLC.</p>	G	G	Ongoing	Key policy areas support the use of ACPs as a key component of care planning
7.2.2	<ul style="list-style-type: none"> 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. 	HIS		App launched at event in June 2017 as expected.	G	B	By June 2017	App completed and rolled out
7.2.3	<ul style="list-style-type: none"> 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. 	HIS	C	Work on-going involving key parties	G	G	By December 2017	ACP for children and young people agreed and rolled out

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7.2.4	• New version of Children and Young Persons at risk of Acute Deterioration Management (CYPADM) to be developed to support better planning of care.	APP M	C	Final version being developed for consideration. The ALLIANCE are lined up to review when a suitable draft is ready.	G	A	A	Early 2018	CYPADM agreed and rolled out
7.2.5	• Lead subgroup on ACP for people with COPD	SG		Tim Warren and Blythe Robertson are leading a new subgroup on increasing ACPs for people with COPD as part of wider COPD workstream. Initial work reported to steering group in July 2017. The group last met in November and are working with NSS to develop a successor for the KIS. A meeting will take place on 18 January 2018 to discuss this further.	B	G	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	G	G	Over 2017	Progress towards adopting the RESPECT process across Scotland.

Commitment 8 - Support clinical and health economic evaluations of palliative and end of life care models.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG				TIMESCALE	EVIDENCE OF COMPLETION
8.1	Establish baseline dataset to support this work	SG	Not started as data work to be further developed before work is possible.	B	B	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	B	B		

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	B	B	By October 2016	Submitted to NIAG.
9.2	Produce initial report on data currently available to support PEoLC framework		Completed	B	B	B	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	B	B	By April 2017	Submitted to NIAG.

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9.4	Develop routine analytical outputs		Following approval at the meeting of the NIAG in Spring 2017, work is ongoing to develop the code for the analyses.	G G G	Ongoing	
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"> • Inpatient Hospice Data - Review of hospice inpatient submissions to ISD to identify gaps and understand issues preventing some hospices from submitting data. 8 out of the 14 hospices have submitted data up to March 2017. A couple of hospices have not made submissions since 2015; due to a variety of issues. Investigations in progress. Reviewing data quality and completeness with DMT. A letter was issued to all hospices in October to highlight the importance of their data, encourage regular inpatient submission and inform them of the PEoLC outputs that will be available and offering support from ISD. • 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. • Hospice at Home data - We have collaborated with Hospice UK 2017 summer survey to all hospices in Scotland and the team has linked with this to include questions to help understand hospices that provide a hospice at home service. The survey identified 11 hospices that wished to be part of our pilot. • Information Governance discussions is in progress with NSS IG leads to understand and agree what permissions (DSA) needs to be in place for data collection. • Engagement with Hospices that have volunteered being progressed. 	G G G	Ongoing	

- Third Sector community work - Engaging with the National Charities Forum to identify third sector organisations providing palliative care services with a view to obtaining a volunteer to work with and review data availability.
 - Quality of Care - Pending an update on progress with the VOICES pilot, a proposal for collaboration will be made to NHS Lothian.
 - 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. Dumfries & Galloway GP Practice (using Vision IT system) has been identified for pilot work. An agreement in Principle was obtained from Dr Neil Kelly, however after SPIRE deployment and testing, it was discovered that patient consultation details could not be extracted. Problem seems to affect all Vision Practices and SPIRE team are investigating resolution.
 - Linking with SPIRE deployment in Glasgow (Govan) Practice for permissions and sharing agreement (DSA) in order to extract data.
 - Exploring the possibility of pilot in other areas. In discussions with ACP Clinical lead (HIS), Dr Stuart Cumming, GP in FV and Dr Baughan of Dollar health centre.
 - Key Information Summary - Contingent on development of a new e-KIS system. Liaison with SG e-health team ongoing.
- Others - Work continues to support Strathcarron Hospice evaluation project and the results so far have been positive.

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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"> Link with LIST analysts to support Partnerships in developing their PEoLC commitments of the delivery plan. Ongoing support provided to research led by David Clark, into imminence of death in hospital patients. 	G	G	G	Ongoing	
Commitment 10 – NIAG									
REF	ACTION/ TASKS	LEAD	PROGRESS/RAG				TIMESCALE	EVIDENCE OF COMPLETION	
10.1	Form an Implementation Advisory Group	SG	Completed	B	B	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	B	B	By April 2017		
10.2.1	<ul style="list-style-type: none"> NIAG to advise on next steps for developing the workplan 	NIAG	Complete	G	B	B	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	G	G	Ongoing		
10.4	NIAG website/communication options to be developed for discussion at the next meeting.	SG	A skeleton website has been developed and SG comms colleagues are reviewing this to ensure that it meets wider SG communications guidance.			A	Ongoing		

ANNEX A

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