

**Leeds Palliative
Care Network**

Annual Report 2021-2022

Prepared for NHS Leeds CCG

June 2022

Foreword

As we emerge from the pandemic it is critical that the LPCN works with partners to build on lessons learned and tackle shortcomings exposed over the last two years.

The Leeds Palliative and End of Life Care Strategy describes our approach to this challenge. Launched last summer, it encapsulates a personalised, proactive approach to ensuring that everyone in need of P&EoLC gets the support they require when they require it. This obliges us to develop a comprehensive understanding of inequalities in P&EoLC; utilising and enhancing routinely collected data and bespoke intelligence, whilst working with the communities of Leeds to create tailored sustainable solutions. Central to this is an ethos that recognises the people of Leeds as active partners in understanding, shaping and delivering care and support.

Phase 1 of the Dying Well in the Community project provided invaluable feedback from bereaved family members, alongside professionals, about what works well for people dying in Leeds and what needs to change. Informed by these findings, Phase 2 presents an opportunity to work with colleagues and communities at the neighbourhood level to develop solutions informed by local intelligence, needs and priorities.

The Dying Matters Partnership provides a model of community- engagement that is of increasing importance if we are to successfully address the multiple components underpinning high quality P&EoLC. Our annual bereaved carers' survey is key to informing and driving organisational and system level improvement. We continue to refine survey methodology to optimise responses from our diverse communities and look forward to the next report due this summer.

In direct response to the inequality challenge the LPCN has formed an Equality, Diversity and Inclusion group. It is currently developing a work plan to inform and constructively challenge our approach to ensuring equitable access to services and developing genuinely inclusive models of care and support. We can learn from the success of targeted approaches such as the award winning Homelessness Project, whilst working with other underserved groups.

The provision of high quality P&EoLC is dependent upon a skilled, confident and motivated workforce; alongside well supported friends and family carers. To tackle the education challenge we have expanded our citywide educational capacity and developed tailored training solutions. In order to ensure citywide practice and guidance is consistent and robustly evidence based we plan to establish an evidence into practice group in the coming year. The LPCN continues to explore innovative solutions to persistent challenges. We are working with regional and national colleagues alongside academic, business intelligence and primary care partners to refine, implement and test a screening tool for electronic records to enhance timely recognition of people with P&EoLC needs.

P&EoLC is inseparable from all aspects of treatment, care and support accessed by people in the later stages of their lives. As we move forward, refining and extending our collaborative, multi-component, system-wide approach is essential to meeting the demographic, resource and clinical barriers to excellent P&EoLC for all.



Dr Adam Hurlow, LPCN Chair

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LPCN Annual Report 2021-2022

Introduction

Leeds Palliative Care Network (LPCN) is a group of health and social care providers in Leeds, who are working in collaboration to improve services for people with palliative care needs or at the end of their life. It is constituted as a Managed Clinical Network.

The purpose of this report is to provide NHS Leeds CCG with ongoing assurance of the effectiveness of Leeds Palliative Care Network as a delivery model for the improvement of services for the people of Leeds. It will also be shared with the new Leeds Palliative and End of Life Care (P&EOLC) Population Board.

The report will be useful for LPCN partners to be able to evidence the benefit and impact that we have collectively. It provides a report of activities and achievements during 2021 / 2022 and highlights future plans.

It must be recognised that for a second year it has been one of ongoing unprecedented challenge for the health and care sector in Leeds due to the Covid-19 pandemic.

This continued to absorb significant clinical and administrative energies of all LPCN partners and colleagues in the effort to manage the surge in demand whilst ensuring services return to usual business and all frontline professionals receive the guidance, training, support and advice they required to continue providing care and practice safely.

As a consequence the LPCN continued to provide facilitation and direct support through the administration of system wide meetings and the development of additional guidance and learning materials hosted on our website which is accessible to all.

The LPCN office has mainly run remotely with access to files and email maintained and Zoom or Microsoft Teams used to support meetings. In this way we have continued to influence strategy, deliver quality improvements and system change.

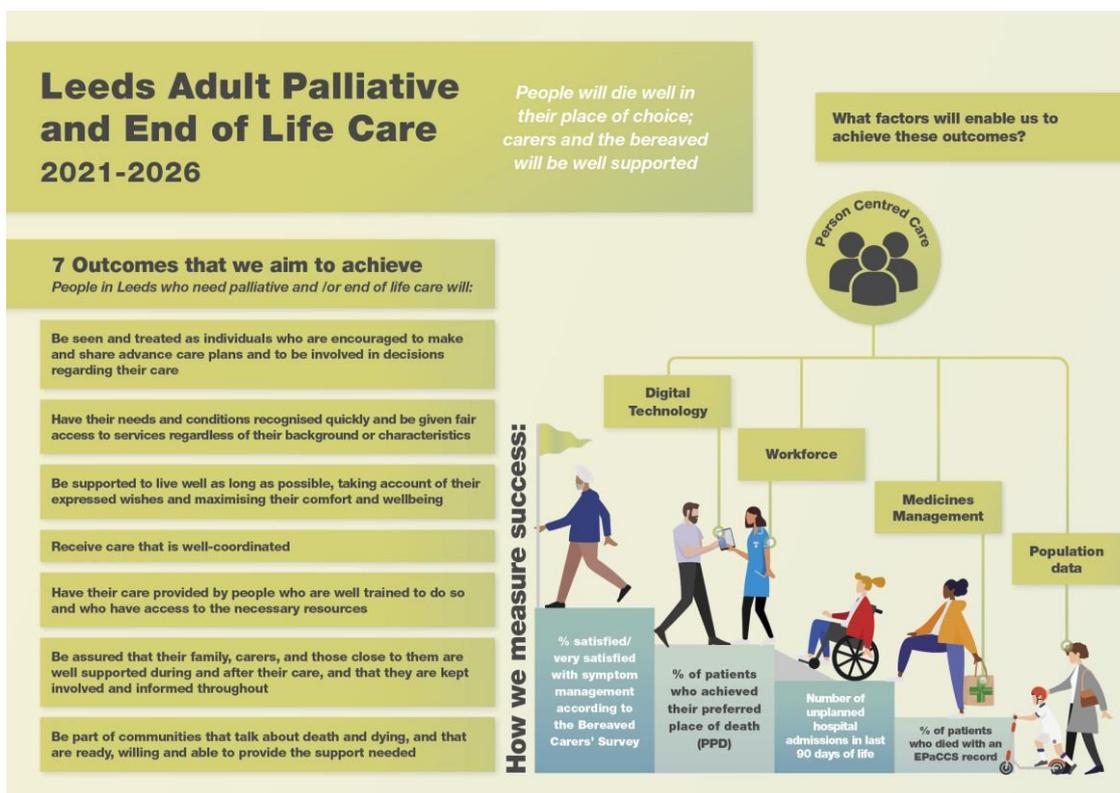
Maintaining Effective Governance and Communications

The Leeds Palliative and End of Life Care Strategy was finalised and published in June 2021 with LPCN executive members being key authors.

The strategy brings together diverse people, professions, perspectives and possibilities to help deliver a care system that is fit for the people of Leeds and to deliver the vision:

“People will die well in their place of choice; carers and the bereaved will be well supported”

A joint communications plan was agreed with NHS Leeds CCG and the strategy has been distributed widely. A full copy is available [here](#) and is shown as a summary page below.



Following publication and in line with the shift towards Integrated Care Systems, Leeds as a place within the West Yorkshire and Harrogate ICS, developed new governance structures. This includes the creation of Population Boards including the **Leeds P&EOLC Population Board**.

The LPCN Chair is a clinical representative on this Board enabling us to inform and influence the agenda. LPCN is also seen as a clinical reference group for the Board.

LPCN quality improvement projects and work streams will continue to support delivery of the outcomes and report into the Board.

The LPCN [Memorandum of Understanding](#) and [Terms of Reference](#) have been refreshed and signed for a further 3 years by all key partners. The governance page will be amended in light of the recent governance changes noted above.

There have been some changes to LPCN Executive membership this year. Dr Emily Curran is now the Sue Ryder Wheatfields representative following Sue Waddington's retirement in October 2021. Gill Warner, Operational Head of Service, represents Leeds Community Healthcare following Sarah McDermott's five year term coming to an end. We have also recruited a new Medicines Management lead, Chris Bonsell, who will commence in April 2022 and will take over from Moira Cookson, Advanced Pharmacist Palliative Medicine, after a 3 month hand over period. LPCN thank Sue, Sarah and Moira for all their incredible support and contribution over the years.

The LPCN Group also saw an increase in membership, particularly from colleagues within the third sector, Leeds Care Association and new professional roles.

With the changing governance and role of the LPCN alongside the Board there will be a need to further review of membership next year to ensure adequate representation of all sectors.

LPCN maintain a risk register to note all risks for the LPCN and a systems issues log that enables partners to highlight issues of concern that require collaborative action to resolve. These are discussed at every LPCN Executive and LPCN Group meeting and have, for example, resulted in a new palliative ambulance, the sharing of and then increased supply of syringe drivers, alerts to partners when there are access to medication concerns and escalation of workforce capacity and digital interoperability issues. Partners are also able to share incidents that require cross organisation responses to resolve.

LPCN Communications

Twitter Analysis

	1 April 2021 – 31 March 2022
Followers	441
Impressions	15,011
Likes	65
Retweets	39

Web stats

	1 April 2021 – 31 March 2022
Users	4,679
Page views	14,836
Most popular pages:	Home page – 2,837 End of Life Care Learning Outcomes – 1,295 Advanced Care Planning – 1,171 Medicines Management – 536 Professionals – resources – 504

Highlights for the year include:

- In total 87 new downloads were added to the website including programme updates, guidance, training resources and news articles.
- Six news bulletins were issued throughout the period to the 132 subscribers on our mailing list.
- LPCN featured in a Team Leeds Stories video, celebrating our City-wide collaboration and partnership working. Team Leeds Stories showcase the services in Leeds which are thinking outside the box to deliver services. The [video](#) includes an interview with Dr Adam Hurlow, and summarises our collaborative structure and innovative partnership culture to guide LPCNs work and priorities.
- Our communications work supported and promoted the Bereaved Carers Survey and Dying Matters Week by sharing information on social media, on our website and through our bulletins.

LPCN Quality Improvement Programme Updates

The programme of quality improvement work continued in line with the agreed Strategic Population Outcomes and Enablers shown above. Monthly project updates have been maintained throughout the year and reported via [programme overview](#).

Unsurprisingly some of the improvement working groups and projects have been put on hold due to Covid-19 impact and reduced capacity; others have continued but have seen some delays.

Below is a summary of achievements over the last year that support each Outcome. Most projects influence more than one outcome but are listed against the one where the main impact is most likely.

Outcome 1 – People that need P&EOLC will be seen and treated as individuals who are encouraged to make and share advance care plans and to be involved in decisions regarding their care

LTHT Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Audit

The ReSPECT process creates personalised recommendations for a person's care and treatment in a future in which they are unable to make or express choices. The audit of LTHT ReSPECT data by the Academic Unit for Palliative Care will give further detailed understanding of use and implementation, including inequalities, and inform future improvement work. The project was delayed whilst information governance and data transfer issues were resolved. Data analysis has now begun and we anticipate the audit report being available by autumn.

Improving Planning Ahead

This project aims to personalise the approach to Advance Care Planning through the use of 'What Matters to me', ReSPECT and EPACCs. The Planning Ahead Template was revised in light of feedback and is now widely in use across the community. Training for existing and new signatories has been delivered and a rolling programme of training continues.

Key messages for the public are being developed with Public Health Colleagues so they are better informed and prepared to engage in care planning conversations. This will result in coordinated communications later in 2022.

In response to the CQC ReSPECT / DNACPR guidance a Leeds position statement was produced that enabled areas for further action to be highlighted.

This will include further audit of community ReSPECT documents to highlight where practice and completion can be improved. The group continues to liaise with partners in LTHT to help manage the impact and risk of having different information systems. The importance of providing the patient with a copy of the latest document is recognised by all partners. LYPFT have now expressed a wish to also consider how they might contribute to the ReSPECT process in Leeds.

Outcome 2 - People that need P&EOLC will have their needs and conditions recognised quickly and be given fair access to services regardless of their background or characteristics

Equality Diversity and Inclusion

In October 2021 this new group started to provide oversight and support to the LPCN. Terms of reference, wide membership and the first year work plan have been developed. LPCN funding has been agreed to support leadership training for staff from diverse communities working in palliative care. This should help broaden the diversity of the LPCN membership. We hope to undertake a deep dive review of information already held about the ethnicity, deprivation and diversity of the population along with colleagues from Public Health. Future plans will be co-produced with the relevant communities of interest and an equality impact assessment tool is being developed for use with future projects.

The group will review, support and provide oversight to projects with services that care for underrepresented communities including those with a learning disabilities, gypsies and travellers, prisoners, drug and alcohol addicts and the LGBTQ+ community.

Timely Recognition of EOL

This project aims to help develop an early recognition tool for patients approaching the end of life to use in primary care in Leeds. Funding was secured in January 2022 from both the regional Strategic Clinical Network and Leeds Ageing Well monies. We have secured data quality and academic support, which will ensure the work is academically robust and has ethics approval. We have recruited 3 GPs to provide 4

sessions per week to act as clinical leads for the project. A timely recognition search tool is being developed and will be tested within the Central PCN with all practices actively supporting the project. The project will then go on to understand the impact of using the tool and how best to support primary care in undertaking advanced care planning with those patients that will benefit. It is hoped the search tool trial will start in May 2022 and if successful will be rolled out across Leeds.

Homelessness

This new pilot service is widening access to palliative and end of life care for homeless and vulnerably housed people in Leeds. It was commenced after identifying an unmet need by colleagues in St Gemma's Hospice with citywide partners and sponsored by the LPCN. A further year has been funded from LPCN slippage whilst the service test out additional posts and agrees a final service model. The service is already seeing significant increase in demand. The service has won the Nursing Times Team of the Year award, has been featured in a national newspaper and been invited to speak at a national conferences about inclusion.

A business case will be made to secure the service recurrently going forward.

Outcome 3 - People that need P&EOLC will be supported to live well as long as possible, taking account of their expressed wishes and maximising their comfort and wellbeing

Bereaved Carers Survey

The annual survey for 2021/22 was slightly delayed whilst it was redesigned to make it simpler to complete and analyse.

All partners worked with Healthwatch Leeds to agree the design, the standard operating procedure and timescales. Colleagues from the Leeds Deaths Registration department were instrumental in distributing the survey alongside the death certification process. This was all via electronic communications, with no opportunity for face to face explanation to highlight the survey or encouragement to complete.

The response was lower than hoped for but was successful in increasing returns from the community and BAME population. The data is now being reviewed with the final report expected in the summer.

All actions resulting from the 2020 survey were completed and the plan can be found [here](#)

Heart Failure

Monthly LCH Palliative Cardiac MDT continue with support from the Consultant in Palliative Medicine. The group are planning an evaluation on how to evidence benefits of the MDT for patients. Most patients discussed are usually in the community; LTHT are to discuss the referral pathway for inpatients.

A need for advanced communications training for cardiology staff has been identified and is being planned. Guidelines for administration of subcutaneous diuretics (discharge from hospital) have been produced and are on Leeds Health Pathways.

Symptom management guidelines for patients with advanced Heart failure have been reviewed and will be circulated within a cross city working group prior to LPCN ratification and publication.

Palliative Ambulance

Yorkshire Ambulance Service have been extremely busy due to Covid and increasing demand with limited capacity to undertake improvement work or attend meetings. As a consequence the planned developments in palliative crew training, user experience survey and service promotional materials have been delayed. It is hoped all these plans will be delivered next year.

The activity reports have been produced and circulated regularly and the new Palliative Care Ambulance, displaying the LPCN logo, became operational from December 2021.

Dementia

The group oversees and delivers three key work streams:

End of Life Admiral Nurse post(s) for Leeds – The group has worked collaboratively to develop a detailed business case and propose a service model that would be led by Leeds Community Healthcare for the city; adding specialist roles to support people living with dementia at the end of their lives. Tim Sanders (MH Commissioner) is leading on work with LCH to identify funding opportunities for the business case for an Admiral Nurse team. Proposed financial benefits would flow from reduced admissions to and deaths in hospital.

Pain and Symptom Group – This group is looking toward academic evaluation of symptom recognition tools for people with dementia. An initial NIHR grant application has not been successful however the group will address the recommendations and feedback provided and resubmit in the autumn.

Advance Care Planning – An easy read version of My Future Wishes has been developed in coordination with the LYPFT Health Facilitation Team mainly for people with Learning Disabilities. This is with the WY PEOLC Group for approval. Following feedback amendments are being made and it will then be available to partners on our website and as part of the toolkit being developed by the ICS. The EOL Dementia group will then review the document with people in Leeds for its suitability for use with people living with dementia.

Outcome 4 - People that need P&EOLC will receive care that is well-coordinated

Transfer of Care – Hospital / Hospice

This group recently reformed after several months without meeting. The Terms of Reference, Standard Operating Procedure for daily referral meetings and the referral forms have been refreshed. The hospice transfer checklist will be updated next.

The group are reviewing what data, including incidents and complaints, is available to monitor transfers from hospital to detect any causal factor for delay and determine if any further actions are required. This will require an ability to adapt to new and unpredicted challenges to patient flow

In future we plan to scope and discuss possible implementation of a Trusted Assessor Model and continue to optimise the transfer process in conjunction with the palliative ambulance group.

Leeds - Dying Well in the Community

This has been a significant ongoing project for all partners across the city and has continued throughout the year virtually. Phase 1 of the project has been supported by Leeds Beckett University who were sponsored by Leeds Academic Health Partnership. Patient and Carers views and engagement was undertaken by Healthwatch Leeds. Despite some time slippage Phase 1 of this project is now complete and the [final report](#) has been published on the website.

Four different perspectives have been taken of the system:-

- Whole Systems Approach, engaging over 100 professionals views that agreed a stakeholder map and producing a complex systems map
- A Citizen view, producing a full report and videos
- A Service view, that engaged senior and middle managers from all key partners and was undertaken jointly with CCG colleagues developing Place Based Partnership project methodologies
- A Data view – where an initial data analysis has been completed on the changing and different local patterns of demand in the community

All outputs from Phase1 can be found [here](#)

From all the views taken, five common themes were developed with three key actions identified for service redesign during Phase 2 of the project.

Updating the service offer – opportunities for this are being tested through the increased collaboration and integration of services in at least two LCP areas, with Seacroft agreed as the first area. A business case to secure additional funding from the LPCN capacity is being written. An initial review of the glossary of terms will start in May to increase shared understanding of the language we use.

We have had initial conversation with the national NHSE EoLC team and are hoping to receive some additional funding to enable the scoping of a **Single Point of Access for EoLC in Leeds**.

Both the above pieces of work will help us identify where to focus any **increase in resources to support people being able to die in the community**.

The remaining two areas, **access to timely prescribing and improving advance care planning**, already have significant work streams progressing them.

A Project Initiation Document for Phase 2 has been drafted and we hope to progress these work streams at pace during the summer.

Outcome 5 - People that need P&EOLC will have their care provided by people who are well trained to do so and who have access to the necessary resources

Training and Education

Despite significant workforce challenges we have successfully recruited an LPCN Clinical Educator and Education Administrator. These new posts will now be able to take forward education plans that have been on hold which include, scoping Advance Care Planning training provision in Leeds, developing a sustainable citywide communication skills model and expansion of the ECHO training programme. Links have been made with the LAHP so that training is coordinated across Leeds.

The LPCN planned and supported the delivery of training on the new Planning Ahead template and ReSPECT. Facilitators from both hospices and Leeds Community Health Care Trust and Primary Care delivered 6 sessions for new ReSPECT signatories (72 people attended) and 2 refresher sessions for existing signatories (12 people attended) between August and November 2021. We are planning to continue this training programme on a regular basis.

All education has required a significant expansion of the tele-education offering. ECHO continues to be made available to health care professionals in Leeds.

A new group has been formed to oversee the development of an education strategy and programme of education for care homes. Temporary additional educator support has been secured to help progress this work.

Resources – Syringe Drivers

A citywide group have worked collaboratively during the year to ensure that the existing supply of syringe drivers were distributed as fairly as possible to ensure continuity of care. This included redeploying 2nd Edition drivers to the community and deploying newly purchased 3rd Edition drivers to inpatient wards where the shorter battery life could be more reliably managed, following a field alert.

A case was successfully made to the manufacturer for the newly supplied 3rd Edition stock to be replaced (60 in total) and following analysis of existing stock levels across the city both LTHT and LCH ordered 130 each of the latest Body Guard T34 model.

A business case was successfully made to the CCG to secure funding to purchase the new model for Care Homes with Nursing in Leeds and these will be purchased and distributed early next year.

The group continues to meet and have requested additional technical support capacity from the manufacturer to enable all the newly delivered stock to be commissioned and put in to practice.

All providers have put into place training plans. Training materials and offers of training events have been made by the manufacturer. It is hoped that this will ensure next year all patients and frontline clinicians that require this equipment will have easy and reliable access.

Outcome 6 - People that need P&EOLC will be assured that their family, their carers and those close to them are well supported during and after their care, and that they are kept involved and informed throughout

Carers Information

The LPCN Executive agreed we review the information available to support families and carers on the website, with a view to improvement and wider awareness.

Carers Leeds were commissioned to help provide carers views about materials available and what else would be helpful. The web page links were sent to bereaved carers known to them. Feedback was very positive about the information and leaflets available.

Comments included:

"..find it very informative. So many different contacts and guidance. I liked the forms to print off or save to fill in to support all the people you may need to contact after loss. It would have been very helpful when I lost my XXXXXX."

LPCN will develop a plan to promote the website to the public via professional colleagues and will further review useful materials during 2022.

Outcome 7 - People that need P&EOLC will be part of communities that talk about death and dying, and that are ready, willing and able to provide the support needed

Dying Matters

Despite reduced staffing within the Public Health team, the Dying Matters Partnership (DM) continued to meet and deliver a programme of work.

This has included training programmes for carers about bereavement and virtual death cafes. Dying Matters awareness week 2021 included support and promotion through social media accounts; various LCC bulletins and input to other relevant bulletins e.g. primary care; paid Facebook advertising; and city screens and advertising space e.g. Armley Billboard.

The partnership were encouraged by the subsequent high footfall to the DM website and agreed to collectively review content to ensure relevance and up to date information, links and opportunities – to take learning from feedback from DM week and have a greater focus on “a good place to die” and the implications this has had.

The partnership also opened a second round of small grants to ensure year round small events and activities. Activities funded included: community performance and support to run a series of workshops focussing on grief and bereavement, an intergenerational story telling project working with people with learning disabilities and their carers, and events to support those from culturally diverse backgrounds in planning for end of life.

DM partnership and LCC parks and countryside have agreed to work in partnership to further develop the COVID-19 memorial garden, the launch event and associated activity (art, performance, walks etc.)

The partnership are supporting the development of a campaign to increase awareness and confidence in Advance Care Planning and the development of healthy ageing training as part of living and ageing well personalised care approach funded by the ICS.

The partnership are planning a campaign, communications and marketing strategy to support this year's national Dying Matters week which will take place between 2nd and 6th May 2022.

Enablers

Medications Management

Most medication projects also contribute to Outcome 5 through the education and support of professional development involved in the prescribing, dispensing and administration process.

Due to reduced availability of frontline clinicians in the community, the audit of anticipatory medicines has been on hold. This will recommence next year. In the meantime the syringe driver guidance has been redrafted.

New evidence based guidance has been produced for the use of opioids in the management of breathlessness.

The cycle of reviewing guidance has continued with patient guidance for management of bleeding and seizures being commenced. The opioid wheel is also due to be reviewed.

Review of guidance will in future fall under the remit of a new group to be developed that will oversee evidence into practice.

The plan to enable electronic prescribing in the hospice community and outpatient services is unfortunately on hold as the provider of SystemOne, TPP, do not have capacity to support the project until March 2023. Despite trying various local and national routes there does not appear to be any means to change this decision.

The medicines management lead continues to link with NHS England and Community Pharmacy West Yorkshire regarding the community pharmacy service for the urgent supply of palliative care drugs. There was an expectation that a National Service Specification was to be released in September 2021, this has not materialised so the current SLA, (which includes the increased stock levels implemented during the first wave of the COVID pandemic) has been extended until March 2023. Despite the increased stock levels concerns have been raised about the difficulties still experienced in obtaining medication particularly during bank holiday periods. This probably reflects the increased number of patients choosing to receive end of life care at home.

Population Needs

EOL Metrics

The Planning Ahead (formally EPaCCS) data sharing agreement has expanded the data items included and reporting changes have been agreed. This will enable more detailed reporting against some health inequalities aspects. This report also underpins the agreed Leeds P&EoLC measures. Whilst data flow and report production has been slow at times the data shows:

- A sustained increase in the number of adults who died in Leeds with EPaCCS
- The proportion of those who achieve their preferred place has been sustained at approximately 80%
- Continued growth in use of ReSPECT tool across the system (71% of people with EPaCCS at last report).

The plan to incorporate LTHT ReSPECT data to the citywide Planning Ahead report, which would enable a genuinely city-wide insight into the state of ACP at the end of life, has been delayed at the IG and DSA stage. This has now been escalated to the Board

The AUPC has been commissioned to undertake an audit of LTHT ReSPECT data. The agreements have been completed, data is being transferred and the analysis commenced. The report is Autumn 22.

LPCN members have actively contributed to CCG workshops to develop a new Outcomes Framework and associated metrics for the Board; sharing their knowledge of metrics that are available or could be developed.

WY ICS P&EoLC metric group has formally adopted three metrics based on the Leeds metrics. Dr Hurlow continues to chair this group; with aspirations to focus on understanding P&EoLC inequalities across the ICS.

Leeds Dataset

There has been an ambition to add Hospice data (and Continuing Healthcare data) to the Leeds dataset for several years. Progress has been slow due to information governance and data sharing agreement (DSA) requirements. The data that is useful and available has been identified and agreed and once the DSA is finalised the data will be ready to flow. This delay has also been escalated to the Board.

The Leeds Data Model (LDM) has the potential to support a citywide understanding of access to key elements of P&EoLC. Current data is only linked to those with an EPaCCS record, hindering our understanding of the P&EoLC received by the other 50% of adults who die in Leeds without EPaCCS. An evolving collaboration with the AUPC aims to use the LDM to understand access for adults who die in Leeds; broadening our understanding of inequities and deepening our insight into data-completeness of the LDM.

Workforce

Recruitment to vacant posts has remained a challenge for all partners and remains a feature on the systems issues log.

LPCN has had representation at the WY workforce group helping to inform the gathering of intelligence around SPC workforce.

Digital Technology

EPaCCS/ReSPECT: sharing care and treatment recommendations between electronic patient records

The inability to share real-time care and treatment recommendations between hospital and community electronic records remains an on-going and intractable source of risk. The LPCN continues to support efforts to address this issue at a regional level through the Yorkshire and Humber Care Record.

Other Developments and Projects

The LPCN maintain strong relationships with wider partners across the city and link to projects that are led by others but impact on palliative and end of life care.

Winter Planning

In partnership with the CCG a citywide P&EOLC Winter Planning group was facilitated and administered by the LPCN, with the group meeting weekly at the height of system pressures. The group developed several operational solutions to give additional capacity and support. These included additional beds in St. Gemma's hospice, commissioning EOL Doulas UK, trialling a virtual ward model within the hospices, seeking additional support for carers and looking to improve equipment issues identified. Ideas that have future benefit are being carried forward by various LPCN project groups.

Frailty

Links have been maintained with the Frailty working group with a plan to be able to report EPaCCS activity for people living with frailty in the future.

Breathlessness

A single point of referral and an expanded MDT for breathlessness has been developed to enable a wider cohort of patients to access the service. New guidelines for the use of opioids in breathlessness in advanced disease have been developed, ratified and are on the LPCN website and LHP. Plans for a citywide education event have been postponed due to reduced capacity. As a result of changing CCG structures and roles the citywide EOL respiratory group will move under the governance of the LPCN next year.

Out of Hours death certificates

Leeds CCG palliative care lead led a project with Local Care Direct (LCD) out of hour's service to develop an agreed standardised process so that death certificates can be issued in a timely manner for those patients whose faith or beliefs require a funeral within 24 hours of death. LPCN circulated the pathway documents to gain wider view and feedback prior to implementation by LCD.

Mental Health Therapist Pilot

Non recurrent funding was secured to enable this psychotherapy support service being delivered to patients in receipt of specialist palliative care to continue whilst a solution for recurrent funding is found.

Finance Report

Dynamic financial management means the LPCN budget remains in a positive position; with expenditure on events, travel, sundries, promotional materials etc. being reduced due to virtual working.

Underspend this year is mainly attributed to challenges in recruitment and vacant education posts.

A contingency has been set aside to ameliorate any risk held by St. Gemma's in hosting LPCN staff should the network fold.

Active encouragement of LPCN members has resulted in a number of business cases being raised and funding approved to support improvement projects. These are supporting care home education, the homelessness project and leadership training for professionals from diverse communities.

We successfully secured additional non recurrent funding to support MH therapy for specialist palliative care patients and to purchase syringe drivers for care homes.

Funding from both Ageing Well monies and the NY SCN are supporting the Timely Response (formally Early Tool) project.

We have supported 2 bids to the Health Inequalities funding to further support the homelessness service and to commence sexual orientation monitoring of the P&EOL population.

Below is the year end budget report.

LEEDS PALLIATIVE CARE NETWORK FINANCE REPORT April 21-March 22								
WORKFORCE / CORE								
Roles	Budget 21/22	Q1 actual	Q2 actual	Q3 actual	Q4 actual	Actual 2122	Variance	
Network Management Clinical and Admin	£79,758	£18,502	£18,816	£20,110	£18,395	£75,823	£3,935	
Clinical Practice Educator / Education Administrator	£56,784	£875		£875	£2,451	£3,325	£53,459	
ELM/Comms	£10,140	£560	£800	£1,000	£1,000	£3,360	£6,780	
Sundries / expenses	£1,182		£120			£120	£1,062	
Website	£2,535				£870	£870	£1,665	
Overheads	£13,057	£3,310	£3,310	£3,310	£3,310	£13,240	-£183	
Inflationary uplift	£2,663					£0	£2,663	
Final amount for recharge purposes 21/22	£166,120	£22,372	£23,045	£25,295	£26,026	£96,738	£69,382	
Total underspend regular funding 31.3.21								
	£117,233							
Expenditure from underspend:								
Contingency fund	-£10,000							
Diverse Leadership	-£21,000							
Homelessness project	-£33,116							
Care Homes Clinical Educator role	-£20,000							
Work in relation to ReSPECT	-£3,000							
Left to spend 2122	£69,382							
Remaining balance pipeline bids	£271,794							
Total	£371,293							
PROJECTS								
Title	Received	Spend as at 31/3/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Spend to date 2122	Actual left
Citywide Bereaved Carers Survey	£11,000	£3,562				£5,000	£5,000	£2,438
Implementation of E prescribing - Moira Cookson	£28,633	£24,604					£0	£4,029
EPaCCS Planning Ahead training and development	£70,000	£28,067				£5,905	£5,905	£36,028
End of Life Dementia Care	£20,898	£13,933	£1,350		£675	£1,800	£3,825	£3,140
Project ECHO Hub	£81,462	£42,141	£2,613		£2,613	£3,509	£5,142	£13,876
Heart Failure MDT cover	£16,224	£8,112	£2,001		£2,001	£2,001	£2,001	£8,004
PHM programme backfill	£6,000	£0					£0	£6,000
Community Flow Improvement project	£50,000	£13,050	£10,171		£5,587		£7,650	£23,408
Early Tool project - from Ageing Well underspend	£52,524						£0	£52,524
Nursing Home Syringe Driver project	£26,000						£0	£26,000
Leed P&EOLC MH Therapy	£28,709						£0	£28,709
Contingency fund	£10,000						£0	£10,000
Care Homes Clinical Educator role	£20,000						£0	£20,000
Diverse Leadership	£21,000						£0	£21,000
Homelessness project	£33,116					£10,285	£10,285	£22,831
Total	£475,566	£133,469	£16,135	£10,876	£5,510	£37,783	£70,303	£271,794

Future Plans 2023 and beyond

LPCN are currently establishing an effective working relationship with the P&EOLC Population Board that will ensure ongoing contribution to the evolving strategic direction.

LPCN are committed to a significant programme of work and have reviewed the programme to best understand what requires the highest levels of energy investment and where impact on patient experience will be seen.

The P&EOLC Population Board are developing an Outcomes Framework that will inform the metrics collected for the city. LPCN are keen to support the development of EOLC measures particularly Patient Reported Outcome Measures (PROMs).

Future priorities generated by the Board will inform and influence the LPCN programme of work.

Emerging pieces of work for next year include:

- Establishing an Evidence into Practice Group
- Implementation and evaluation of the Phase 2 of the Dying Well in the Community project
- Undertaking the Timely Recognition project, evaluating findings and determining future benefit and possible citywide implementation
- Development of the education offer to ensure a capable and effective workforce
- Improvement the website for families and carers
- Progressing the ED&I plan and commencing a sexuality orientation and gender identity monitoring project.
- Continuing the Homelessness service development whilst seeking recurrent funding
- Supporting routine collection of citywide data

Beyond this we will continue to work with colleagues in Public Health on the design and plans for a refresh of the EOLC Health Needs Assessment in 2023; in line with regional strategic HNA template.

We will review actions that support Outcomes 6 & 7 further alongside the Board to ensure families and communities continue to have the support they require to prepare and manage during this challenging time in people's lives.

