

A large, colorful Easter egg sculpture stands in a garden. The egg is primarily blue at the top, transitioning to yellow at the bottom, with a green base. It features a landscape scene with a building, trees, and a small hedgehog. The base is decorated with autumn leaves and a bee. The sculpture is surrounded by pink roses and yellow flowers. In the background, there's a brick building with a tiled roof and some bushes.

Quality Account

2022-23

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you
and your family

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Introduction: LOROS vision, mission and values

Quality Accounts are an important way for organisations that provide healthcare commissioned by NHS England or Integrated Care Boards (ICB), to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services are measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website by June 30th each year, as set out in the Health Act 2009. The document includes performance against quality indicators according to the Health and Social Care Act 2012.

The LOROS Quality Account was developed in collaboration with stakeholders including staff, patients and carers, Board of Trustees and our local commissioners.

Our vision and mission

Vision

(Our long term aspiration for our society)

Everyone with an incurable illness has the right to excellent care. This should value and respect their uniqueness and their own choices. People should be enabled to live and die with dignity and with appropriate and compassionate support for themselves and their loved ones.

Mission

(Our goals and activities in working towards our Vision)

LOROS is a charity whose aim is to enhance the quality of life of adult patients with cancer, progressive neurological conditions and end-stage organ failure for whom curative treatment is no longer possible. Patients are treated at the Hospice and in the community based upon clinical need, regardless of background and the ability to pay.

LOROS specialises in holistic, multidisciplinary care, focused on the whole person and including family and carers. The care given takes into account the patients' physical, psychological, social and spiritual needs as well as their own choices. Family members are supported in adjusting to loss and bereavement.

LOROS contributes to the education and training of its own and other health and social care professionals and of volunteers. The charity is also committed to research in order to improve the understanding and practice of palliative care.

Our values and behaviours



Professional

Showing respect to patients and families, as well as members of our community, staff and volunteers.



Focused

On exceptional quality service and support for patients and families whilst listening, learning and adapting to their diverse needs.



Collaborative

Working together as colleagues and with local, regional and national partners to grow meaningful relationships and achieve sustainability.



Compassionate

Showing kindness, discretion and sensitivity as we care for our patients, families, our community, staff and volunteers.



Trustworthy

Be honest, reliable and consistent, showing respect and dignity in everything that we do.



Accountable

To our patients, their families, our community, staff, volunteers and external organisations/bodies.

Strategic priorities

Organisational

Ensure the financial sustainability of the charity to deliver the range of clinical services by continuing to be prudent, review income levels and explore additional statutory funding.

Clinical Services - Hospice

Clinical Services - Community

Continually review clinical services to ensure that we safely support our patients by offering a range of options to attend the Hospice, face to face visits, virtual sessions and/or telephone calls. We will review the Inpatient Ward model to ensure it is aligned with expected patient demand.

Awareness, Income Generation and Business Development

Continually review, respond and innovate each income generation and commercial income stream to reduce the predicted loss of income, whilst maintaining the highest standards of supporter care.

Education and Research

Deliver a programme of education and training which responds to the needs of target groups within LOROS and Leicester Leicestershire and Rutland. Continue our research activity to ensure the successful delivery of the National Institute of Health Research grant.

Workforce

Ensure LOROS has a suitably trained staff and volunteer workforce to meet the demands of the changing world. Create a positive working culture which has a proactive approach to Equality, Diversity and Inclusion.





Part one

Statement on quality from the Chief Executive



LOROS is an independent charity providing care and support to around 2,500 people each year across Leicester, Leicestershire and Rutland. Our staff and volunteers are passionate about the organisation and its reputation. Their commitment to excellence in end of life care underpins the services we provide and our investment into education and research.

Our services are available to everyone, regardless of their background and ability to pay. The Trustees govern the organisation robustly, ensuring that it delivers effective, specialist end of life care at no cost to patients and their families. This is achieved through collaboration with the NHS which meets 21% of the organisation's charitable expenditure. The remaining 79% comes from a variety of income generation and fundraising activities.

The vision of the Trustees coupled with the strategic and operational energy of the senior team enables LOROS to continue its drive to provide more services both within the Hospice and across the community. Our recently completed merger with Dove Cottage, a Day Hospice based in the Vale of Belvoir will, for example, enable LOROS to further improve access to specialist services and support for people living in rural communities.

Five priorities are on the LOROS strategic plan, covering the period 2023-28. These include: further developing our exceptional inpatient and Hospice-based services, developing a new overnight response service to operate alongside our existing LOROS at Home services, establishing a trusted and supportive information and advice service that makes it easier for people to find information and access our (and wider) services, building our growing reputation as a centre for excellence for applied research in end of life and palliative care and equipping current and future generations of health and social care professionals with the knowledge and skills they need to care for people at the end of their lives.

A large number of people have contributed to this Quality Account, most notably the Director of Patient Services and Clinical Quality and Clinical Quality & Patient Safety Lead.

To the best of my knowledge the information contained in this document is accurate.

R. Parkinson

Rob Parkinson, Chief Executive

Part two



LOROS

Priorities for improvement 2023-2024

Patient Safety

PRIORITY ONE

Implementation of an acuity tool on the Inpatient Ward

Why was this identified as a priority?

This priority has been rolled over to 2023-24 as the launch of the acuity tool has been delayed due to other initiatives on the ward being introduced in 2022/23.

LOROS is committed to ensuring appropriate staff capacity and capability to care for the patients and families it supports. Anecdotal evidence of increased complexity in patient needs and care dependency mean staff have identified the need for reconsideration of workforce to deliver care and skills to meet the increasingly complex needs. The acuity tool will help to provide some of the evidence of the dependency of patients and their needs on the inpatient ward and provide evidence to help review staffing requirements.

In addition, the acuity tool recognises and accounts for, the duties of the nursing team which impact upon their time but are not directly related to patient care, for example providing telephone advice and supporting bereaved families.

How will progress of this priority be monitored and achievement be measured?

The daily dependency scores and staffing levels will be documented on a tracker file. Utilising the outcomes from using the tool will:

- Provide a basis to look at patient dependency and complexity in relation to patient flow, bed capacity and staffing levels.
- Provide an indication of long-term staffing requirements for the inpatient ward and help identify specific periods of high patient dependency to enable staffing to be reviewed and increased if appropriate in the moment.
- Assist the daily planning of staffing levels and skill mix relative to the demand for care carried out through quantifying the volume of nursing work to be provided
- Enable monitoring of the number and skill mix of staff on the inpatient ward as an indicator when looking at patient safety, risks and feedback.

It is envisaged that the benefits of using the tool will be reflected in supporting managers to provide responsive safe staffing levels based on actual patient dependencies rather than historical levels, positive patient feedback and increased staff satisfaction.

PRIORITY TWO

Overnight response service

Why was this identified as a priority?

There are very minimal community nursing services overnight, and they are unable to respond in a timely manner to end of life patients with no routine specialist advice available to palliative patients. Feedback from clinicians, service providers, patients and families across Leicester, Leicestershire & Rutland (LLR) report that there is a real gap in meeting the needs of patients and carers overnight. This is a risk to palliative patients in the community who are unable to receive symptom support and advice as well as direct symptom management promptly.

How will progress of this priority be monitored and achievement be measured?

The aim is to pilot an Overnight Response Service in Leicester City. This pilot will consist of one specialist nurse and an HCA who are able to respond with telephone advice and visit where deemed appropriate. The service will be available from 10pm-8am every night and will aim to work closely with other overnight services to ensure community palliative care patients get timely input. The service will aim to demonstrate the need to improve care overnight to support patients to die in their preferred place of death if it is at home. It is envisaged that if the service is successful wider provision and funding will be sought to extend to the whole of LLR.

Priorities for improvement 2023-2024

Clinical Effectiveness

PRIORITY ONE

Review of clinical data reporting

Why was this identified as a priority?

There is a significant amount of patient data reported and shared at the Clinical Governance Quarterly meetings. With the introduction of the national Patient Safety Incident Response Framework (PSIRF), this is an opportunity for LOROS to formally review and streamline the data, clinical audit process and incident reporting practices to ensure they are as efficient and effective as possible.

How will progress of this priority be monitored and achievement be measured?

A review of the clinical audits commencing with those undertaken on the inpatient unit will be carried out with a view to streamlining the yearly audit plan. It is recognised that the current audit tools are complex and unclear in parts and they will be redesigned and tested prior to implementation to ensure they are clear and capture meaningful information.

A Clinical Board Assurance Framework will be produced to include the clinical risks to provide assurance to the Board of Trustees.

PRIORITY TWO

Help with Breathlessness Services - Hospice Review

Why was this identified as a priority?

LOROS currently provides a Help with Breathlessness (HWB) service based onsite at the Hospice. Patients are assessed individually and can talk to the team of specialists about their breathlessness; including doctors, occupational therapists and physiotherapists. The aim is to review their current treatment, understand their breathlessness symptoms and help develop new strategies and techniques to manage them.

However, as breathlessness itself may prevent an individual attending a clinic onsite at LOROS, the Occupational Therapy Help with Breathlessness at Home project was implemented following a successful grant application to Hospice UK. The project has been extended in 2022 through a further grant for another two and a half years.

Having introduced assessment at home as well as the established Hospice Outpatients clinic it seemed appropriate to review the 'help with breathlessness' offer across the organisation to ensure we have a streamlined, equitable access service and where appropriate can we increase knowledge of referrers to ensure appropriate referrals are made to the LOROS team.

How will progress of this priority be monitored and achievement be measured?

The Physiotherapy Lead with support from the team will review referral sources and outcomes for patients who have attended the clinic and who have received the service at home.

The review will consider how to increase appropriate referrals and, where appropriate how to ensure knowledge across the referrers increases to understand the LOROS model of support. Considerations of treatment plans, individual goal setting, service offer around non-pharmacological management of breathlessness, fatigue and pacing will be reviewed.

Patient satisfaction and goal attainment will help the team understand the progress of the review as well as understanding clear referral and outcome pathways for this service.



Priorities for improvement 2023-2024

Patient Experience

PRIORITY ONE

Patient Carer Participation Group (PCPG)

Why was this identified as a priority?

The Patient Carer and Participation Group (PCPG) consists of volunteers who work with the Hospice staff to have a direct impact on patient services. By working in partnership with staff, the PCPG:

- Gives a voice to patients and families
- Creates a culture of patient centred care
- Aims to improve the patient experience at LOROS

The group membership currently predominantly consists of carers and the patient voice needed to be captured too. The group felt the Terms of Reference were too structured and preferred a more informal group where patients and carers can share their thoughts and ideas on any projects LOROS is working on and also capture the patient voice on certain topics in the community and bring their feedback back to the group for discussion.

The Patient Participation and Carer Group will change its name to the Hospice User Group (HUG) which will be an informal open forum for people who are currently using or have recent experience of any of the services provided by LOROS. This includes, patients, carers, family members and representatives from health/ social care providers.

LOROS is keen for the HUG to help create a culture of partnership, participation and collaboration in decision making.

How will progress of this priority be monitored and achievement be measured?

A work plan will be produced and members of the group will help with surveys, 15 Steps Challenge, 5 Senses and CQC mock inspections and other Hospice initiatives. The members of the HUG will be Patient Safety Partners.

PRIORITY TWO

Digital Survey Feedback

Why was this identified as a priority?

LOROS currently gathers patient and carer feedback through the Tell Us What You Think process which asks patients and carers about the quality and satisfaction of the Hospice services and is quantitative and qualitative data. The challenges around the current feedback mechanism include the timing, accessibility, ability to meaningfully collate data and communicate to services and respondents.

LOROS is working with the University of Leicester to create a digital survey platform which will enable LOROS to have a real time evidence-based feedback mechanism.

How will progress of this priority be monitored and achievement be measured?

Progress of the introduction of the digital survey will be measured by:

- comparing feedback rate against the pre and post COVID baseline annually
- comparing patient satisfaction before and after the implementation of the digital survey

- assessing the changes made following the introduction of the digital survey and how much these changes contributed to enhanced patient satisfaction
- comparing reduction in paper-based surveys and analysis following the introduction of the survey.



The Board of Trustees statement on quality

This statement aims to offer assurance that LOROS is performing to the standards expected by its registration with the Care Quality Commission, that its staff are going above and beyond this to provide high quality care, that it is measuring its clinical processes and performance, and is involved in research aimed at improving quality of healthcare and patient and carer experience locally, nationally and beyond.



Statement for 2022-23

The Board of Trustees at LOROS remains committed to achieving the organisation's mission:

- to provide the highest quality of care to patients and their families both here at the Hospice and in the community
- to help professionals in all health and social care settings to do the same
- to promote research into improving the experience of patients and families dealing with the end of life.

LOROS' well-established governance structure involves members of the Board engaging actively at Board meetings, playing an active role in internal groups, committees and in service development initiatives. The increased scrutiny of charities has further enhanced the Trustees' commitment to monitor and safeguard the organisation and the patients and families for whom the organisation is established. Trustees regularly attend events at the Hospice and make visits to specific teams and departments giving them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided.

The Board's robust process of governance includes attendance at their meetings by the Chief Executive, Deputy Chief Executive, Director of Patient Services and Medical Director. This regular process helps the Trustees to gain insight and examine any matters which may be of particular concern.

The Board has commissioned a number of capital schemes. In recent years these have been aimed at improving our clinical services and related facilities including the kitchen, dining and social areas of the Hospice.

We are confident that the care and treatment provided by LOROS is of a very high standard and is cost effective.

On behalf of the Board of Trustees I hereby certify that I believe the contents of the LOROS Quality Account to be a true statement of fact.

A handwritten signature in black ink, appearing to read "Robin Graham-Brown".

Professor Robin Graham-Brown
Chair
Board of Trustees

Statements of assurance

Overview of services

During 2022-23 LOROS has provided Hospice services across Leicester, Leicestershire and Rutland (LLR) for the local Integrated Care Board (ICB) as follows:

- Inpatient Ward providing 24hr specialist palliative and end of life care.
- Day Therapy Services providing a varied programme of goal focussed activities and support to promote well-being.
- A range of Outpatients and Domiciliary Consultant visits for symptom management, face to face and virtually via clinic-co.
- Community palliative care by our community nurse specialists, which is part of an integrated community specialist palliative care service with Leicestershire Partnership Trust.
- Lymphoedema out-patient clinic service face to face and virtually by our specialist nurses, providing assessment and treatment for cancer patients.
- Compassionate Neighbours providing support and respite for patients and carers in their own homes by staff and trained volunteers.
- Face to face and telephone counselling and bereavement services for adults and children provided by our specialist counsellors both in the hospice and a persons' own home.
- Support via a number of community bereavement hubs provided by trained volunteers.

- Complementary therapy service for patients on the inpatient ward and in day therapy provided by our specialist staff and volunteers.
- Education and Training for our staff and the wider healthcare community face to face and virtually.
- Undertake research with the aim to improve care for patients and their families.

Income/ Financial

As a charity, LOROS does not generate any income from its services, as they are provided free of charge to patients and carers. The grant income provided by the NHS in 2022-23 totalled £2,458,611. In addition, LOROS received £245,647 to fund the cost of Junior Doctors on rotation and £587,825 to train medical undergraduates.

The remainder (79%) of the funds needed to run LOROS services is generated through a portfolio of donations, legacies, fundraising, retail shops, cafes and the LOROS Lottery.

During 2022-23, voluntary income continued to recover from the after effects of the COVID-19 pandemic, although participation event numbers are still low. As much as voluntary income recovered, the high level of inflation has meant costs increased by more than income, meaning stress was put on the charity's finances.

Participation in clinical audit

LOROS is committed to continually monitor all aspects of patient care against published standards and guidance, and undertake an annual programme of local clinical audits.

LOROS was not eligible to participate in any National Clinical Audits or National Confidential Enquiries during 2022-23.

The Hospice participates in external benchmarking audits:

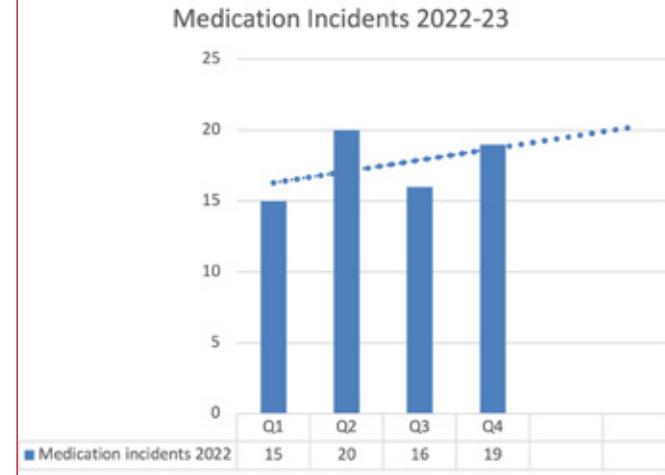
Hospice UK audits- ongoing participation in these audits each year, enables LOROS to benchmark performance against quality indicators such as numbers of falls, pressure ulcers and medication incidents, compared to other similar sized Hospices. The results enables LOROS to review practice and take action to improve the quality of care.

Local clinical audits

A programme of local clinical audits is undertaken each year as part of the on-going quality and performance monitoring and review process, in order to improve the care and service provided. For assurance, audit results are reported to and discussed at the Clinical Governance Committee and reported to the Board of Trustees.

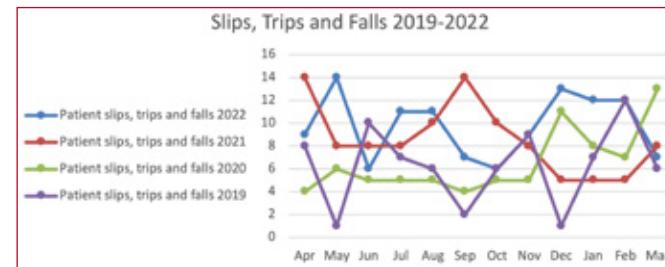
Statements of assurance

Patient safety audits

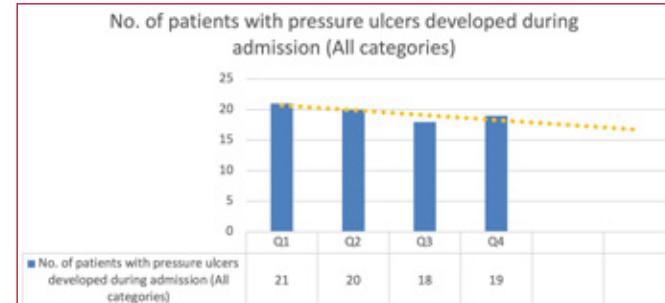


70 medication incidents were logged this year.

Falls



Pressure ulcer prevention



Infection prevention

The infection prevention audit calendar focuses on the compliance with the Code of Practice and CQC requirements. The audit scores, results and actions are presented to the Infection Prevention Link meetings, Senior Nurse Meetings and Clinical Governance meetings. Monthly ward environment audits are carried out to ensure the standard of hygiene on the ward is compliant with national requirements.

The domestic, facilities and infection prevention teams continually work together to audit the building, including clinical and non-clinical areas to enable a priority programme of remedial works to be completed. The remedial works are reported to the Operations Department for completion.

clear downward trend in the percentage of antibiotic recipients who had their prescriptions reviewed.

The indication of treatment was mostly well documented and the documentation was clear regarding i.v. antibiotics and whether there was a need to continue or switch to another route/another antibiotic.

Recommendations

- Maintain good practice following UHL-guidelines of infection treatment.
- An alert through the electronic prescription system, would be useful to:
 - highlight review of antibiotic prescription
 - remind when conversion to oral when necessary
- Re-audit in 1 year.

New audits continue to be discussed with teams and the annual audit calendar will be reviewed for 2023-2024.



Clinical effectiveness audits

Sentinel

There were 641 clinical incidents in the year April 2022 – March 2023.

Doctors' audits

The re-audit of antibiotic use at LOROS was completed in January 2023. The purpose of the re-audit was to assess the quality of prescriptions of antibiotics for inpatients in LOROS and relevant documentation.

Summary

In January 2023 the number of patients receiving antibiotics was similar compared to June 2020 and December 2020, but the number of antibiotic episodes was higher. Although the majority of antibiotic recipients (93.3%) were treated according to NICE and local guidelines, the analysis also indicated a

Statements of assurance

Research (Mandatory Statement)

LOROS continues to contribute to the development of a strong evidence base for palliative care and the care that the Hospice provides for patients and their families. LOROS has been an active centre for National Institute for Health Research (NIHR) approved studies in 2022-23, working closely with the East Midlands Clinical Research Network. Our research activity has seen an increase in recruitment since the relaxation of safety measures in response to the COVID-19 pandemic and new methods for research activity, developed during the pandemic, have facilitated participant involvement.

The second-year of a five-year grant from a local charity which has increased our research activity in collaboration with the University of Leicester, seeing the first LOROS research studies sponsored by the University and further binding the partnership.

All LOROS research is conducted in accordance with regulatory frameworks and standards governing research in the NHS in the UK. These include the UK Policy Framework for Health and Social Care Research 2017, International Conference for Harmonisation Good Clinical Practice (ICH GCP) and the Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031) (and all subsequent versions) as applicable.

Research activity is led by Professor Christina Faull and is overseen by the Research Committee who, in turn, report research activity to the Education and Research Committee at LOROS.

Patient and Participant Involvement is integral to the research department and a small group

of volunteers meet regularly to ensure that the projects that we develop at LOROS have consultation and collaboration with patients and families. We will continue to pro-actively recruit to this group during the coming year. There are also many other community groups and partners who input and collaborate in LOROS research activity.

The research that we develop is focussed on the following themes:

1. Communication and decision-making
2. Symptom management in advanced illness
3. Older people and their family carers

Our work in 2022-23 included:

- SPARS: Symptom Palliation when Non-Invasive Advanced Respiratory Support is used at end of life for treatment of respiratory failure. This study is taking place at University Hospitals of Leicester led by Professor Faull and an Academic trainee doctor, Dr David Wenzel. The work is funded by the NIHR as part of a fellowship award to Dr Wenzel.
- TONIC: Trajectories of outcome in neurological conditions which is exploring quality of life with our MND patient and carer participants. The work is led by the academic department of neurology in Liverpool and LOROS is the first Hospice to be a research site. The study ended in 2022.
- PROSPECT: Progressive Supranuclear Palsy Cortico-Basal Syndrome Multiple System Atrophy Longitudinal study UK led by University College London.
- PEACE: Posthumous Tissue Donation in Cancer Study. The work is being led by University College London and LOROS are working closely with UHL, who are a recruiting site, to track the patients recruiting up until death when some of their body tissues are taken, in accordance with their consent, for the purposes of the research study.
- The Motor Neurone Disease register for England, Wales and Northern Ireland. A project designed to set up a population register and collect information about every person who has a MND diagnosis. A multi-centre study led by Kings College London.
- COMMEND: A feasibility study & randomised controlled trial of Acceptance and Commitment Therapy (ACT) for people with motor neurone disease: Led by University College London this study involves two LOROS therapists who are trained to deliver ACT for patients and their family.
- Opticals: A randomised controlled trial of the HighCALS intervention versus standard care in ALS patients. The study will develop and test a complex intervention (HighCALS) to enhance the nutritional management of people living with ALS, leading to improvements in survival and quality of life. This study is led by the University of Sheffield.
- VENTMND: A study to explore patients' and family members' experiences of end of life decisions about continuing or withdrawing mechanical ventilation in Motor Neurone Disease (MND). This study is led by the University of Nottingham.

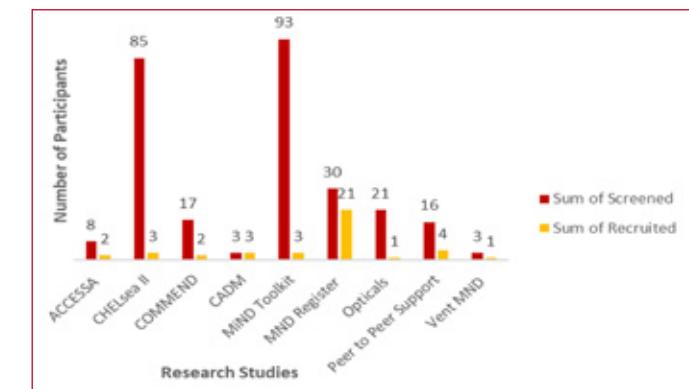
Statements of assurance

- CHELsea II: The study is a cluster randomised trial of clinically assisted hydration in patients in the last days of life. This study is being led by Royal Surrey County Hospital NHS Foundation Trust.
 - ACCESSA: Access to healthcare by ethnic minorities, with a focus on South Asian communities. The study explores participants' own stories about healthcare in South Asian communities. It aims to examine the ways in which patients and/or their family members have experienced their journey to using healthcare services through interviews. The study aims to identify ways to improve access to care in the South Asian community. This study is led by the University of Leeds.
 - Virtual peer-to-peer support: Randomised Control Trial of an online peer-to-peer support programme for carers of individuals with motor neurone disease requiring significant assistance in the home. Led by Kings College London.
 - Preparing for Change: A qualitative study that looks to explore what, if any, role is there for peer mentoring to be used to support family carers of people in care homes who lack capacity, particularly around preparing for discussions and decisions as their relative's health deteriorates. Led by the University of Leicester.
 - Communication and Decision Making: A qualitative study of patients' and clinicians' experiences and co-design of professional development and patient information materials. Study aims to improve patient and carer involvement in decision-making in uncertain situations and to reduce the negative consequences of these situations. This study is led by the University of Leicester.
 - TV Life: A qualitative study aiming for an understanding of living with tracheostomy ventilation for Motor Neurone Disease (MND) and the implications for quality of life for people with MND and their close family members and the perspectives of health and care professionals on the use of TV for people with MND and the implications for treatment and care.
 - MiNDToolkit: A randomised control trial to test the feasibility of the new MiND toolkit in caregivers. The toolkit provides clinical reasoning tools for HCPs and educational tool and techniques in the management for caregivers of those people with MND who may have behavioural or thinking problems. This study is led by the University of East Anglia.
- Research has been disseminated through presentations at both national and international conferences, including:
- Dr Zoebia Islam discussed findings from the Thinking Ahead Study at the UK Palliative Care Congress and the Hospice UK Conference. This work has led to the development of resources aimed at health care professionals to develop their confidence and expertise in supporting people from ethnically diverse backgrounds to engage in thinking ahead about deterioration and dying at a time and at a level with which they feel comfortable. These resources are hosted on the Health Education England End of Life Care for All (e-ELCA) e-learning programme and LOROS Hospice websites (loros.co.uk/research-at-loros/thinking-ahead/thinking-ahead-stories).
- Professor Christina Faull discussed the findings from the Just-In-Case medication study at a national meeting of the NIHR East Midlands Applied Research

Collaborative (ARC). The work has also resulted in an information sheet for patients and relatives agreed across services in Leicester, Leicestershire and Rutland.

Dr David Wenzel presented findings about end of life care and non-invasive ventilation at the National Home ventilation conference. Professor Faull presented research related to withdrawal of ventilation at the obstructive sleep apnoea and non-invasive ventilation course of the Royal College of Physicians of Edinburgh.

Our annual open lecture entitled 'They talk to me like I don't know my own body' presented by Laura Green, Lecturer in Adult Nursing at the University of Manchester was held in a hybrid of in person and virtual meeting in February 2023 with more than 80 public and professional attendees.



Statements of assurance

CQUINs

LOROS income in the last year was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Care Quality Commission (CQC)

LOROS is required to be registered with the Care Quality Commission (CQC), to provide care for adults for treatment of disease, disorder or injury. The Director of Patient Services and Clinical Quality is the Registered Manager.

LOROS has not taken part in any investigations or reviews about its services by the CQC, nor had any enforcement action taken against it during the last year.

The CQC has not carried out an inspection of LOROS and its services during 2022-23 however, regular engagement meetings have been held with the CQC inspectors, which has enabled the sharing of information and provision of assurance.

The CQC reviewed the information and data made available to them in March 2023 through the Direct Monitoring approach by LOROS and considered 'that no further regulatory activity is indicated at this time.' They continue to regularly review data available to them and publish statements to support this on their website.

Data Quality

The Clinical Systems and Data Team have worked with Leicester Partnership Trust (LPT) to switch on SystmOne Electronic Prescribing for LOROS Outpatient clinics. Prescriptions are now sent electronically to the patient's preferred pharmacy and this makes the prescribing and dispensing process more efficient and convenient for patients and staff.

LOROS are proud to be piloting the LLR Care Record (LLRCR) which is part of the national Care Records (ShCR) programme. THE LLRCR brings together separate health and care records in a structured and easy to read format which enables care professionals to access the most up-to-date information, 24/7.

LOROS have invested in Tableau, a visual analytics platform, which is being used to explore and manage our data and to produce insightful Dashboards for our Stakeholders.

Hospital Episode Statistics

LOROS was not required to submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Information Governance

LOROS understands that personal information and data continues to be one of its most valuable assets that requires responsible safeguarding in order to deliver its high-quality, compassionate service to its service users. To that end, we have continued to strengthen our ability to robustly safeguard the data our patients, staff and volunteers have entrusted to us by investing in effective technical solutions to help detect and deter against cyber security incidents.

The Senior Leadership Team continues to ensure responsible use and protection of data is prioritised and embedded throughout the various areas of the organisation and that our Information Governance programme remains effective. A particular emphasis is placed on ongoing staff training and awareness initiatives both to protect data, but also to use it responsibly to help deliver the service our patients, carers and their families expect from LOROS.

As part of demonstrating ongoing compliance with key data protection requirements and industry standards, the NHS Data Security and Protection Toolkit for 2021-22 was completed in June 2022. The 2022-23 version will be completed by the end of June 2023.

For the 2023-24 cycle, the Information Governance programme will focus on providing effective Training and Awareness for all staff, especially those with specialist roles, whilst continuing to ensure there are up-to-date technical and organisational measures in place to maintain the confidentiality, integrity and accessibility of the data we hold.

Statements of assurance

Mortality and Morbidity

As part of its 'Learning from Deaths' guidance and framework in response to the publication of the Care Quality Commission's report "Learning, Candour and accountability", NHS England introduced a Structured Judgement Review (SJR) template, to support a standardised approach to case record review and promote learning.

LOROS acknowledges the opportunity for learning that the structured review of patient deaths can provide, as highlighted in the reports mentioned above. Bi-monthly Mortality & Morbidity (M&M) meetings are held, and attendance is encouraged from the multidisciplinary staff teams (MDT) including, doctors, nurses, physiotherapists, occupational therapists, as well as relevant clinical heads of services and specialist leads such as safeguarding and quality & patient safety. The SJR template was piloted and is now used during the M&M meetings.

Because part of the services provided is end of life care, not all deaths are reviewed. Deaths are selected for their potential for learning as identified by members of the MDT.

During 2022-23, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.



Part three



What we achieved in 2022-2023

Patient safety

PRIORITY ONE

Implementation of an acuity tool on the Inpatient Ward

Why was this identified as a priority?

LOROS is committed to ensuring appropriate staff capacity and capability to care for the patients and families it supports. This priority has been described at length in Part Two.

What we have achieved and progress to date

A review of the available acuity tools has been undertaken and the preferred tool has been adapted from The Wirral Hospice and guidelines for its use have been produced. However, due to the Nurse led bed pilot which ran from April – June 2022 and then the introduction of the Electronic Controlled drug registers in September, the launch of the acuity tool has been delayed until these changes are embedded. The next step will be to trial the tool in one of the nursing teams in quarter one of 2023-24.

PRIORITY TWO

Enhancement of Safeguarding Practices

Why was this identified as a priority?

Following a review of current safeguarding processes, several areas have been identified as a focus for the coming year.

The figures for safeguarding training levels 1 & 2 (Adults, Children, Prevent and Mental Capacity Assessment & Deprivation of Liberty) remains at over 90%. However, there are challenges relating to

Trustee training and awareness. A new Safeguarding Lead Trustee has been identified to help address this issue and progress will be reviewed monthly until full compliance is achieved. A clear plan has been developed to ensure all relevant clinical staff attend level 3 training during 2022 with a quarterly review of progress.

The process for accessing support and advice, particularly out of hours, is being developed to ensure staff are clear on where to seek safeguarding support in the absence of the LOROS safeguarding lead.

A guideline for working with and supporting adults with care and support needs has been developed to compliment the other safeguarding policies and to provide clear guidance across the whole of the organisation in relation to this challenging area. LOROS is awaiting further updates in relation to Liberty Protection Safeguarding and will review practices and implement new requirements once known.

Safeguarding adult competencies will continue to be embedded in the organisations as part of the annual PDR process. Children's safeguarding competencies are now being developed and implementation will begin this year.

What we have achieved and progress to date

Training figures for Level 1 & 2 have improved to 95%, however work continues to increase compliance with the Prevent training. Trustees training has been addressed and the Trustee Safeguarding Lead is engaged and meetings have taken place.

A number of relevant senior staff members were identified to complete the Level 3 face to face training and compliance continues to be monitored quarterly.

All areas of the organisation now have all the relevant phone numbers visible on posters and the pocket principles are easily viewable to assist with out of hours. Discussions took place about out of hours safeguarding and it was agreed staff would continue to contact managers as they currently do.

A guideline for working with and supporting adults with care and support needs has been developed and circulated for final comments.

Awareness raising, relevant updates and management of safeguarding concerns are shared throughout the organisation in the safeguarding forum, during clinical and safeguarding supervision, at significant events and other relevant meetings and are captured and reported upon from the electronic incident reporting system, with relevant actions taken to address issues and/or improve practice.

Moving forward

- Embed a new policy for volunteers.
- Training package to be delivered to income generation staff.
- Separate domestic abuse policy.
- Ensure monitoring of adult safeguarding competencies.
- Implement children's safeguarding competencies.

What we achieved in 2022-2023

Clinical Effectiveness

PRIORITY ONE

Review of Clinical Administration Processes

Why was this identified as a priority?

Since the introduction of SystmOne, the electronic patient record system, in 2012 the clinical administration processes have not been formally reviewed. This initiative is planned to streamline current processes and ensure they are as efficient and effective as possible. This will be progressed by undertaking an online survey with staff followed by a number of face to face meetings and a process mapping exercise to identify what currently works well and what could be improved. It is hoped that this will improve the patient experience, have environmental benefits and potentially result in cost savings.

What we have achieved and progress to date

In July 2022 a formal review of clinical administration processes took place with representatives from each service present.

Staff were able to raise concerns, share ideas and put forward solutions. Following the meeting a key issues action plan was put into place and taken forward by the Head of Community & Outreach Services and the Head of Inpatient and Day Therapy Services. It was agreed that the Clinical Systems and Data Lead would create 'as is' process maps and, where necessary user guides, to formalise the referral in process from start to finish.

PRIORITY TWO

Introduction of Nurse Led Beds (NLB)

Why was this identified as a priority?

For many patients there is a change in care needs during their Hospice stay. In the acute phase, patients usually require medical intervention. However, as their Hospice stay progresses, patients may become stable or enter the dying phase and don't always require medical support, as registered nurses are able to lead and plan their care.

LOROS has highly experienced and skilled nurses and this initiative was thought to support empowering them and recognise their contribution to care delivery. It planned to provide an opportunity to further develop the nursing staffs' skills and knowledge.

In addition, this model of care delivery may have helped manage the medical team's workload, particularly if there was reduced numbers of trainees at the Hospice.

What we have achieved and progress to date?

The NLB was piloted from April to June 2022. The evaluation captured and reviewed a range of patient and service information/feedback to assess the impact the pilot made for patients and staff. The pilot highlighted the following:

- It is unclear whether the pilot phase was representative of patient need
- Since the initial scoping of the pilot the proposed national changes to junior doctors training has become clearer and changes made will not impact on medical staffing levels

- Overwhelmingly, the feedback from patients was positive
- Mixed feedback was received from the medical team, whether the issues raised could be improved over time, needing clarity of the benefits for patients of an NLB and some feedback stating they did not enhance patient care
- Feedback from those nurses who shared their views was negative. It is not known whether this is reflective of the experience of all the nursing team.

The project team met in November 2022 to consider all the information captured in the evaluation of the pilot. After careful consideration it was decided that Nurse Led Beds would not be introduced/continued on the inpatient ward at this time.

The conclusion reached was that the pilot model of NLB's did not demonstrate robust evidence that this type of support for patients was needed and did not have comprehensive support from both the medical and nursing staff.

On reflection, the project team underestimated the skill level required to manage a patient whose condition changed. The long-term approach will be to undertake a broad workforce review to explore opportunities for staff and models of care provision to develop and embrace new skills.

What we achieved in 2022-2023

Patient Experience

PRIORITY ONE

Nurse Led Paracentesis Service

Why was this identified as a priority?

The LOROS Day Therapy Unit has carried out medical procedures as Day Cases for the last six years with the paracentesis procedure (draining fluid from the abdomen) being undertaken predominately by one Consultant in Palliative Medicine. This has meant numbers have been low.

Due to an increased demand for the procedure another member of the team received training to ensure increased numbers of patients were offered the service and avoid delays in receiving this intervention.

The manager of Day Therapy showed an interest in performing this procedure and received training from the Consultant to undertake this intervention independently and allow a greater number of patients to benefit from this service at the Hospice.

A competency framework, standard operation procedure and patient fact sheet was developed to support service delivery.

What we have achieved and progress to date

The Day Therapy Manager, a registered nurse, was trained to be competent to carry out the procedure between February and May 2022. This means the Hospice is been able to offer a more robust service for the patients in the event of staff annual leave or sickness.

A competency framework is in place to train other members of staff. Guidelines have been written for carrying out paracentesis as a Day Case and a patient fact sheet is still to be developed.

PRIORITY TWO

Patient Information and Support Hub

Why was this identified as a priority?

During the pandemic the majority of written information was withdrawn from the hospice; footfall was low and support was limited throughout this time. The Hospice was exploring the best way to provide patient information in the future and planned to develop a patient information and support hub within the Hospice reception area. Key LOROS information leaflets will continue to be displayed as will other useful end of life booklets and leaflets.

In addition, there was a planned printing facility to allow additional leaflets and factsheets to be printed off as required by patients and/or their carers. To help support this process and provide guidance to those seeking advice it was thought a group of volunteers would be trained to work within the hub.

It was hoped this initiative would improve the experience for patients and carers by providing a

more personalised approach to receiving information with individualised support to ensure appropriate information is given and understood.

All information will also continue to be available on the LOROS website.

What we have achieved and progress to date

Reconsideration of this Quality Account priority has taken place with the reopening of the Hospice to patients and visitors over the past few months and increase in footfall.

A core set of leaflets have been made available to people in the reception area and continue to be utilised. A review of costs associated with the printing of leaflets is being undertaken as well as an audit of those leaflets accessed the most/collected from reception.

The patient leaflets are being reviewed on the website to make sure they are clear and accessible.

The facility to utilise an information hub and prints through self-service or volunteer support has been put on hold until other actions have been completed.

Who we involved and engaged with

Patient and carer experience

Compliments received in 2022-23

A total of 634 written compliments were received in 2022-23.

Tell us what you think

Through this voluntary feedback scheme 328 cards were received in 2022-23, an improvement from 2021-22 (106 cards received). Awareness of the scheme has been improved through new posters on patient information boards and clearer labelling of post boxes in the Hospice and raising awareness with staff.



What did we do well?

The very first day I arrived here I was made to feel very welcome. Everyone's been so fantastic and caring. They always ask if I am ok, coming in for chats certainly lifted my spirits. Never felt so loved, I've had so much to fill my day, with massages and so many crafts to do. Lots of people coming in to chat and make you feel welcome. Even though I have a fussy and small appetite they adjusted to what I wanted, the food is absolutely gorgeous. I've had therapy too and it's been so great. Everyone here is absolutely fantastic. I'd just like to thank everyone for all that you do, absolute heroes.

Inpatient Ward

From the first visit she has been wonderful. I feel like I have a friend. We talk about many things and sit and do our stitch work together and my husband can get on with things and not worry about me.

Compassionate Neighbours

At such a difficult time LOROS and the team have given me some time to think and have some time to myself.

Complementary Therapy

What might improve our service?

Inpatient Ward

It would help to have coat hooks in family rooms

Head of Inpatient & Day Therapy Services has requested the Operations team put up coat hooks in the family rooms

Catering (Inpatient)

Could possibly improve the consistency of the presentation of the food

There has been a large number of long-term sickness amongst the catering team since the beginning of December, as a result the kitchen team have been under pressure to deliver our service. We are hoping that this will be resolved soon when permanent staff return.

Operations

Signage on staff area. We sat in the social area gardens and café and were told by staff that where we were was for 'staff only'. There is no signage, it should have a sign then visitors wouldn't use it.

The social area and gardens are for the use of everyone, staff, visitors, and patients alike. A general email has been sent out on reminding staff of this, and signage welcoming everyone was put up at the end of April 2023.

Who we involved and engaged with

Patient and carer stories

25 patient stories were taken this year and used to raise awareness of LOROS services or to promote campaigns.

Complaints

LOROS monitors the number of complaints and concerns received by the services as part of the indicators of quality.

During 2022-23, there were 32 complaints/concerns relating to care services at LOROS; 14 complaints and 18 concerns.

All complaints/concerns are closed and have been dealt with in line with the clinical complaints policy. Any actions identified and included in response letters are being addressed via feedback at relevant meetings mainly by the ward manager and lead clinician and by appropriate changes in practice to prevent similar occurrences happening again.



Patient and Carer Participation Group (PCPG)

The PCPG is one of the Patient Experience priorities for 2023-24 and has been described in detail in Part Two.

Equality, Diversity & Inclusion (EDI)

As part of the commitment to improving inclusivity and respecting diversity for patients and their loved ones, customers, the workforce and the wider community, LOROS has taken the opportunity to engage with staff and Trustees to review its strategic approach towards EDI. This is with a view to ensuring that LOROS creates the sustainable behaviour change which will make inclusion an everyday reality in the workplace.

Recognising that the goal is a continual evolution and progression towards greater inclusivity in our services, our employment and volunteer practices, and in shops and cafes, a working group of staff and Trustees with lived experience of diversity have devised a 24 month, 3-point plan. The intention of the plan is to equip the organisation with education and tools which will provide the capacity for everyone to be part of making LOROS a more inclusive place in which to work, receive services and be a customer.

The plan features the following three objectives. Each objective creates numerous actions and projects which, when achieved, incrementally progress towards the overall ambition of making inclusion an everyday reality in LOROS.

1. Education, Development and Awareness raising.

Objective: Ensure delivery of sustainable and impactful education for employees and volunteers to elevate understanding, encourage conversations and to drive culture where inclusion is part of every person's role.

2. Inclusive Recruitment Practices.

Objective: Ensure LOROS sees the breadth of the labour market and recruits the most suitable candidate by adopting inclusive and non-discriminatory recruitment and engagement practices for employees and volunteers.

3. Service design and delivery.

Objective: Support the organisation to ensure that inclusion is at the heart of service delivery and design through the provision of insightful tools and evaluation.

Workforce

LOROS currently employs 404 staff, fulfilling just over 314 full time equivalents, across the main Hospice site, the community-based services, retail outlets and the education department.

Clinical	164
Enterprises	93
Lotteries	8
Non-Clinical	139

In addition, there are 1,200 volunteers who give their time to the various departments and services across LOROS.

Who we involved and engaged with

Workforce engagement

The staff satisfaction survey undertaken in the summer of 2021 provided the impetus and input for a number of actions and activities, as well as for the commencement of larger scale projects. Of these, many quick impact projects have been completed, and some larger more strategic projects remain ongoing. To identify and measure the impact of these actions on staff satisfaction, the decision has been taken to conduct a further staff satisfaction survey after some time for embedding and realisation of change and benefit has elapsed.

LOROS has undertaken a volunteer satisfaction survey, offering all volunteers the opportunity to participate in an anonymous online 40 question survey. The survey was promoted via the volunteer newsletter, through a specific email out and through Heads of Department engaging their volunteers directly. Topics covered in the survey included satisfaction with communication, support and training, quality of volunteering, engagement, social events and recognition. Further, feedback was sought on motivations for volunteering, opportunity for skill development, suggestions for improvement and any other comments.

The survey was open from June until September 2022. Responses were received from 137 volunteers from a variety of departments and lengths of volunteering.

The results have been shared widely within the Hospice and have prompted both specific actions to address the insights provided and provided the context for other ongoing work; as an example, based on the survey feedback enhancements have

been made to the manner in which long service is recognised. Also based on the survey, financial information about the creation and expenditure of voluntary contributions to the charity is now a regular feature of the volunteer newsletters.

These innovations will continue to be rolled out in volunteering and following a period of embedding and change, the survey will be repeated to measure movement in volunteer satisfaction.

Staff health and wellbeing

Building on the initial research and discovery work involved in reviewing the Staff Network, LOROS has identified the need to establish a Wellbeing agenda. This has meant that the staff network itself has evolved into something bigger that encompasses the whole person to address holistic aspects of wellbeing to both maintain good health and support colleagues in times of ill health or difficulty. The Wellbeing agenda incorporates the whole workforce, and includes distinct strategies for staff and volunteers.

The LOROS Wellbeing strategy features six zones, and events, information and awareness days are facilitated through a yearly calendar of events. The Wellbeing coordinator arranges events and talks with external speakers and brings a social aspect as well as promoting and educating. Additionally, to ensure the widest access to resources, LOROS engages with LLR Academy to ensure access for staff to events made available to all health and social partners across the network.

The strategy is reviewed annually to ensure actions remain relevant and on track. Feedback is sought and acted upon to ensure voices are heard and responded

to appropriately. The wellbeing journey is ever evolving but remains a stable part of life at LOROS.

Community engagement

During the last year, the Community Engagement Lead (CEL) has been involved with an arts-based project, 'Piecing it Together'; collaborating with the LOROS research team and EAVA radio. The CEL supported participants emotionally and helped facilitate nine workshops, encouraging young people from ethnically diverse backgrounds, to express their thoughts about death verbally and visually. Each group produced two art pieces which was displayed as a mural and launched during Dying Matters week in May 2023.

Throughout the academic year, support for schools has been given in response to direct contact from schools and via Leicestershire Education Business Company (LEBC). In all 21 secondary schools have been visited at least once, delivering workshops on end of life issues, careers events, speed networking and interview practice. Schools have also been signposted to our Counselling service, education and fundraising departments in response to queries raised.

As health confidence has increased post pandemic, community groups have consistently been meeting face to face; and have started to invite external speakers. 14 group talks have taken place.

Work to reach out into communities which presently do not have much engagement with LOROS, continues. In particular, meetings with trusted representatives from the Somalian and Afro-Caribbean communities, TREC (The Race Equality Centre) and

Who we involved and engaged with

Healthwatch LL have increased our knowledge and helped shape our engagement approach. Our presence at larger scale community events such as Pride continues to be welcomed and valued.

Engagement within Rutland has been supported by attending monthly zoom VCSE (Voluntary Community Sector Engagement) meetings, hosted by Citizens Advice Rutland. This has seen the development of the Rutland Voluntary sector directory, and has allowed voluntary sector organisations to share experiences and contacts.

LOROS Local completed a programme of 21 visits in town centre locations from May – October 2022, supported on many of the visits by Healthwatch LL and Healthwatch Rutland.

Infection Prevention and Control

There was a Hospice acquired COVID outbreak on the ward in December 2022. A patient was identified as positive 13 days after admission and two further patients who were in the bay became symptomatic and tested positive within 72 hours. 13 ward-based staff were also identified as COVID positive and a further two further patients tested positive more than seven days following admission.

The COVID outbreak meeting initiated the following changes with immediate effect:

- Day Therapy closed for two weeks
- Visiting on the ward was restricted to two visitors per day

- Asymptomatic Lateral flow Testing re-introduced for clinical staff
- Mask wearing within the Hospice reintroduced
- FFP3 masks worn in clinical areas
- If staff are unwell with respiratory symptoms they were to remain off work for 48 hours, even if they tested negative for COVID
- The café in the social area was closed

Learning from the outbreak:

- SystmOne has been updated to accurately record PCR's and LFT screening dates and results
- Contact patients of COVID positive patient to be source isolated immediately
- Patients with any COVID symptoms to have LFTs

Medical devices management including MHRA Alerts

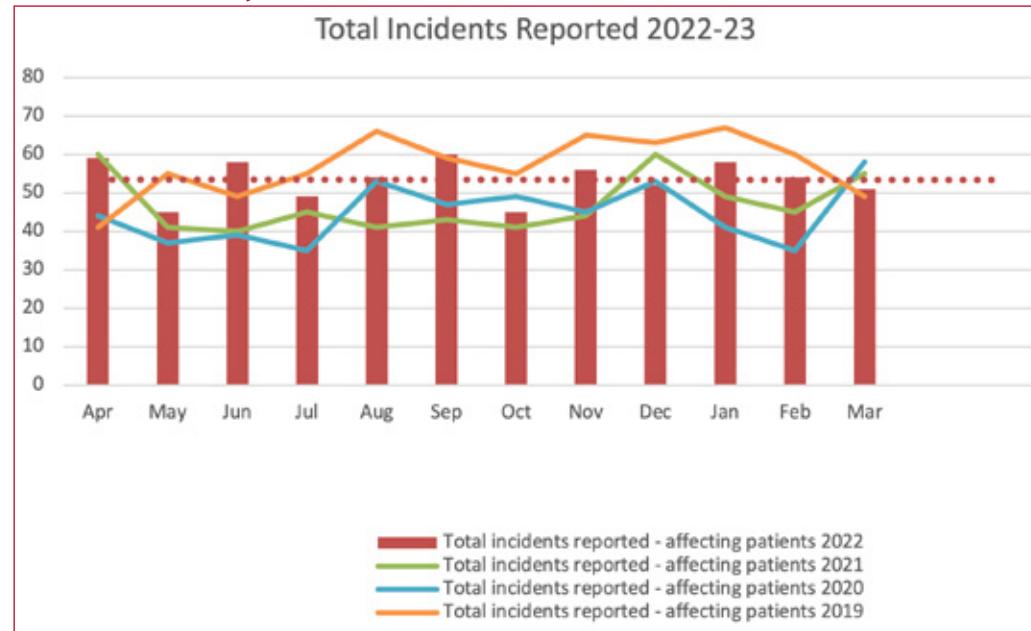
All relevant alerts received from The Medicines and Healthcare products Regulatory Agency (MHRA) have been logged and cascaded for appropriate action.

Action plans are created for those requiring action and progress is monitored at the weekly Significant Events meetings to ensure all relevant actions are taken and within required timescales. Quarterly reports are taken to the Clinical Governance Committee for assurance.



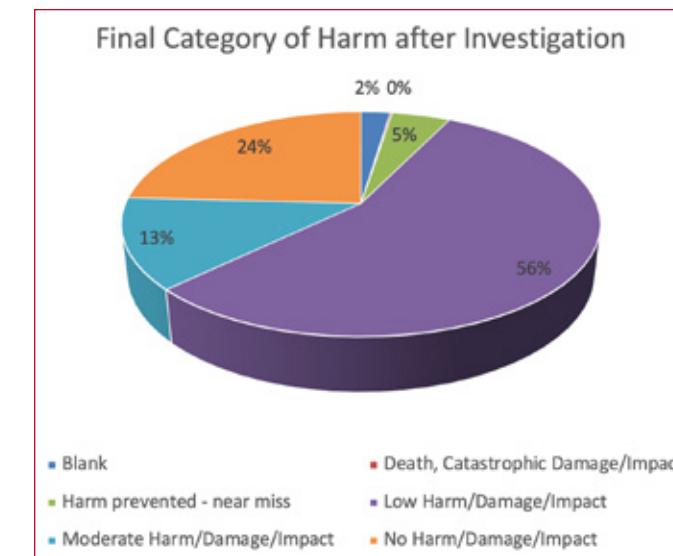
Review of Quality Performance

Patient safety indicators



641 incidents were reported in the year.

Ward clinical incidents are now reported by teams (Red, Blue, Green). This allows the team leaders to review all the incidents reported within their teams.



Review of Quality Performance

Serious/ Significant incidents

In Q2 a patient sustained an unwitnessed fall whilst mobilising with their walking aid. The patient sustained a fractured neck of femur which required surgical intervention. The incident was reported to the CQC and ICB. A Root Cause Analysis (RCA) was completed and no omissions in care were identified.

In Q3 a patient sustained an unwitnessed fall and sustained a head injury which whilst the head injury wasn't the cause of death, it may have hastened death, therefore this was reported as a Serious Incident to the ICB and CQC. A full investigation into the incident and concurrent complaint was completed and a falls action plan produced which has been presented to the ICB and Clinical Governance Committee

In Q3 a patient was admitted to LOROS with a Category 2 Pressure Ulcer present on the bridge of their nose secondary to wearing a non-invasive ventilation mask. The pressure ulcer deteriorated to a Category 4 during the admission. This incident was reported to the ICB and CQC. A root cause analysis was completed and an action plan produced which has been presented to the ICB and Clinical Governance Committee.

In line with the Hospice's ethos of transparency and statutory requirements, any significant patient incidents were reported to the local commissioners and the Care Quality Commission (CQC), and investigation reports shared with them. The reports were also shared with the Clinical Governance Committee for assurance.

External Assurance Visits

No external assurance visits took place in 2022-23, however, the Hospice did have two routine monitoring calls with the CQC; the first monitoring call took place in the Autumn of 2022, following the appointment of the new Director of Patient Services & Clinical Quality; and the second call took place in March 2023.

Clinical Supervision

Clinical Supervision is mandatory for all clinical staff and has been for the past 2 years, it is expected that staff attend at least four sessions in a twelve-month period and that two of these will be individual and two group sessions. Each staff member has an allocated supervisor, managed by the Lead Practice Educator and the group sessions form part of the mandatory and clinical training days.

The uptake of supervision has not been without its challenges and it was felt before any further review or changes are made it was important to evaluate it. A questionnaire was developed in February 2023 and sent to all qualified staff which included the:

- Inpatient ward
- Day Therapy
- Practice Educators
- Managers
- Community Nurse Specialists (CNS) team

The questionnaire was not sent to the Counsellors, Chaplaincy or Motor Neurone Disease (MND) nurses as they receive supervision external to the organisation. It is noted that other staff within the organisation receive supervision and support including the Healthcare Assistants and a further review will be carried out but as it is not currently mandated for this group they were not included.

The questionnaire was anonymous but it was requested that they complete the area of work and it was sent individually in paper form to further ensure this.

The response rate of 63.4% was good and at a higher level than expected, improving validity.

There was evidence that the responses were representative of the clinical groups within LOROS.

Overall a positive set of results for an initial survey, there is evidence that individuals feel that supervision is beneficial with a minority who strongly feel it is not. Interestingly, despite previous poor uptake and discussions around lack of time to attend this was not reflected as highly as anticipated with only a fifth stating they were not given time to attend.

Most people had a high level of confidence in their allocated supervisor and felt able to discuss issues.

Review of quality performance

Service improvement

Inpatient Ward, Day Therapy and Enablement

Inpatient Ward - LOROS has continued to support Health Care Assistants to attend the trainee Nurse Associate programme and currently two staff members are on the course. One of the Nurse Associates has also been supported to complete the Registered Nurse top up programme which commenced in September 2022 and a second candidate will be commencing the programme in September 2023.

A task and finish group reviewed the effectiveness of the weekly Multi-disciplinary team (MDT) meeting and updated terms of reference were approved incorporating recommendations from the group.

Ventilation improvement works in Willow wing has now been completed. The aim of the project is to optimise and modernise the ventilation enhancing patient and staff comfort.

Day Therapy - Day Therapy referrals and attendance has continued to increase and opens Tuesdays – Fridays.

Following the COVID pandemic, the previous 'drop in service' was relaunched in July 2022 and is now known as 'The Wellbeing Hub'. Opening on the first and third Monday of each month, the focus remains a well-being / social theme with a café and is led by a creative facilitator supported by volunteers. Patients who attend must be self-caring or attend with their carer, and carers are also welcome on their own.

An eight-session pilot Younger Person's Transitional day commenced in March 2023, five patients have registered to attend the programme. It is currently mid-way through and evaluation is ongoing.

Enablement service - Update on the Help with breathlessness project: - St James Charitable Foundation / Hospice UK Breathe Easy grant was secured in 2019 for £14,000 to offer an Occupational Therapy Help with Breathlessness at Home service. Referral to this project has now closed and the evaluation report has been submitted to Hospice UK. However, following a donation the service is now funded for a further 2 ½ years.

Community and Outreach Services

Community Nurse Specialists (CNS)

The CNS team work jointly within the Integrated Community Specialist Palliative Care Service (ICSPCS) with LPT. In practice this means LOROS CNS's contribute to the Coordination Centre hosted at New Parks Health Centre and are based in community nursing hubs. This enables specialist support to be nearer to the patients in the community and reduces the time taken to access specialist input as the CNS Team are co-located with other members of the Community Health Services.

Telephone advice for patients/carers and professionals can be sought through the Co-ordination centre 8am-10pm daily. The CNS team are supported by two Community Consultants who facilitate MDT's, daily advice line for the nurses, domiciliary visits and after death review.

The audit group is creating an annual calendar of audits and will undertake adhoc audits where the need is identified.

From February 2023 LOROS CNSs have also been managing patients within the 'Virtual Ward'; this is a new service for palliative care patients who need more intensive support. The aim is to save hospital admission days and meet patients need at home in accordance with their wishes. The Virtual Ward includes telemedicine for remote monitoring and patients will have daily reviews by a CNS (face to face or virtual) and be discussed with a Palliative Care medic on the daily MDT.

Motor Neurone Disease (MND) Specialist Nurses

LOROS has two Specialist Nurses who manage MND patients from diagnosis to death working with the support of the LOROS medical team and other LOROS services including enablement and compassionate neighbours.

In January 2023 the pilot HCA role was made substantive, this role now supports the nurse specialists with the less complex patients and undertaking referrals and grant applications.

LOROS works with the Motor Neurone Disease Association (MND), respiratory teams, Community Integrated Neurological and Stroke Service (CINSS), community nursing and specialist palliative care nursing teams to a multidisciplinary approach to care. The Hospice has acknowledged the increased demand for this service and continues to plan on how to develop the service and make it more sustainable and to ensure it can remain responsive to patients' needs.

Review of quality performance

Complementary Therapies

The Complementary Therapy Service continues to provide support to staff at the Hospice for their own health and wellbeing, and is integral to the LOROS staff wellbeing programme which is well received. The team operates a full service on the ward and in day therapy.

The service continues to put patients and their families at the centre of their care and although the pandemic presented challenges it also created an opportunity for the team to work differently.

For example: Online: Mindfulness, Seated Tai Chi and Coaching sessions were a huge success in empowering our community patients and their families; working holistically to support their

Psychological Wellbeing. Patients and their carers are also now being offered outpatient appointments.

The 'Organic Aromatherapy' range of products developed by the team generates a small income for the service and LOROS.

Lymphoedema Specialist Nurses

The lymphoedema service offers care and support for patients who develop lymphoedema secondary to a cancer diagnosis or those known to other LOROS services. The clinic offers face to face appointments and treatments, although telephone and virtual appointments continue to be offered where appropriate.

The team also support primary care and the new non-cancer service with the management of those patients with non-cancer related lymphoedema.

Counselling

The Counselling and Bereavement service offers support to those affected by a terminal diagnosis, to both patients and their carers. We offer outpatient face to face counselling or virtually if required and also see patients on the ward.

In the last year LOROS have created seven Bereavement Hubs across LLR, which are run by trained volunteers who offer alternative support in a group setting. We also offer 1:1 bereavement support with volunteers.

There is a Children and Young People's Counsellor who supports children and families coping with terminal illness.

The counselling lead has developed and delivers a psychological support course for other professionals in palliative care - this is based upon level 2 counselling skills training and aims to equip other professionals with tools to provide the psychological support for patients in a timely manner.

Compassionate Neighbours

There is a team of 90 volunteers who offer support to patients in their own homes. These volunteers offer respite for carers and distraction/befriending for patients. Each patient is assessed by a facilitator on referral and then allocated a volunteer. A telephone befriending service is also offered.





Steve has experienced LOROS via his wife's cancer journey and our bereavement support services.

"In November 2017, my wife, Sharon, went to the doctor. Her bloods indicated she was low in both platelets and white and red blood cells and in February 2018 it was confirmed as aplastic anaemia. She had some treatment and later a stem cell transplant which went well and gave her another three years of life.

Then in 2021, cysts started to appear on her body, and we prepared ourselves for a cancer diagnosis. Sharon was a fighter. She never complained and was always positive. We were a team and I was side by side with her no matter what. So when she went to Glenfield Hospital to get her diagnosis but due to COVID had to go alone, I found that beyond cruel. Incurable metastatic breast cancer. She was told she was dying, alone.

We told the family that Sharon wanted to die at home and LOROS supported us. We moved a huge hospital bed into our bedroom. She was visited twice a day by LOROS nurses and they always left her feeling better, with a slight smile on her face. We called the LOROS nurses angels. They always left me smiling too, making jokes to ease the pain I was going through.

Sharon died at home, surrounded by family, looking at old photos. My daughter Holly suddenly said: 'Mum's stopped breathing!' Holly and my son Elliot made up

her face so she looked perfect, like herself again. They knew she wanted that.

I had some counselling from LOROS. I went to a group session and to start with I was just in pieces. I wasn't sure what to expect but I found everybody welcoming and encouraging.

I've found now that, thanks to this counselling, I have moved forward. There is a way, and Sharon would be happy for me.

Without LOROS I don't know where I'd be. The grief gnaws at you. Sharon was our boss, she was our leader. We've lost our figure head but as a family we've found a new life in ourselves. Grief is love. The stronger the love, the more the grief. That is so true."

Patient story



Usha is 68 and from Glasgow but now lives in Leicestershire near her daughters and grandchildren. She first had breast cancer 16 years ago. Since then it's returned several times, most recently in her lungs. Usha attended eight weeks of Day Therapy and now comes to the Wellbeing Hub which runs every two weeks on a Monday.

"My Macmillan Nurse told me about LOROS. Even though I've got my children and grandchildren, I felt quite lonely and isolated. I was really going through a bad time.

I thought, all I'm going to see and hear about is cancer this, cancer that. I didn't want to be with very old people all dying of cancer. So I thought I'll just go once. The first time I just stayed quiet, but the second time I felt surrounded by care. The care that was given to me, from the nurses to the catering team, it was a different world. I felt I belonged. It has helped me so much.

This morning I was lying in bed feeling so low. And I made myself get up and have a shower and get ready. And as soon as I arrive here I'm so glad I've come. It was dark outside, but I felt so dark in my head too.

People are so nice at LOROS. I've got lots of friends here. We hardly talk about our health at all. It's a chance to get away from normal people – here we are normal, all of us with an incurable disease. We all have to pretend a bit with our family, that we're okay, that we're feeling fine. Because they always worry about you. But we don't have to here.

My kids tell me I'm going to be fine and I shouldn't worry. I think it's because they think I'm scared, but I'm not scared. Sometimes I feel a bit smothered. They check up on me all the time. It's good but it's too much. I don't need to be looked after like they are my mum. But here at LOROS, we can all just be normal."

Responses to LOROS Hospice Quality Account 2022-23

Healthwatch

Healthwatch Leicester and Healthwatch Leicestershire welcomes the opportunity to comment on the Quality Account.

We know LOROS is committed to supporting their patients and ensuring that people have the care and support that they need.

In the Quality Account, LOROS has highlighted the ways that they are listening and engaging with patients and their families with an emphasis on partnership, participation and collaboration. We note the ongoing focus on strengthening patient and carer involvement. We are committed to working with local partners to reach all communities and working with LOROS to engage with the public has proven to be very effective.

Healthwatch Leicester and Healthwatch Leicestershire has valued a strong and productive relationship with LOROS and we look forward to continued collaboration and working together.

Integrated Care Board (ICB)

Thank you for sharing this Quality Account for 2022-23 which demonstrates LOROS provides a vital service to the LLR population. LOROS's key focus has been to concentrate on returning to 'business as usual' post pandemic as well as appraising and evaluating its service provision. The LLR ICB note the opportunity for improvements which have been identified, both those directly affecting patients as well as those operating in the background yet still impact on the care patients receive. We welcome the review of the priorities for 2022/23 which demonstrates that the organisation is determined to learn from the initiatives and, whilst many have been implemented, LOROS has not been afraid to delay the introduction of others such as the implementation of the acuity tool.

Interesting programmes have been identified for 2023/24, one of note, is the Overnight Response Service which aims to cover the shortfall in night-time care for patients towards the end of life in the community and we look forward to hearing how this work progresses over the coming year.

LOROS provides a service for people towards the end of life as well as supporting people and their families living with life-limiting conditions. Patients, families and carers will have the opportunity to have a greater voice and influence in care delivery across LOROS services through the remodelled Patient and Carer Participation Group, renamed the Hospice User Group.

LLR Integrated Care Board thanks LOROS for the exceptional service it provides to the LLR population; the continual strive for quality excellence and looks forward to its continued association with the organisation during 2023 -24.







Directions to LOROS and the Professional Development Centre

You can find us just off the Groby Road (A50) in Leicester.

From the East - A46 from Newark

At the Leicester Western bypass roundabout (Hobby Horse pub will be on your left, and is visible from the roundabout), turn right onto A46 North & West (also signed for M1/M69).

Take 2nd exit off A46 signed Beaumont Leys.

At roundabout take 2nd exit (Gynsills Lane).

At A50 roundabout take 2nd exit (first one goes into County Hall) onto A50 towards Leicester City.

At next roundabout take 3rd exit still on the A50 towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

Using Motorways - M1/M69 Junction 21

Take A563 Outer Ring Road.

At the first roundabout, take 3rd exit, following Leicester North & West and continue to follow A563 (north).

At the Groby Road roundabout with A50, take 4th exit onto A50 towards City Centre.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

Using Motorways - M1 Junction 22

Take A50 towards Leicester and stay on this road.

At 4th roundabout, Glenfield Hospital on left, take 3rd exit (still on A50) towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.



Being there for you
and your family

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